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Auditor General for Wales



WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

Operating theatres follow-up

Betsi Cadwaladr University Health Board

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The team who delivered the work comprised Sara Utley, Andrew Doughton and Stephen Lisle.

Contents

There has been some progress made since 2011 but overall there has not been significant improvement, and fundamental challenges, many outside the control of theatres, are impeding further progress.

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Summary

Background

1. Operating theatre services are an essential part of patient care. Efficient management of theatres is cost effective, supports the Health Board in achieving its waiting-time targets and contributes to high-quality patient care. However, the efficiency of theatres is highly dependent on external factors: if pre/post-operative processes are suboptimal this will affect theatres.
2. In 2011, the Wales Audit Office reviewed the use of operating theatres across Wales. In Betsi Cadwaladr Health Board (the Health Board), we concluded that, whilst there are a number of initiatives underway to further improve theatre use and day case rates, local variation in performance is marked, and the underlying causes require concerted action across the Health Board.
3. The Wales Audit Office is following up theatres in all Health Boards (except Powys) in response to requests from Audit Committees, executives and others, and recognition that theatre performance in many areas across Wales remains suboptimal.
4. We sought to answer the following question: **Is the Health Board building on our previous recommendations and delivering high-quality and efficient theatre services?**

Key findings

5. The table below summarises our key findings. Detailed findings are set out in the slides attached to this summary.

Overall conclusion

6. There has been some progress made since 2011 but overall there has not been significant improvement and fundamental challenges many outside the control of theatres are impeding further progress.

Part 1 Has the Health Board made sufficient progress to implement our recommendations?

The Health Board has made some progress since 2011 but significant challenges remain

- Management structures within the theatre teams have been strengthened with substantive appointments now in all locations.
 - Day Surgery performance has improved and is the second highest in Wales.
 - Lack of a strategic direction or plan still affects the ability of theatres to implement change, or plan effectively.
 - Issues are still prevalent with patient flow and there continue to be different processes in place for POAC at the three main sites.
 - Quality of information and data upon which decisions need to be made is still variable in quality, with concerns regarding the accuracy, validity and consistency.
-

Part 2 Is the Health Board's surgical pathway efficient?

While the surgical pathway has a number of positive aspects, different operational practices, issues with capacity and the absence of robust data adversely affect theatre efficiency

- Pre-operative assessment has improved but remains inconsistent. There is good practice at Wrexham Maelor but issues at Glan Clwyd due to physical capacity and at Ysbyty Gwynedd due to limited medicines management support.
- Arrangements for list planning are variable across the Health Board with staff reporting both over and underutilisation as well as the need for more clinical engagement.
- Day Surgery rates have improved, with the Health Board having the second highest performance in Wales.
- Day Surgery admissions work well at Wrexham Maelor and Ysbyty Gwynedd. Capacity is limited at Glan Clwyd but issues with privacy and dignity have been addressed.
- Bed capacity and issues with patient flow across the Health Board are adversely affecting utilisation within theatres.
- Theatre utilisation at each of the Health Board sites is affected by a variety of issues.
- Theatre utilisation data is unreliable and there are issues with consistency.

Part 3 Has the Health Board focused enough on key quality and safety issues?

Despite good arrangements to ensure quality and safety within theatres, the Health Board has done little to monitor patient experience and implement learning from incidents

- The Health Board has implemented the WHO checklist well, with some notable practice, however, compliance with debriefs can be variable.
- New quality and safety arrangements are positive, with each site setting up their own processes and procedures, but more could be done to share incident information across the sites.
- Overall there is little work done to measure patient experience across the Health Board, although the patient surveys at Wrexham Maelor are positive.

Recommendations to the Health Board

R1 Theatre performance information

- Standardise all utilisation and data definitions across the Health Board to ensure consistency in reporting, and ensure theatre units are regularly validating performance data.
- Ensure cancellations data is being accurately collected across the health board and all theatre sites are consistently recording cancellation reasons.
- Collect, analyse and use a more balanced range of performance data, including outcomes, productivity and complexity measures.
- 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.

R2 Improve patient experience

- 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.
- Ensure lessons from incidents are taken on board and shared effectively across the Health Board and theatre units.

R3 Standardise pre-operative services

- Improve patient experience by standardising pre-operative processes across the Health Board to ensure equity of access for all patients.
- 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.

R4 WHO checklist and briefings

- Roll out WHO checklist methodology currently in use at Ysbyty Gwynedd and Llandudno General to all sites as this is good practice.
- Focus on improving debriefings as this is the area of most concern identified by improving monitoring of the whole process of WHO implementation.

Further information can be obtained from Sara Utley, Performance Specialist (Tel: 01244 525978/sara.utley@wao.gov.uk).

Appendix 1

Action Plan

Recommendation	Update as at August 2014	Agreed	AIB responsibility and actions	Completion date
<p>R1 Theatre Performance Information</p> <ul style="list-style-type: none"> Standardise all utilisation and data definitions across the Health Board to ensure consistency in reporting, and ensure theatre units are regularly validating performance data. Ensure cancellations data is being accurately collected across the Health Board and all theatre sites are consistently recording cancellation reasons. Collect, analyse and use a more balanced range of performance data, including outcomes, productivity and complexity measures. 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. 	<ul style="list-style-type: none"> Work ongoing to standardise reporting reasons for metrics such as late starts, session and on the day patient cancellations using existing coding. Session and patient cancellation data reviews weekly at planning meeting. Ongoing work to address data input issues particularly in Centre. Myrddin module in East to resolve discrepancy between PAS and Theatre system. Development of elective surgery pathway metrics to include efficiency, performance, financial and quality measures for pre, peri and post op. Dashboard for above is in the development stages in line with business intelligence model used in other areas of the Health Board. 	<p>Yes</p>	<ul style="list-style-type: none"> Roll out daily data validation process across all sites. Encourage on the day theatre data validation at source – Theatre Managers/Theatre Information Leads. Review process for recording and inputting of patient cancellation data particularly in Centre.- RW Review of measures identified through dashboard and agree action to address – PMO/site specific sub groups (starting with Urology). Population of dashboard throughout the service – BH. Review of current ToR for TUG and establish meeting in Centre – Theatre Managers. 	<p>December 2014</p> <p>October 2014</p> <p>October 2014</p> <p>November 2014</p> <p>November 2014</p>

Recommendation	Update as at August 2014	Agreed	AIB responsibility and actions	Completion date
<p>R2 Improve patient experience</p> <ul style="list-style-type: none"> • 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. • Ensure lessons from incidents are taken on board and shared effectively across the Health Board and theatre units. 	<ul style="list-style-type: none"> • Plan for roll out of patient survey used in Wrexham. Project support officer to facilitate starting in October. • Lessons learned form part of some department/TUG meetings. Standardised template for lessons learned being championed via Patient Safety Group. 	Yes	<ul style="list-style-type: none"> • Develop programme for and carry out patient experience surveys in Centre and West - PMO led with support from SL . • Review of ToR for departmental/TUG to include lessons learned. – Theatre Managers. 	<p>January 2015</p> <p>November 2014</p>
<p>R3 Standardise pre-operative services</p> <ul style="list-style-type: none"> • Improve patient experience by standardising pre-operative processes across the Health Board to ensure equity of access for all patients. • Introduce standard paperwork for pre-operative assessment to ensure patients can access these services closer to home as opposed to the hospital where treatment can occur. 	<ul style="list-style-type: none"> • Draft copy of North Wales POAC ICP approved by two sites but rejected by one. YG now leading on developing a new proposed POAC ICP for Generic use across all sites. ICP due back 1 September 2014 for North Wales consideration. • Generic practitioners being developed to assess every speciality. Plans for pool generation of patients for POAC who live on the borders of East and West. 	Yes	<ul style="list-style-type: none"> • Agreement of standardised POAC ICP for North Wales. 	<p>December 2014</p> <p>December 2014</p>

Recommendation	Update as at August 2014	Agreed	AIB responsibility and actions	Completion date
<p>R4 WHO checklist and briefings</p> <ul style="list-style-type: none"> Roll out WHO checklist methodology currently in use at Ysbyty Gwynedd and Llandudno General to all sites as this is good practice. Focus on improving debriefings as this is the area of most concern identified by improving monitoring of the whole process of WHO implementation. 	<ul style="list-style-type: none"> Trial ongoing in Maternity in East with imminent plans for roll out. Audit of WHO quality undertaken at each theatre suite – awaiting findings. 	<p>Yes</p>	<ul style="list-style-type: none"> Facilitate roll out across Centre and East - Theatre Managers/CoS. Implementation of actions to address shortfalls identified in Audit and re audit – Theatre Managers/CoS. 	<p>December 2014</p> <p>January 2015</p>

Appendix 2

Presentation Slides



WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

August 2014

Operating theatres follow-up

Betsi Cadwaladr University Health Board



Sara Utley



WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

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1. Background
2. Aims of the audit
3. Our approach
4. Main conclusion
5. Sub conclusions
6. Detailed findings
7. Recommendations

Theatres follow-up

Slide 2

Background

- Operating theatre services are an **essential part of patient care**. Theatres should be cost effective, support the achievement of waiting-time targets and contribute to high-quality patient care.
- Theatres are highly **dependent on external factors**. If pre/post-operative processes are suboptimal this will affect theatres.
- The Wales Audit Office review in **2011** said that “Whilst there are a number of initiatives underway to further improve theatre use and day case rates, local variation in performance is marked, and the underlying causes require concerted action across the Health Board”.
- The **Wales Audit Office is following up** theatres in the Health Board and all other health boards except Powys in response to requests from Audit Committees, executives and others, and recognition that theatre performance in many areas across Wales remains suboptimal.

Theatres follow up

Slide 3

Aims of the audit

- The follow-up work has three focus areas:

Progress since 2011	Theatre efficiency	Quality and safety
<ul style="list-style-type: none">• High-level review against our recommendations.• Focus on barriers to improvement.	<ul style="list-style-type: none">• Measure aspects of theatre efficiency.• Compare performance with benchmarks.	<ul style="list-style-type: none">• Review a small number of quality and safety issues.• Focus on the WHO checklist, briefings and incidents.

- Main study question – **Is the Health Board building on our previous recommendations and delivering effective theatre services which are supported by an efficient inpatient pathway?**

Slide 4

Our approach

- Assessment against previous recommendations.
- Document review.
- Analysis of nationally available data on incidents and efficiency.
- Staff survey: **158 responses**
- Interviews with a range of staff across all sites (Pre-op, DOSA, Nursing, Theatre, Clinical Director, Scheduled care).
- But although the HB were able to provide us with theatre utilisation data, concerns regarding its accuracy meant we have not used it as part of our feedback

Slide 5

Main conclusion

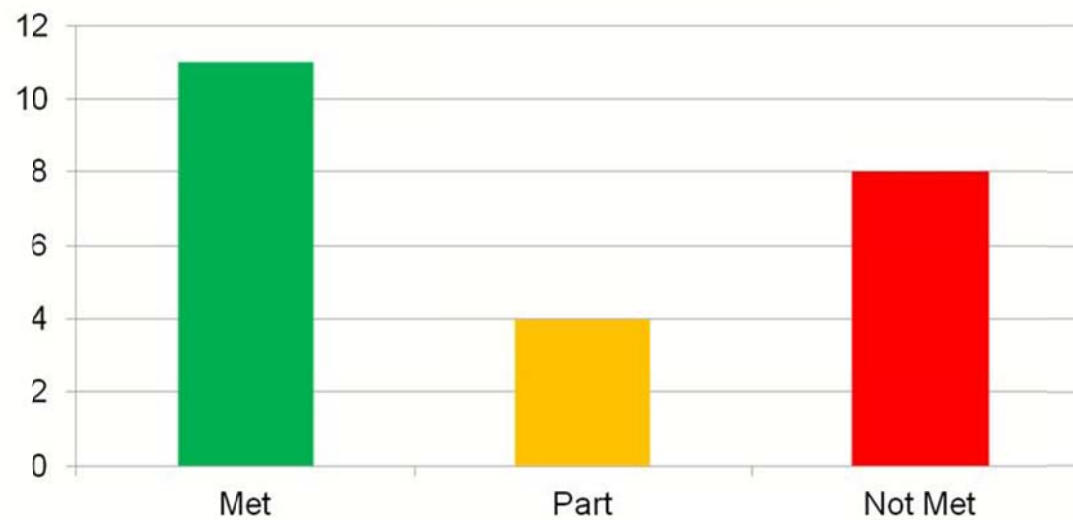
There has been some progress made since 2011 but overall there has not been significant improvement and fundamental challenges many outside the control of theatres are impeding further progress

Sub conclusions

- Part 1:** The Health Board has made some progress since 2011 but significant challenges remain
- Part 2:** While the surgical pathway has a number of positive aspects, different operational practices, issues with capacity and the absence of robust data adversely affect theatre efficiency.
- Part 3:** Despite good arrangements to ensure quality and safety within theatres, the Health Board has done little to monitor patient experience and implement learning from incidents

Progress against recommendations

- Our last review has 23 recommendations. Of these:



Slide 8

Part 1: The Health Board has made some progress since 2011 but significant challenges remain

- Management structures within the theatre teams have been strengthened with substantive appointments now in all locations.
- Day Surgery performance has improved and is the second highest in Wales.

Slide 9

Part 1: The Health Board has made some progress since 2011 but significant challenges remain



however...

- Lack of a strategic direction or plan still affects the ability of theatres to implement change, or plan effectively.
- Issues are still prevalent with patient flow and there continue to be different processes in place for POAC at the three main sites
- Quality of information and data upon which decisions need to be made is still variable in quality, with concerns regarding the accuracy, validity and consistency.

Slide 10

Part 2: While the surgical pathway has a number of positive aspects, different operational practices, issues with capacity and the absence of robust data adversely affect theatre efficiency.

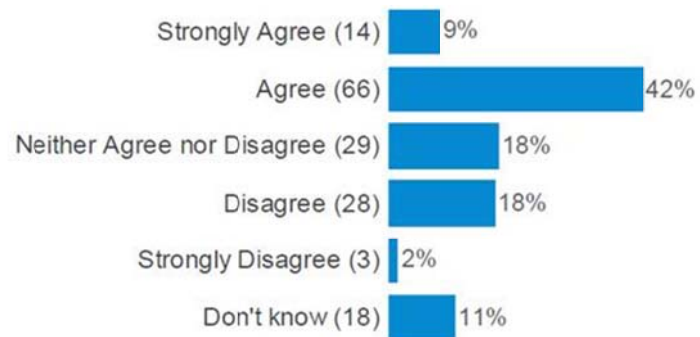
- Pre-operative assessment has improved but remains inconsistent. There is good practice at Wrexham Maelor but issues at Glan Clwyd due to physical capacity and at Ysbyty Gwynedd due to limited medicines management support
 - Standard pre operative assessment paperwork is being drafted to enable POAC to be undertaken across the health board regardless of the location of treatment which improves patient experience
 - Theatre cancellations are affecting POAC, monitoring is undertaken on repeat POAC patients which is a potential quality indicator for theatres.

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Part 2: While the surgical pathway has a number of positive aspects, different operational practices, issues with capacity and the absence of robust data adversely affect theatre efficiency



There is an effective patient screening and pre-assessment process.



The staff survey results show general agreement that there is an effective screening and pre-assessment process

Slide 12

Part 2: While the surgical pathway has a number of positive aspects, different operational practices, issues with capacity and the absence of robust data adversely affect theatre efficiency

- Arrangements for list planning are variable across the health board with staff reporting over and under utilisation as well as the need for more clinical engagement.
 - Ysbyty Gwynedd get good notice of lists (currently working to 8 weeks), and there is positive engagement of theatre teams.
 - Wrexham Maelor get around 2 weeks notice of lists, and are able to provide input on the achievability or the potential for additional activity.
 - However, Glan Clwyd until recently had little engagement with list planning, receiving lists last minute, work is ongoing to address this.

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Part 2: While the surgical pathway has a number of positive aspects, different operational practices, issues with capacity and the absence of robust data adversely affect theatre efficiency

- There are variations on who plans lists across the health board with potential utilisation at Wrexham Maelor due to inflexibility of booking protocols.

Ysbyty Gwynedd
Lists are planned by
consultants and
secretaries

Glan Clwyd
Lists are planned by
consultants and
secretaries

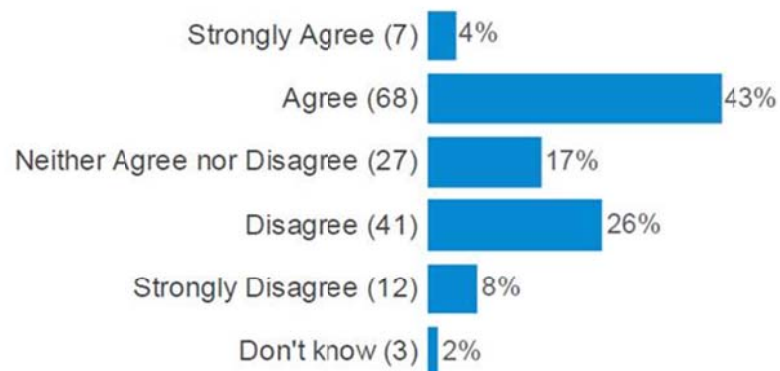
Wrexham Maelor
Centralised booking
centre for lists

Part 2: While the surgical pathway has a number of positive aspects, different operational practices, issues with capacity and the absence of robust data adversely affect theatre efficiency



The majority of theatre lists are effectively planned.

The staff survey results show a mixed picture on list planning



[List planning: Quotes from staff about what needs to happen to improve list planning]

Ysbyty Gwynedd

"Lists more realistically planned."

"Plan lists more effectively, backfilling where necessary."

"More appropriate and effective planning of lists. This to be done with Team Leaders and not dictated too by Operational Managers"

"Realistic list/ list time"

"Proper utilisation of Llandudno General Hospital."

Glan Clywd

"better session planning"

"Putting the appropriate mix of patients on lists"

"Don't put too many patients on list then they wouldn't have to be cancelled when no time left"

"Give the surgeon the planning of their own list back as the clerks doing it do not know what is included with each "op"

Wrexham Maelor

"Let the lists be arranged by the Consultant, based upon clinical priority"

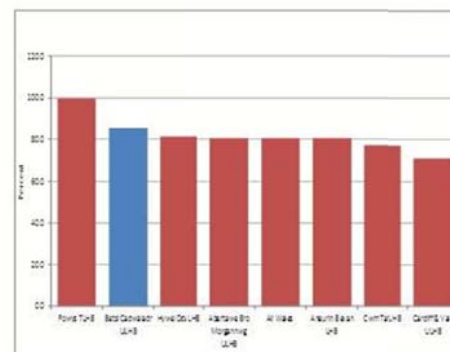
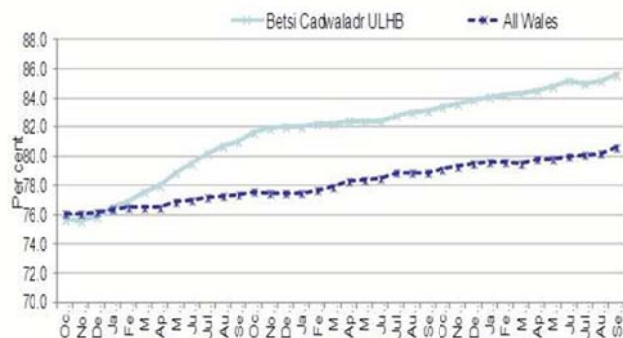
"Surgeons should have a greater say in the planning of their theatre lists"

"Listen to Consultants with regards to procedure time and number of patients to be booked"

Slide 16

Part 2: While the surgical pathway has a number of positive aspects, different operational practices, issues with capacity and the absence of robust data adversely affect theatre efficiency

- Day Surgery rates have improved, with the Health Board having the second highest performance in Wales



Slide 17

Part 2: While the surgical pathway has a number of positive aspects, different operational practices, issues with capacity and the absence of robust data adversely affect theatre efficiency

- Day of Surgery admissions work well at Wrexham Maelor and Ysbyty Gwynedd, and capacity is limited at Glan Clwyd issues with privacy and dignity have been addressed
 - Comments have been made about the chaos of DOSA by clinical and nursing staff at Glan Clwyd, and the issue of patients being brought to theatre on time.

Our staff survey shows that half felt DOSA works well. A third of staff at Glan Clywd disagreed or strongly disagreed

Day of surgery admission works well.



Slide 18

Part 2: While the surgical pathway has a number of positive aspects, different operational practices, issues with capacity and the absence of robust data adversely affect theatre efficiency



- Theatre utilisation at each of the Health Board sites is affected by a variety of different issues;
 - Ysbyty Gwynedd have a limited number of anaesthetists which is affecting their ability to staff lists, coupled with extremely low numbers of critical care beds.
 - Wrexham Maelor run half day lists which is seen as many to affect utilisation
 - Glan Clwyd have bed capacity issues across the hospital limited procedures
 - Utilisation of Llandudno is low, due to anaesthetic staff availability and issues with suitable patients, leading to low morale amongst staff
 - Abergele are also having difficulties due to anaesthetics grading limitations and grading inconsistencies affecting the types of patient they can operate upon

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Part 2: While the surgical pathway has a number of positive aspects, different operational practices, issues with capacity and the absence of robust data adversely affect theatre efficiency

- Bed capacity and issues with patient flow across the health board are adversely affecting utilisation within theatres.
 - Bed availability for patients was raised as a concern across all sites, with Glan Clwyd having the biggest issues with inpatient beds and HDU beds, the result being the Health Board limiting the amount of inpatients who can be scheduled for their operation to 3 in any one day
 - Wrexham Maelor are experiencing issues with flow due to pressures at ward level and protected meal times which results in patients backing up in recovery
 - Ysbyty Gwynedd appear to have the biggest issues with patient beds, flow and critical care bed availability all affecting theatre utilisation

Slide 20

Issues most commonly mentioned when we asked staff how to improve utilisation

Category of Comment	Total mentions
Increase number/availability of <u>beds</u>	87
Increase <u>staff</u> (theatre staff and ward staff)	78
Improve list planning	41
Address issues with processes and flow	44
Better <u>communication</u> amongst staff	26
Additional equipment and more access to training	20
Change/Stick to start and finish times	14

Slide 21



[Capacity & flow: Quotes from staff]

Ysbyty Gwynedd

"More level 2 and 3 beds, to prevent complex cases being cancelled due to lack of HDU or ICU beds."

"Improve patient flow from critical care beds to facilitate high risk surgery"

"no beds available for scheduled patients therefore cancelling patients."

"Number of beds needs increasing"

"Improving post-operative bed capacity, including critical care beds"

"Post-op beds ring fenced and not occupied by medical patients"

"Beds for patients, a lot of patients come in on the day of op to find there are no available beds which leads to a cancellation."

Wrexham Maelor

"Providing sufficient bed capacity to avoid the delays we experience daily to find out if there is a bed for each patient"

Glan Clywd

"Better Bed Management"

"Bed availability"

"Critical care bed availability"

Slide 22

Part 2: While the surgical pathway has a number of positive aspects, different operational practices, issues with capacity and the absence of robust data adversely affect theatre efficiency



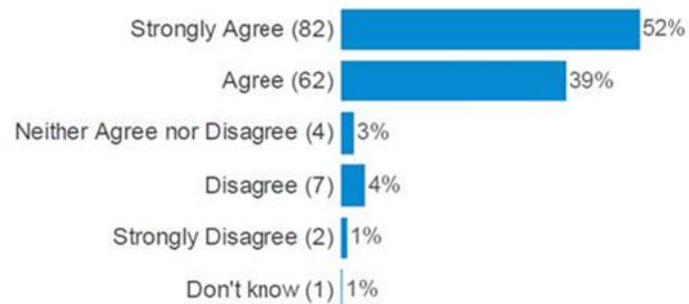
- Theatre utilisation data is unreliable and there are issues with consistency;
 - Concerns were raised around the quality of information that was collected during our work.
 - There are issues with consistency within the data
 - Ysbyty Gwynedd are validating data which is positive
 - Inconsistency of supporting information systems means manual data manipulation needs to be undertaken
 - Cancellation data appears inaccurate and is not reported from Glan Clywd
- External consultancy work aimed at achieving efficiency savings and improve productivity is in early stages and will require changes which are outside the direct control of the theatres team.

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Part 3: Despite good arrangements to ensure quality and safety within theatres, the Health Board has done little to monitor patient experience and implement learning from incidents

- The health board use checklists well, with good practice at Ysbyty Gwynedd which could be rolled out across the Health Board.

Staff undertake surgical checklists before every theatre case.



Slide 24

Part 3: Despite good arrangements to ensure quality and safety within theatres, the Health Board has done little to monitor patient experience and implement learning from incidents

- Use of whiteboard at Ysbyty Gwynedd improves staff communication and ownership and is good practice

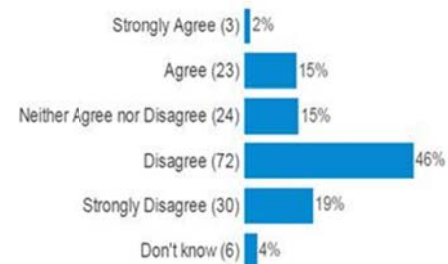
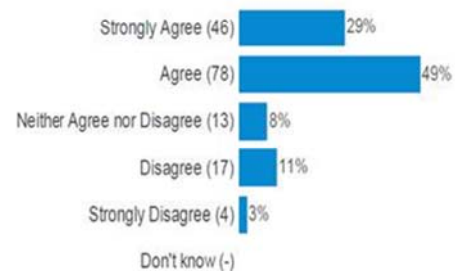


Slide 25

Part 3: Despite good arrangements to ensure quality and safety within theatres, the Health Board has done little to monitor patient experience and implement learning from incidents

- Staff survey shows that briefing before a surgical procedure happens although post list debriefs are less common but this is in line with most Health Boards across Wales

Briefing theatre personnel before a surgical procedure always happens. Debriefings following shifts or lists are common in this operating theatres.



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[WHO Checklist and briefings: Quotes from staff]

Ysbyty Gwynedd

"Already used effectively"

"They're used well at this hospital, but Consultant Surgeons should be enforced to attend on time"

"Our unit is doing well with regards to using the WHO safety checklist and briefings. Debriefing may be improved"

"I find the WHO patient safety check list has been a positive major development for patient safety within theatres."

Wrexham Maelor

"At YGC we do WHO forms at start of day and not at every case. There are 3 protocols in 3 different hospitals within BCUHB"

"Checklists are improving but no briefing prior to the list start and very rarely debriefing. Personally, I feel the health board doesn't care about debriefing as they should."

"Make sure all medical staff take is seriously"

Glan Clywd

"More debriefings"

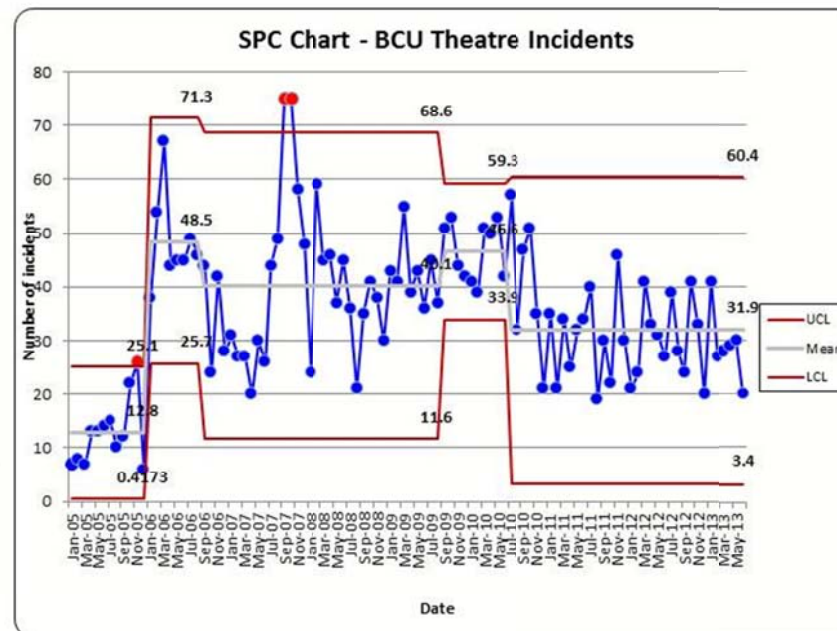
"Debriefings are unfortunately ignored!"

"Train surgeons in its PROPER EFFECTIVE use"

Slide 27

Part 3: Despite good arrangements to ensure quality and safety within theatres, the Health Board has done little to monitor patient experience and implement learning from incidents

- Incident reporting looks stable
- The Wales Audit office generated this statistical process control (SPC) chart using a Public Health Wales tool. It is available to the HB.
- SPC charts help distinguish genuine, significant changes in the frequency of incident reporting from changes that are just due to normal variation



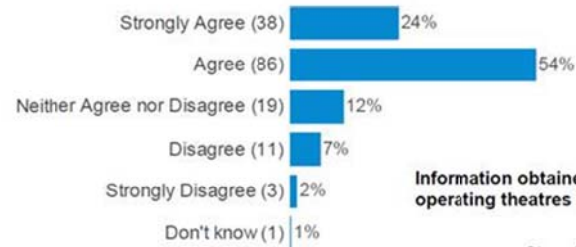
Slide 28

Part 3: Despite good arrangements to ensure quality and safety within theatres, the Health Board has done little to monitor patient experience and implement learning from incidents



- Error reporting is encouraged but staff have mixed views about learning from error reporting

Error reporting is encouraged within these operating theatres.



Information obtained through incident reports is used to make patient care safer in the operating theatres in this hospital.



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Part 3: Despite good arrangements to ensure quality and safety within theatres, the Health Board has done little to monitor patient experience and implement learning from incidents

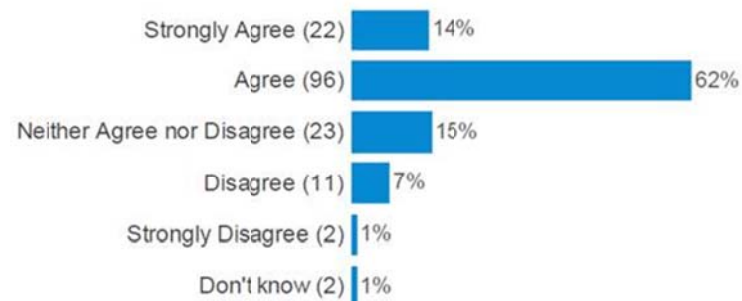
- New quality and safety arrangements are positive, with each site setting up their own processes and procedures, but more could be done to share incident information across the sites
 - Each site operates in isolation
 - Theatre managers meet regularly but could disseminate information more
 - Welsh risk pool found there were key indicators in place to monitor improvements in surgical services and give an early warning of risk.

Slide 30

Part 3: Despite good arrangements to ensure quality and safety within theatres, the Health Board has done little to monitor patient experience and implement learning from incidents

- Overall there is little work done to measure patient experience across the Health Board, although the patient surveys at Wrexham Maelor are positive
- Positively, most staff would feel safe being treated here as a patient

I would feel safe being treated here as a patient.



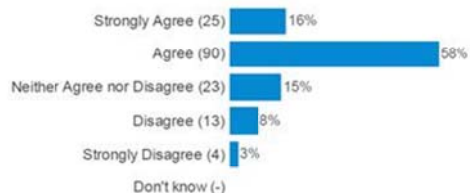
Slide 31

Part 3: Despite good arrangements to ensure quality and safety within theatres, the Health Board has done little to monitor patient experience and implement learning from incidents

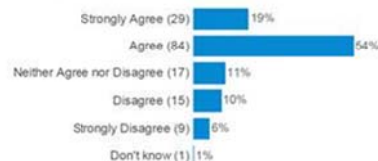


- Staff feel they work a part of a team and are able to express their opinions, morale and communication could be improved.

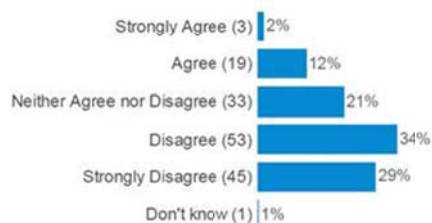
As a whole the staff in this theatre work well as part of a team (i.e. all staff not just theatre staff but also medical staff).



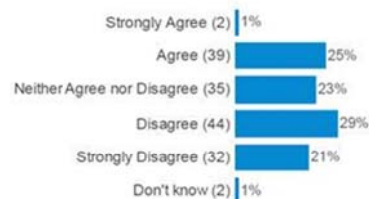
If required I feel able to express disagreement with more senior members of the team.



Morale is high in the operating theatres.



I feel fully informed about theatre issues in this hospital.



Recommendations to the Health Board

- **R1 Theatre performance information:**
 - Standardise all utilisation and data definitions across the health board to ensure consistency in reporting, and ensure theatre units are regularly validating performance data;
 - ensure cancellations data is being accurately collected across the health board and all theatre sites are consistently recording cancellations reasons;
 - collect, analyse and use a more balanced range of performance data, including outcomes, productivity and complexity measures;
 - 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.

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Recommendations to the health board

- **R2 Improve patient experience**
 - 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; and
 - ensure lessons from incidents are taken on board and shared effectively across the health board and theatre units.
- **R3 Standardise pre-operative services**
 - improve patient experience by standardising preoperative processes across the Health Board to ensure equity of access for all patients; and
 - introduce standard paperwork for pre-operative assessment to ensure patients can access these services closer to home as opposed to the hospital where treatment can occur.

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Recommendations to the health board

- **R4 WHO checklist & briefings**
 - roll out WHO checklist methodology currently in use at Ysbyty Gwynedd & Llandudno General to all sites as this is good practice; and
 - focus on improving debriefings as this is the area of most concern identified by improving monitoring of the whole process of WHO implementation.

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