

Follow-up of Operating Theatres – Cwm Taf Morgannwg University Health Board

Audit year: 2020

Date issued: December 2020

Document reference: 2159A2020-21

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Summary report

Introduction

- 1 Operating theatre services are an essential part of patient care. Efficient management of theatres results in cost effectiveness, supports the achievement of waiting-time targets and contributes to high-quality patient care.
- 2 In 2011-12, the Auditor General undertook a review of operating theatre services across Wales. In 2014-15, follow-up work was undertaken across health boards to gauge progress in implementing our original audit recommendations. Those reviews 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 utilisations; and
 - the quality process including the World Health Organisation (WHO) checklist.
- 3 Information on how services are performing. We have undertaken a further review to examine the progress made by Cwm Taf Morgannwg University Health Board (the Health Board) in addressing the recommendations made in our previous reviews. The follow up work has included a review of recommendations previously made to Abertawe Bro Morgannwg University Health Board in respect of services in Bridgend, given the transfer of healthcare services for the people of Bridgend to the Health Board on 1 April 2019.
- 4 The follow up work reported here draws upon the following work:
 - review of relevant data and documentation;
 - a self-assessment of its progress against the recommendations by the Health Board; and
 - interviews with staff to discuss progress, current issues and future challenges.
- 5 We summarise our findings in the following section. **Appendix 1** provides specific commentary on progress against each of our previous recommendations. We were unable to confirm the original target dates for implementation of the recommendations therefore have provided a current progress update. The commentary reflects fieldwork that was undertaken prior to the COVID-19 pandemic¹, however, where possible we have looked to update our findings on actions that have taken place since our fieldwork was undertaken.

¹ In March 2020, the Auditor General for Wales suspended all onsite performance audit work, which included the clearance of draft reports, to allow NHS bodies to focus their attention on responding to the COVID-19 pandemic.

Our findings

6 **Exhibit 2** and **Exhibit 3** summarises the status of previous audit recommendations.

Exhibit 2: Progress status of our 2014 recommendations: Cwm Taf Morgannwg University Health Board

Total Number of Recommendations	Implemented	In progress	Superseded
20	9	8	3

Exhibit source: Audit Wales

Exhibit 3: Progress status of our 2015 recommendations: Bridgend Area

Total Number of Recommendations	Implemented	In progress	Superseded
6	1	5	-

Exhibit source: Audit Wales

- 7 The Health Board has made reasonable progress in addressing the issues highlighted in the previous review, but further improvements could be made in respect of the use of theatre efficiency data and standardising pre-operative processes across the Health Board.
- 8 Since our previous work, use of the WHO² surgical checklist in the Health Board has increased significantly and progress has been made in implementing pre-list and post-list briefings.
- 9 Theatre session and list planning has improved following the appointment of scheduling managers to support effective list planning. These staff have fostered close working relationships with surgical staff, and the Health Board has also

2 The World Health Organisation (WHO) surgical safety checklist was developed after extensive consultation and aims to decrease errors and adverse events and increase communication and teamwork in surgery.

introduced routine multidisciplinary meetings which seek to identify and address any issues with lists that could result in cancellations and delays.

10 Work to monitor patient experience has been strengthened through the use of real time surveys. The impact of COVID-19 has affected the scale of this work, but the Health Board has worked to maintain this activity as much as possible.

11 However, pre-operative assessment models remain inconsistent across hospital sites. And, although operating theatre performance information is available, there was a lack of focus and scrutiny on efficiency, productivity and utilisation across the Health Board. The Health Board recognise this and further work is planned in this area to maximise capacity as part of the planned care recovery following COVID-19. There remain opportunities to involve clinical staff more widely in these discussions.

12 Within Bridgend, there remains work to do in relation to theatre improvement. Access to information has improved recently but there are still inconsistencies in the theatre information systems the Princess of Wales have access to. Further improvements are needed to ensure oversight of theatre efficiency productivity and safety, and the new operating model recently implemented will seek to address these issues.

Recommendations

13 In undertaking this work, we have made no new recommendations. The Health Board however needs to continue to make progress in addressing our previous recommendations. The outstanding recommendations are set out in **Exhibit 4** and **Exhibit 5**.

Exhibit 4: outstanding recommendations Cwm Taf Morgannwg University Health Board

Outstanding recommendations

Five Steps to Safer Surgery

R1c Begin reporting compliance with the five steps to safer surgery alongside efficiency/productivity metrics to ensure a more holistic review of performance, quality and safety.

Preoperative Processes

R6a Deliver a project to improve performance management of pre-operative assessment. The Health Board needs to know more about its effectiveness and its impact on cancellations.

Outstanding recommendations

R6b Analyse by speciality/surgeon, where day of surgery admission (DOSA) rates are low. Work with these specialties/surgeons to understand/overcome the barriers to increasing DOSA rates.

Short Stay Surgery

R7a Formally nominate surgeons on each hospital site to act as champions for short stay surgery.

R7b The champions should lead a project with the aim of increasing short-stay surgery rates within the next 12 months.

Driving efficiency by generating greater shared ownership

R8a Reintroduce optimisation charts to reinvigorate the focus on efficiency (without sacrificing quality and safety).

R8b One of the clinical directors should lead a project to increase awareness and use of the theatre performance dashboard. The project should seek to understand and address any barriers relating to clinicians not owning the clinician-level efficiency data.

R8c Share learning by clinical directors annually, peer reviewing theatre data and observing performance in different specialties. Feed this into job planning, revalidation and appraisals.

Exhibit 5: outstanding recommendations Bridgend Area

Outstanding recommendations

Operating Theatre Improvement

R1 Reintroduce a structured programme for theatre improvement, possibly as a workstream within the Surgical Pathway Board.

Performance Management and Efficiency, Productivity and Safety

R2 Develop an approach to performance management in theatres that ensures good quality data is widely used to drive improvement.

R3 Introduce a mechanism to ensure more regular executive oversight of theatre efficiency, productivity and safety.

WHO Checklist and Briefings (Five Steps of Safer Surgery)

R5 Draw on the expertise of the Health Board's Communications team to promote to staff the benefits of using the WHO checklist and briefings.

Sickness Absence Rates

R6 Carry out further work to understand and manage down the high sickness absence rate in theatres.

Appendix 1

Health board progress against our recommendations

Assessment of progress against recommendations arising from the Operating Theatres Follow-Up Review at Cwm Taf University Health Board (2014)

Recommendation	Status	Summary of progress
<p>Five Steps to Safer Surgery</p> <p>The five steps to safer surgery are a surgical safety checklist, developed by WHO. It involves briefing, sign-in, timeout, sign-out and debriefing, and is advocated by the National Patient Safety Agency (NPSA) for all patients in England and Wales undergoing surgical procedures.</p> <p>In 2014, we found good practice in the Health Board's approach to encouraging the use of safety briefings and the surgical safety checklist. But, compliance with WHO checklist was being inaccurately reported to the Welsh Government, in addition there were some inconsistencies in the completion of the pre-list briefing process and post-list team de-briefings were rare. We recommended that the Health Board should:</p>		
R1a Continue with roll out of the new (WHO) surgical checklist	Implemented	The Health Board recognises the use of the WHO checklist as good practice. Our discussions with staff and review of the Health Board's self-assessment and performance information indicated that compliance with the WHO checklist has

Recommendation	Status	Summary of progress
and repeat the covert audit on both sites in 12 months.		improved significantly since our 2014 review, with compliance rates reaching 89% for the period 1st April 2018 to 31st March 2019.
<p>R1b Take a decision on the importance of post-list briefings. If the Health Board deems these important, they must be promoted, in particular by the clinical directors who should lead by example.</p>	Implemented	<p>The Health Board has implemented both pre-list and post-list debriefs, and staff felt that these were useful. Performance information received from Royal Glamorgan Hospital (RGH) for the period 28/10/2019 to 03/02/2020 showed improvement in the compliance rates.</p>
<p>R1c Begin reporting compliance with the five steps to safer surgery alongside efficiency /productivity metrics to ensure more holistic review of performance, quality and safety.</p>	In Progress	<p>At the time our fieldwork we found there is discussion around five steps of safer surgery at departmental and theatre team leader meetings. However, better use of this information could have been made at Directorate Integrated Governance Business meeting or the Clinical Business meeting. Since our review the Health Board has implemented a new operating framework with three locality areas, each with a Clinical Service Group for surgery. This has increased capacity within the Health Board. COVID-19 has understandably affected the pace of implementation, as well as the impact on elective throughput. However, the Health Board are committed to monitoring compliance with the five steps of safer surgery to ensure a more holistic view of performance and will be embedding this in the new arrangements and as such are developing monitoring arrangements through the newly established Clinical Service Groups and Service planning group meetings. Further work is needed in this area in order to fully address this recommendation.</p>

Recommendation	Status	Summary of progress
<p>Patient Experience</p> <p>Our 2014 work found that Clinical Business Meetings and the Theatre Quality Improvement Group were providing more focus on quality. However, surgical patient experience information was not routinely measured, the process for doctor revalidation was not sufficiently independent of the doctor seeking revalidation and the various sources of quality information needed to be brought together and considered holistically. We recommended that the Health Board should:</p>		
<p>R2a Monitor surgical patient experience at least every six months.</p>	<p>Implemented</p>	<p>The Health Board has developed its arrangements for monitoring patient experience and has now rolled out a consistent Health Board approach to using real time surveys. The results of which are discussed at the three Integrated Locality Group Meetings. COVID-19 has affected the amount of survey and real time work that can be undertaken.</p>
<p>R2b Audit the process of doctor validation to assess whether patient surveys are sufficiently independent of the doctor in question.</p>	<p>Implemented</p>	<p>Processes for doctor revalidation have changed since 2014. There is currently an All Wales agreement for 360 multi-source (patient and colleague) feedback with an external organisation. For Patient feedback, the external organisation will post surveys to the Doctor for distribution and collection is made via a third party (Ward Clerk, Nurse, Secretary etc), which ensures the patient is able to provide feedback anonymously and doctors are sufficiently independent of the process.</p> <p>We understand that the All Wales contract is due to end in March 2020, however an alternative system provided by Health Education and Improvement Wales (HEIW) will be phased in as the current contract ends.</p>

Recommendation	Status	Summary of progress
<p>Analysis of Incidents</p> <p>Our 2014 work found error reporting was encouraged and staff were positive about reporting processes. Incident data and themes were considered weekly by theatre managers at various governance meetings, but there was limited learning from incidents for staff below band 7 grade and mechanisms for providing feedback to staff were underdeveloped. There was also scope to use more sophisticated statistics to analyse trends in theatre incidents. We recommended that the Health Board should:</p>		
<p>R3a Access help and tools from Public Health Wales to enhance the trend analysis of theatre incidents and use Statistical Process Control charts.</p>	<p>Implemented</p>	<p>Statistical Process Control tools are no longer published by Public Health Wales NHS Trust, but access is available through the NHS Improvement Website. However, since our 2014 review the Health Board has introduced a theatre incident dashboard which provides real-time information on incidents which is positive and comprehensive. The Senior Nurse for Theatres accesses the information to discuss incidents with staff.</p>
<p>R3b Analyse the reasons for the significant increase in incidents during 2012.</p>	<p>Superseded</p>	<p>This recommendation no longer applies. The Health Board are undertaking work to review incidents as they happen through their Datix reporting system.</p>
<p>R3c Set an objective of increasing incident reporting and monitor the ratio of low harm incidents to all incidents at least every six months.</p>	<p>Implemented</p>	<p>A specific objective has not been set by the Health Board, but incidents are discussed at departmental and team leader meetings, where the Senior Nurse for theatres shares a printout of the theatre incident dashboard with staff. There is evidence to suggest learning from individual incidents at a departmental level, with some changes or improvements being made as a result. For example, development of Standard</p>

Recommendation	Status	Summary of progress
		<p>Operating Procedures (SOPs), Local Safety Standards for Invasive Procedures (LocSSIPs), and more focus on completion of the WHO checklist. Following the introduction of the new operating model in April 2020 there is further work being undertaken on reviewing incidents, and reports are being scrutinised through the new Integrated Locality Group structures.</p>
<p>List Planning Our 2014 work found that list planning at Royal Glamorgan Hospital (RGH) had changed to match the process at Prince Charles Hospital (PCH), but the change was problematic and not supported by all staff. Theatre staff wanted more input into the compilation of the list and there was a desire to improve communications with those charged with putting the lists together. There were also some concerns around overambitious lists and inaccurate information recorded on IT systems. We recommended the Health Board should:</p>		
<p>R4a Review the effectiveness and safety issues associated with list planning, particularly at Royal Glamorgan. Change the process to ensure theatre staff are fully involved in the quality assurance of lists.</p>	<p>Implemented</p>	<p>Operating theatres have introduced the 6-4-2 system at both RGH and PCH which provides a consistent process and 'forward look' for theatre session and list planning. The Health Board have appointed two Scheduling Managers who lead and co-ordinate the 6-4-2 system, assist with daily operational issues, identify and prevent any issues prior to patient surgery and work collaboratively with key operational staff. Positively the health board has introduced theatre huddles to ensure the 6-4-2 system operates effectively. The huddles take place twice a day and are attended by a multidisciplinary team. The purpose is to review the progress of the surgical lists and identify and resolve any issues that could result in case cancellations and delays. An internal evaluation of theatre huddles has indicated a reduction in cancellations and the improvements in communication have reduced outsourcing, improved patient safety and experience, theatre productivity and inter-team relationships.</p>

Recommendation	Status	Summary of progress
		<p>However, COVID-19 has affected list planning, with the reduction in elective activity and the focus on urgent and cancer care. Work has been undertaken to review every patient and assess their clinical need. This has been done with clinical engagement which does demonstrate progress against this recommendation.</p>
<p>Annual Leave Our 2014 work found that only 14 out of 45 consultants were consistently meeting the six-week notice of leave rule with some operations cancelled due to surgeon leave. We recommended the Health Board should:</p>		
<p>R5a Enforce compliance with the six weeks leave rule for consultants. Monitor compliance at least every six months.</p>	<p>Implemented</p>	<p>Both consultant and anaesthetists are still required to give six weeks' notice for annual leave. However, our interviews with staff found there are some instances where annual leave is requested within this time period. Authorisation is at the discretion of the department, for instance where the annual leave does not compromise services. Our analysis of Health Board cancellation data for 2019 indicates that 39 out of a total of 4624 cancelled operations across RGH and PCH were due to the surgeon being on annual leave. Our work found no evidence to suggest the Health Board regularly monitors compliance with the 6-week notice rule to understand its impact on cancellations, however cancellations due to annual leave are low at 0.84%.</p>
<p>Pre-operative Processes</p>		

Recommendation	Status	Summary of progress
<p>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 infection (such as MRSA), determining clinical risk and to ensure a patient is operated on in a suitable facility.</p> <p>In 2014, we found pre-operative assessment was recognised as an issue by the Health Board and the service was brought into the Anaesthetics, Critical Care and Theatres Directorate. There were also some mixed views amongst staff regarding its effectiveness. Some progress was made in standardising the service across hospital sites, but that work had not been completed at the time of the review. A screening questionnaire was also introduced and there was more anaesthetist involvement in pre-operative assessment.</p> <p>We found that day of surgery admission rates within the Health Board were the lowest in Wales and there was scope to improve this performance. The Health Board had introduced admission lounges to improve their day of surgery rates, however there were patient experience issues around dignity. We recommended the Health Board should:</p>		
<p>R6a Deliver a project to improve performance management of pre-operative assessment. The Health Board needs to know more about its effectiveness and its impact on cancellations.</p>	<p>In Progress</p>	<p>Staff were positive about the pre-operative assessment service and its impact on reducing cancellations at both RGH and PCH. There have been some site-specific projects to improve pre-operative assessment. For example, completing pre-operative assessment in day surgery at PCH. However, we found the service is not available to all specialities. For example, it has only recently been introduced for Urology. Our discussions with staff suggested there are inconsistent pre-operative assessment models at RGH and PCH and there was limited evidence to suggest there are performance management arrangements in place for this service.</p> <p>Further progress on this has been affected by COVID-19, and the Health Board is aware that work going forward will need to focus on improving pre-operative assessment as part of the planned care recovery programme following COVID-19.</p>

Recommendation	Status	Summary of progress
<p>R6b Analyse by speciality/surgeon, where day of surgery admission (DOSA) rates are low. Work with these specialties/surgeons to understand/overcome the barriers to increasing DOSA rates.</p>	<p>In Progress</p>	<p>DOSA rates are monitored at PCH at RGH. There was limited evidence to indicate whether the Health Board is working with surgeons and/or specialties to secure improvements.</p> <p>As part of the COVID-19 recovery plans further work is planned in this area to maximise capacity as part of the planned care recovery. Scrutiny of information will be undertaken within Integrated Locality Groups.</p>
<p>R6c Address the patient experience issues on SEAL units revealed by the recent patient survey and the Wales Audit Office audit.</p>	<p>Superseded</p>	<p>The SEAL unit was permanently closed in 2019 this recommendation is no longer applicable.</p>

Short Stay Surgery

Short stay surgery reduces the patient length of stay in hospital and the risk of hospital acquired infections, which increases patient satisfaction and yields more efficient use of hospital beds.

In 2014, we found that the Health Board had taken several actions to promote short stay surgery and whilst the day-case rate improved during 2013, it remained comparatively low. We recommended the Health Board should:

Recommendation	Status	Summary of progress
<p>R7a Formally nominate surgeons on each hospital site to act as champions for short stay surgery.</p>	<p>In Progress</p>	<p>The Health Board has a nominated consultant champion at PCH for short stay surgery, however the Health Board was unable to confirm if there are similar arrangements at RGH.</p> <p>As the Health Board moves forward with its planned care recovery there is an opportunity to ensure there are champions at all sites to improve short stay surgery rates. However, it is noted that the Health Board are working proactively to identify where improvements could be made.</p>
<p>R7b The champions should lead a project with the aim of increasing short-stay surgery rates within the next 12 months.</p>	<p>In Progress</p>	<p>The champion for short stay surgery at PCH has completed some site -specific audit/improvement work focussing on unplanned admissions following planned day surgery, improving day case laparoscopic cholecystectomies and adequacy of day surgery post-operative analgesia. However, no evidence was provided to indicate whether short stay surgery rates are formally monitored across hospital sites and there is limited evidence to suggest that any projects have been completed across the hospital sites to increase short-stay surgery rates.</p> <p>Due to COVID-19 planned elective work has been affected significantly, opportunities for maximising short-stay surgery will be explored as part of COVID-19 recovery planning.</p>

Recommendation	Status	Summary of progress
<p>Driving efficiency by generating greater shared ownership Our 2014 work found that whilst there had been some positive actions to improve performance management, clinical directors were unclear whether theatre data and information was being used optimally to drive improvement. We recommended that the Health Board should:</p>		
<p>R8a Reintroduce optimisation charts to reinvigorate the focus on efficiency (without sacrificing quality and safety).</p>	<p>In Progress</p>	<p>The Health Board uses the Qlik sense system to collate and monitor operating theatre performance with data available for on the day cancellations, in session utilisation, missed opportunities, non-fallow empty sessions, unused planned time and cost of unused planned time. However, there doesn't appear to be any focus on surgical productivity.</p> <p>Our analysis of the performance trends from July 2018 to December 2019, indicates that operating theatre performance is improving, but more work can be done to secure further improvements around on the day cancellations, in session utilisation, non-fallow empty sessions and unused planned time.</p> <p>Our discussions with staff suggest there is a lack of focus on operating theatre efficiency, despite having the performance information available. This view was reflected during our walkthrough of the operating theatre departments at RGH and PCH which revealed that information on late starts, overruns, cancellations and reasons for these are not recorded on theatre quality improvement boards / optimisation charts. We were told that efficiency information is not always recorded if it's not considered an issue.</p>

Recommendation	Status	Summary of progress
		<p>The impact of COVID-19 has significantly affected theatre throughput and activity. As part of recovery planning the Health Board recognise the need to ensure effective monitoring of efficiency and capacity. There are tools in place, and the new Integrated Locality Structures as well as the new general managers and surgery Clinical Service Groups are planning to drive improvements in this area.</p>
<p>R8b One of the clinical directors should lead a project to increase awareness and use of the theatre performance dashboard. The project should seek to understand and address any barriers relating to clinicians not owning the clinician-level efficiency data.</p>	<p>In progress</p>	<p>Our discussions with staff indicate that clinicians may be kept informed of theatre efficiency performance verbally, but they do not access the theatre performance dashboard themselves.</p> <p>Following the introduction of the new operating model across the Health Board there has been an increase in senior clinical leadership within the Integrated Locality groups and also within the surgical areas through the new clinical service group managers. Further strengthening has been achieved through the appointment of the clinical directors for two of the three surgical clinical service groups.</p> <p>Work on this area has been affected by COVID-19 however the structures should support the achievement of this recommendation.</p>
<p>R8c Share learning by clinical directors annually peer reviewing theatre data and observing performance in different specialties. Feed this</p>	<p>In Progress</p>	<p>Our discussions with staff found that the monthly Clinical Leaders forum provides opportunities to share learning, analyse theatre data and performance of different specialties, but at the time of our fieldwork, the Clinical Director for ACT had just been appointed and as such had not attended a meeting. We were also not provided with any minutes or papers for this meeting during the audit fieldwork, therefore we were</p>

Recommendation	Status	Summary of progress
into job planning, revalidation and appraisals.		unable to verify this statement. Further progress against this recommendation has been affected by COVID-19, it is hoped that the new arrangements and operating model will support this process.
R8d Inform theatre staff by publicising minutes of Band 7 meetings and summarising the key issues in posters/leaflets or emails.	Implemented	The Health Boards self-assessment indicates that theatre efficiency information is shared with staff at bi-monthly departmental and team leader meetings.
<p>Bed Management Role</p> <p>Our 2014 work found that unscheduled care pressures had eased, partly due to a more proactive approach to bed management by the senior theatre nurses. Although, there was a risk that their bed management role means they spend less time in operating theatres. We recommended that the Health Board should:</p>		
R9a In six months, assess whether the bed management role of senior theatre nurses is having a negative impact on their role in theatres.	Superseded	Due to the new operating model this recommendation is no longer needed

Assessment of progress against recommendations arising from the Operating Theatres Follow-Up Review at Bridgend (Abertawe Bro Morgannwg University Health Board (2015))

Recommendation	Status	Summary of progress
<p>Operating Theatre Improvement</p> <p>In 2014, we found that the theatre work programme and theatre board had been disbanded, but the surgical pathway board had secured some broader improvements. We recommended that the Abertawe Bro Morgannwg Health Board (the Health Board) should:</p>		
<p>R1 Reintroduce a structured programme for theatre improvement, possibly as a workstream within the Surgical Pathway Board.</p>	<p>In Progress</p>	<p>Since the transfer of Princess of Wales Hospital from Abertawe Bro Morgannwg University Health Board to Cwm Taf Morgannwg University Health Board, there has been no work to reintroduce a structured programme for theatre improvement.</p> <p>The Health Board has recently introduced a new operating model which is expected to help support this work. COVID-19 has affected further improvements at this time. The Health Board agrees that Theatre Improvement will need to feature strongly in recovery plans post COVID-19 as Health Board seeks to improve planned care throughput following the COVID-19 impact.</p>

Recommendation	Status	Summary of progress
<p>Performance Management and Efficiency, Productivity and Safety</p> <p>In 2015, we found that action was underway to strengthen performance monitoring, but the Health Board was not driving improvement through the use of good quality data. We recommended that the Health Board should:</p>		
<p>R2 Develop an approach to performance management in theatres that ensures good quality data is widely used to drive improvement.</p>	<p>In Progress</p>	<p>There are differing arrangements to monitor operating theatre efficiency at Princess of Wales hospital with operating theatre departments at the Health Board's other hospital sites. Currently, Swansea Bay University Health Board provide Princess of Wales hospital with a monthly theatre utilisation report produced to share among operating theatre staff. Our review of the report found it to contain information on session utilisation and late starts / early finishes. This contrasts with the information available to operating theatre departments at RGH and PCH which is more frequent and has a focus on different performance metrics.</p> <p>Although there have been recent improvements in access to the QlikSense system. Princess of Wales Hospital can generate other theatre data internally to answer specific queries, but there was no evidence to suggest monitoring of other aspects of theatre performance and no plans yet to merge systems.</p>
<p>R3 Introduce a mechanism to ensure more regular executive oversight of theatre efficiency, productivity and safety.</p>	<p>In Progress</p>	<p>Our interviews with staff found there are no meetings to discuss operating theatre performance. Our review of Quality and Patient Safety meetings, as well as operating theatre departmental meetings found limited evidence of discussion or any action taken to address areas of performance. Previously, the theatre user group monitored theatre performance, but this was disbanded because of poor attendance from</p>

Recommendation	Status	Summary of progress
		<p>surgeons. The Health Board's Integrated Performance Dashboard presented at committee and board level includes information on theatre efficiency, but this primarily focusses on cancellations at all three of its hospital sites and doesn't provide a complete picture of operating theatre performance.</p> <p>The introduction of the new Integrated Locality groups and the new quality governance framework agreed formally by the Health Board in September 2020 should lay the structure in place to improve the opportunity for theatre efficiency and productivity to become more focused. This combined with how the Health Board are moving to recovery following COVID -19 for their planned care workload will also drive conversations in this area.</p>
<p>Clinical Director Role</p> <p>In 2015, we found that the new Clinical Director for Surgical Services (covering theatres) was an interim appointment due to an ongoing management restructure, so there was a risk of further change and disruption to theatres leadership. We recommended that the Health Board should:</p>		
<p>R4 Review the role of Clinical Director for theatres to ensure they are empowered to troubleshoot problems</p>	<p>Implemented</p>	<p>Following the Health Board merger in 2019 Operating Theatres became the responsibility of the Clinical Director for ACT at Cwm Taf Morgannwg University Health Board.</p>

Recommendation	Status	Summary of progress
<p>wherever they arise in the pathway.</p>		<p>In April 2020 this was further strengthened with new appointments to strengthen clinical leadership capacity. The new Integrated Locality Group structure has resulted on a general manager appointment to the Princess of Wales site as well as a Surgery Clinical Service Group which has increased management capacity.</p> <p>The Health Board has reviewed the clinical director roles and there are currently two in place. These have been in post since 2016. At the time of our review these roles were being reappointed as part of the new operating model process.</p>
<p>WHO Checklist and Briefings (Five Steps of Safer Surgery) In 2015, we highlighted numerous failings in the completion of the WHO checklist and team briefings were not mainstreamed in all theatres. We recommended that the Health Board should:</p>		
<p>R5 Draw on the expertise of the Health Board's Communications team to promote to staff the benefits of using the WHO checklist and briefings.</p>	<p>In Progress</p>	<p>There was no evidence to suggest the operating theatre department have drawn on the expertise of the communications team to promote to staff the benefits of using the WHO checklist and briefings. However, discussions with staff at Princess of Wales Hospital as part of our 2020 work found that compliance with the WHO checklist has improved and prelist briefings are regularly completed.</p> <p>Compliance with post list briefings could be further improved, however the team is confident that where an adverse incident has occurred a post list briefing is completed and are committed to continue to improve coverage in this area and improve learning.</p>

Recommendation	Status	Summary of progress
<p>Sickness Absence Rates</p> <p>In 2015, we found that staff sickness had increased in 3 of the 4 theatre sites across the Health Board and had exceeded more than 10% at some sites. We recommended that the Health Board should:</p>		
<p>R6 Carry out further work to understand and manage down the high sickness absence rate in theatres.</p>	<p>In Progress</p>	<p>Sickness levels remain of a concern. However, the local teams are aware and are monitoring this position routinely. COVID-19 is currently having an impact on these levels due to staff self-isolating and shielding, as well as vacancies.</p> <p>With the support of the local workforce business partners there is ongoing work to reduce sickness levels. We were informed that this is a mixture of short and long-term sickness which was being managed in accordance with the Health Boards Sickness Absence Policy. Ongoing focus will be needed in this area.</p>



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