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WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



<b>Meeting Date</b>	<b>December 2018</b>	<b>Agenda Item</b>	<b>5a</b>
<b>Report Title</b>	<b>Status Report on Theatre Performance</b>		
<b>Report Author</b>	Malcolm Thomas – Associate Director – Recovery and Sustainability		
<b>Report Sponsor</b>	Chris White – Chief Operating Officer		
<b>Presented by</b>	Chris White – Chief Operating Officer		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This supplementary report updates the paper presented at the October F & P meeting with updated action plans from each Delivery Unit of their planned remedies to address under performance.		
<b>Key Issues</b>	<p>The performance of our Theatre departments across the Health Board is a key performance improvement target that will enable timely access in both Emergency and Elective surgery – and which in turn will help our reduction in waiting times and the overall RTT position. The key challenging areas of underperformance relate to the patient flow in accessing bed capacity, Pre-assessment, theatre utilisation, and theatre throughput.</p> <p>Improving the theatre performance will reduce pressures around waiting times, waiting list initiatives including out sourcing and improve the quality of care given to our patients by more timely access to their surgery and reduced cancellations of their surgery.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			✓
<b>Recommendations</b>	The Committee is asked to note the content of the report and the actions being taken to improve overall performance in this key target for the Health Board.		

# **SUPPLEMENTARY REPORT ON THEATRE IMPROVEMENT ARRANGEMENTS**

## **1. INTRODUCTION**

The October Performance and Finance Committee received an initial report highlighting the work being undertaken in each Service Delivery Unit to make improvements to theatre efficiency and productivity.

The original report set out a range of performance metrics and issues, but did not provide the committee with the level of assurance it required, in particular that each delivery unit had clear actions to improve their performance and productivity.

A further report was requested to provide greater assurance and this paper sets this out in the sections which follow.

## **2. BACKGROUND**

A Status Report with detailed background information was presented at the October Performance and Finance Committee. The report highlighted existing arrangements, current performance and comparative data with previous years.

The paper also included actions achieved and being planned by Service Delivery Units to improve their existing services. This supplementary paper revisits those actions plans, as attached, and sets out the further actions planned by the Theatre Efficiency Board to deliver continuous improvements.

## **3. ACTIONS TAKEN SINCE OCTOBER MEETING**

The outcome of the October meeting has been shared with each of the General Managers with responsibilities for theatres within each of the Service Delivery Units. They have reviewed and updated their respective action plans and these are attached as appendices to this paper.

The Theatre Efficiency Board at its November meeting has also discussed and agreed a number of key strategic actions / deliverables which require to be put into place to facilitate continuous improvements and these include:

- Since the Health Board restructured into Service Delivery Units, Theatres were allocated to each unit (POWH to also run NPTH theatres) from a centralised management structure resulting in reduced cross system working Greater collaboration between the units is going to be fundamental to delivering improvements across the performance indicators in terms of manpower, theatre scheduling and supporting each other to delivering these improvements.
- It has been agreed that a weekly Theatre group be created to review critical paths for delivering weekly scheduling of theatre capacity, ensuring that appropriate manpower is directed to cover planned theatre sessions, HSDU equipment is available, bed capacity is available in advance and agree which capacity to switch off at times of peak pressures within the operational status of each hospital, with manpower redirected to maintain theatre capacity at other hospitals as appropriate.

- A review of the appropriateness of the present theatre management arrangements is required to be undertaken to consider the current decentralised approach or a more centralised management function.
- The planned boundary changes surrounding the transfer of the Princess of Wales Hospital to Cwm Taf University Health Board will see the theatres at Neath Port Talbot Hospital transferring into the management of that delivery unit. The implications of such a relatively small function / workforce will inevitably require a “Buddied” arrangement with another Delivery unit in any event and therefore it might be helpful to have a fuller review of theatre arrangements across the Health Board.
- The Terms of Reference for the Theatre Efficiency Board should be revisited and amended as appropriate to ensure oversight and monitoring of the action plans.
- Surgical representation at the Theatre Efficiency Board has now been secured which will be a key opportunity for improved engagement with the wider clinical body.
- Theatre Information has been highlighted as an area of weakness in terms of quality, flexibility for reporting and accuracy. Despite previous clinical and managerial reviews having been undertaken, concern still remains and therefore needs immediate and focused attention to resolve. An agreed reporting framework is required and to facilitate this a dedicated Information Project Manager is required to fulfil this important function.
- As part of the IMTP development - trajectories for Theatre performance will be agreed with Delivery Units to deliver against in 2019/20. The ongoing work around the IMTP capacity and demand will as a priority for next year quantify the impact and then hold units to account for these performance targets. There are currently ongoing discussions with Delivery Units to agree details/delivery of required trajectories.

Proposed Targets are as follows:

	Target	Activity for period 1 <sup>st</sup> April 18 to 30 <sup>th</sup> November 18				
	(no more than)	Health Board	POW	Morriston	Singleton	NPT
Late starts	25%	40%	39% (671)	39% (1060)	49% (720)	34% (302)
Early finishes	20%	38%	39% (673)	33% (910)	36% (530)	57% (504)
Utilisation	90%	72%	72%	79%	60%	63%
Cancelled operations	10%	24%	29% (2679)	21% (3236)	23% (1530)	29% (1307)
Cancelled on the day	10%	34%	32% (870)	35% (1123)	43% (663)	26% (337)
- Patient	10%	30%	35%	21%	29%	41%
- Hospital non clinical	20%	46%	37%	58%	46%	34%
- Hospital Clinical	10%	24%	28%	21%	24%	25%

The potential impact of achieving a reduction in cancelled operations (based on 1/12/17 to 30/11/18 data) could be:

Morriston – additional 2300 Operations

Singleton – additional 1100 Operations

Neath Port Talbot – additional 900 Operations

#### **4. RISK ISSUES**

The Delivery units have developed Action Plans to support the delivery of improved performance and outcomes for Theatre services and the mitigation of associated risks. Further detail around trajectories/productivity and impact are required to be added to each unit's plans, failure to have clear and agreed details included within each document could lead to under performance and increased costs.

The main risks relate to available bed capacity at times of high unscheduled care pressures, and the clinical workforce capacity to sustainably deliver full optimisation of theatre capacity and standards across the Health Board.

However, it will be essential that the respective Delivery Unit Theatre teams work as one to deliver the levels of improvements necessary for the objectives of the service and Health Board to be delivered.

#### **5. FINANCIAL IMPLICATIONS**

Financial implications of any of these issues are being addressed through the development of appropriate business cases – either from a strategic perspective via the Investments and Business Group (IBG), IMTP plans or through local budgetary movements agreed within each delivery unit.

#### **6. RECOMMENDATION**

The Committee is asked to note the content of the report and the actions being taken to improve overall performance in this key target for the Health Board.

Governance and Assurance							
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities	Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships
	✓	✓	✓		✓		✓
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
	✓	✓	✓	✓	✓	✓	✓
Quality, Safety and Patient Experience							
<p><b>For our population we want:</b></p> <ul style="list-style-type: none"> <li><b>Timely and effective care:</b> People of all ages to have timely access to admission for elective surgery and / or receive emergency surgery when required. When arranged to have confidence of being admitted with the full knowledge of the procedure and its implications as appropriate.</li> <li><b>Patient Outcome:</b> People who require surgery in ABMUHB to have outcomes comparable with the best in Europe.</li> </ul>							
Financial Implications							
There are no additional financial implications identified as part of this status report.							
Legal Implications (including equality and diversity assessment)							
The ABMU Health Board is responsible for planning, delivering and optimising theatre capacity and services for its catchment population. The actions being taken forward will look to take these issues into account and deliver improved utilisation against benchmarked peer groups.							
Staffing Implications							
Workforce issues around recruitment and sickness levels of Nursing colleagues has impacted on the delivery of these changes. These pressures will continue to impact on delivery if no skill mix and flow changes materialise. The action plans are being developed to manage these implications and introduce new practices and changes to workforce requirements to reflect new ways of working and modernising our workforce.							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015 - <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a> )							

The optimisation of theatres across the Health Board will support the improved delivery of our overall waiting times and reduce the need for outsourcing of patients.

**Report History**

Paper presented at the October Finance and Performance Committee.

**Appendices**