Meeting Date	**22 September 2020**	**Agenda Item**	**4.1**
Report Title	**Theatre Performance – Update Report**		
Report Author	Deb Lewis – Unit Service Director		
Report Sponsor	Chris White – Chief Operating Officer		
Presented by	Chris White – Chief Operating Officer		
Freedom of Information	Open		
Purpose of the Report	This report informs the Performance and Finance Committee of the Health Board's current performance against Key Performance Indicators (KPIs) for theatres. Specifically, the paper provides context on the challenges experienced during phase1 of the COVID-19 pandemic and describes Morriston Hospital Delivery Unit's recovery plan.		
Key Issues	Effective and efficient theatres are key requisites to the sustainable delivery of key access standards. Theatre utilisation is complex; often, factors outside of the theatre environment impact on the ability of theatres to utilise all available operative time. The current theatre programme has been significantly compromised by the COVID-19 pandemic and this paper outlines the Health Board's plan for recovery.		
Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☐	☐	☒	☐
Recommendations	Members are asked to: • **RECEIVE** and **NOTE** the Health Board's current theatre performance and the actions being taken to improve the overall performance in a sustainable and consistent manner.		

THEATRE EFFICIENCY AND SURGICAL REDESIGN

1. INTRODUCTION

This report updates the Performance and Finance Committee ("the Committee") on the current theatre performance across Swansea Bay University Health Board ("SBUHB" or "the Health Board"). Furthermore, the paper summaries, key actions taken to re-establish activity following the COVID-19 pandemic (phase 1) and Morriston Hospital Delivery Unit's plans for recovery.

2. MONITORING PERFORMANCE

The Committee will be aware that in order for the Health Board to respond adequately to the impact of COVID-19, theatre activity was significantly reduced at the end of March 2020. This facilitated the enhancement of the critical care nursing complement to ensure that it was sufficient to meet the anticipated COVID-19 demand.

In June 2020, the Health Board implemented a Reset and Recovery Programme for Essential Services. The recovery for Surgical Services and Theatres was delegated to the Morriston Hospital Delivery Unit and this group superseded the previously established Theatre Efficiency and Surgical Redesign project.

Due to significant constraints in the theatre programme run from March to August 2020, there is little validity in providing the KPI information that has been included in previous iterations of this report. However, the Committee can be assured that running an efficient theatre programme remains the focus for the Recovery project.

During Q2, the focus has been on consolidating emergency and elective theatre capacity for Priority Level 1 and 2 patients, as categorised by the Royal College of Surgeon guidelines (https://www.rcsed.ac.uk/news-public-affairs/news/2020/june/clinical-guide-to-surgical-prioritisation-during-the-coronavirus-pandemic-update-8-june-2020). As the redeployed workforce return to their substantive posts and shielding is paused through August, plans are in place to utilise all available theatre staff to deliver the maximum theatre programme to our highest priority patients.

Evidence-based changes to the re-zoning of theatres and recovery areas has seen a positive reduction in the number of theatre staff required to support each list, with a subsequent release of supplementary support staff. This has facilitated the scheduling of additional lists and gaining efficiency in turnaround times. Due to high demand, this capacity has been prioritised for emergency category 1a and 1b cases via additional CEPOD and Trauma lists in Morriston.

The Committee will be aware that, in order to facilitate recovery, the Welsh Government commissioned independent hospitals to support the delivery of NHS work. However, this has proved challenging for Swansea Bay UHB. The only independent provider available to the Health Board is the HMT Sancta Maria Hospital, Swansea, who are unable to fully engage with the programme. Limited cases were performed by Sancta Maria in Q1 due to their own workforce challenges, restrictions in their theatre provision and the clinical case mix they are able to support clinically

when compared to larger providers. Regional discussions with both Hywel Dda UHB and Cwm Taf Morgannwg (CTM) UHB for the sharing of capacity at the BMI Werndale Hospital and the Nuffield (Vale) Hospital respectively, have been unsuccessful to date. These discussions will continue and expand to include engagement with Cardiff & Vale Health Board regarding the Spire Hospital, Cardiff. Therefore, currently, Swansea Bay residents are not able to benefit from access to the type of elective care that the private providers are delivering in other Health Board areas.

Surgery recommenced at Neath Port Talbot Hospital from 7th September 2020. Due to the contractual obligations in place, 50% of the capacity would need to be allocated to Cwm Taf Morgannwg (CTM). The Health Board plan is to utilise the capacity for category 2 orthopaedics and spinal surgery cases, which includes screened, ambulatory trauma cases where treatment is time critical. Anaesthetic cover for the theatre lists will be provided from CTM, however theatre staff would need to be provided by SBUHB. The workforce modelling to enable planned work to be brought back online at Neath Port Talbot Hospital has been undertaken and the impact is accounted for within the overall demand & capacity planning.

2.1 Clinical Prioritisation and Theatre Allocation

To ensure that the most clinically urgent patients are prioritised for treatment, the Surgery Recovery Group has a waiting list of category 2 patients, both adult and paediatric, that require surgery within a 4-week window. New referrals are clinically reviewed and categorised accordingly, and all category 2 patients are allocated to the prioritised waiting list. Clinicians continue to review the category 3 patients for signs of deterioration and through clinical discussion and agreement will re-assign patients to the category 2 list as appropriate.

The theatre capacity programme, which is currently running over 52 weeks, allocates category 2 patients equitably across the dedicated planned theatres available to ensure each specialty has access to a weekly or bi-weekly list. A clinical group, which meets weekly, has been established to develop high-level clinical principles to feed into the theatre list allocation process, adhering to RCS prioritisation guidance.

Unfortunately, the capacity available currently does not meet the required demand, and the following sections illustrate the gap in the system as it currently stands.

<u>Surgical Treatment Waiting List (Stage 5 RTT) by Surgical Priority</u>

The graph below shows the total number of patients on the surgical treatment waiting list @ w/c 16/08/20, clinically prioritised into categories 2, 3 and 4. In summary: -

Clinical Category	Total Pts	In-patients	Day-cases
2	840	433	407
3	3,807	1,766	2,041
4	9,232	3,457	5,775
Unknown (Awaiting categorisation) *	122		
Total	**14,001**	**5,656**	**8,223**

*The number of a/w grading cases are reducing week on week. This will continue to reduce to zero as the consultant teams continue to assess their waiting lists

Chart 1 – Total Waiting List by RCS Category

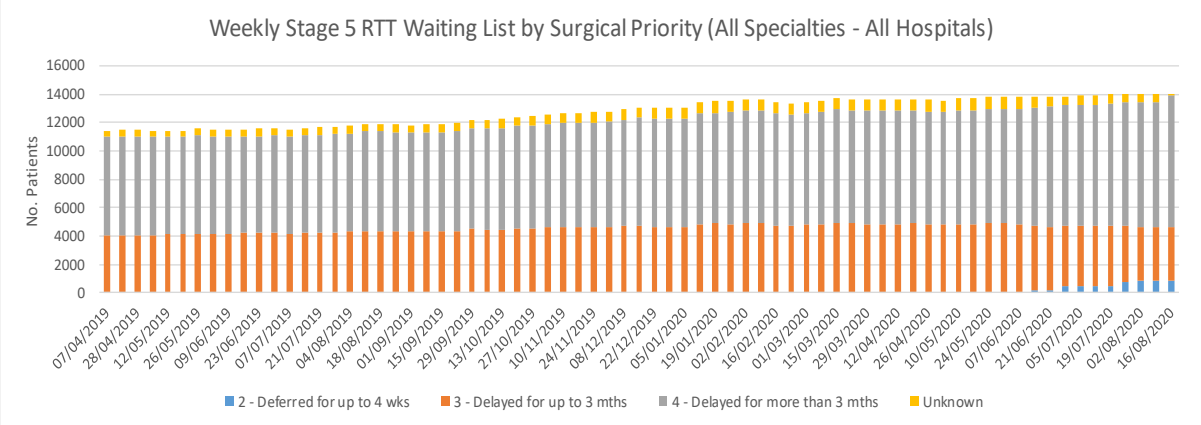


Chart 2 - Work in Progress by weeks wait for Paediatric cases (Cat2)

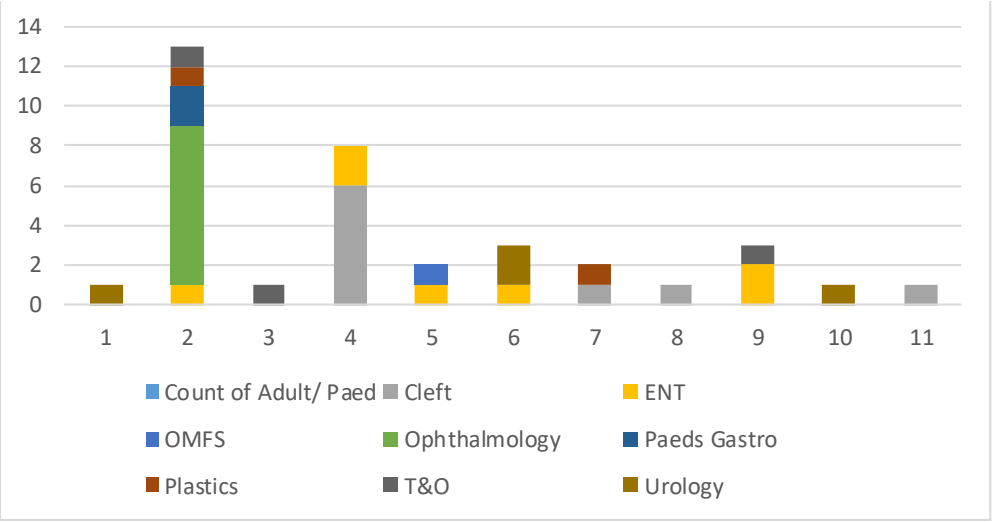
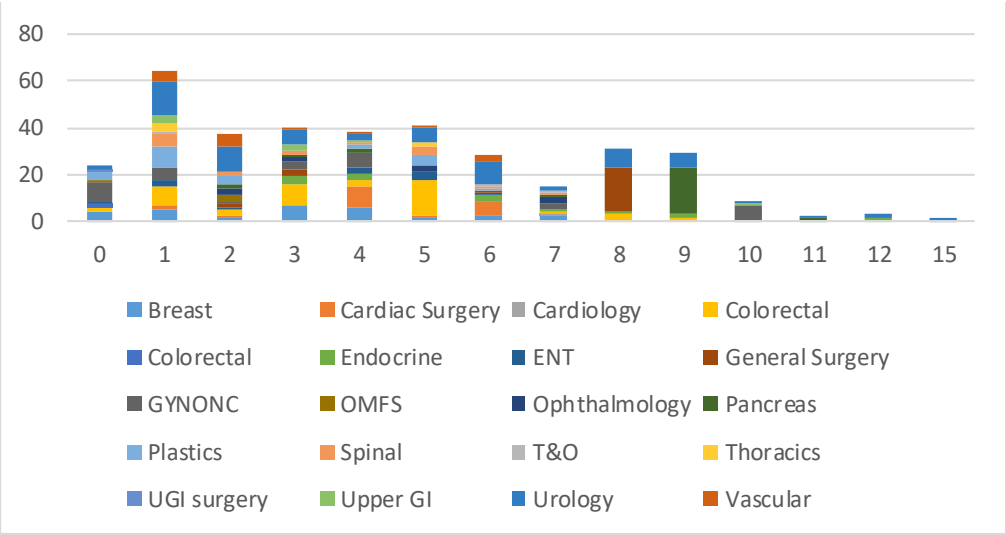


Chart 3 - Work in Progress by weeks wait for Adult cases (cat2)



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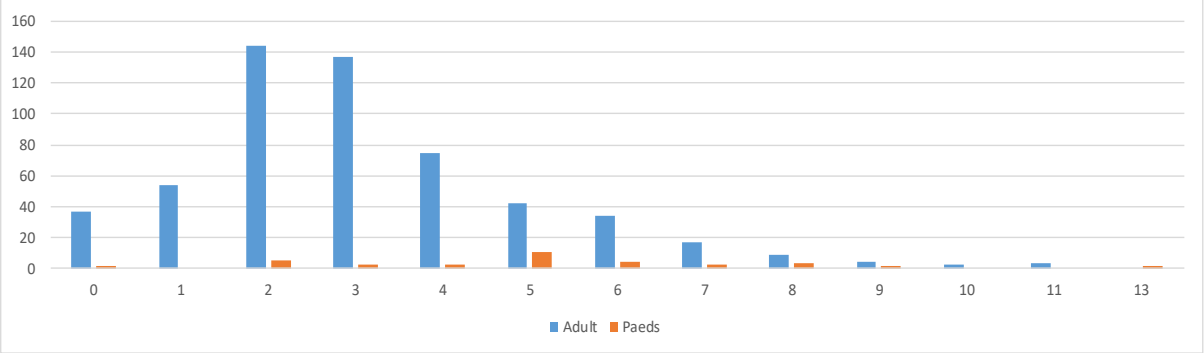
As noted, category 2 patients should receive treatment within four weeks. The following illustrates, for the patients who have received treatment, how long they waited, split by adults/paediatrics (as at 16.8.20).

Chart 4 – Treated Patients by Weeks Wait



2.1.1. Demand and Activity Projections

The following section reviews the current demand profile and the theatre activity being delivered. To date, 61% of overall demand has been delivered across all specialties. Most areas are close to the average however, there are some specialties where activity delivered is significantly below the average:

- Paediatric Cleft – clinical discussions are ongoing regarding the categorisation of paediatric cleft cases. A further review has been undertaken and a reprioritised patient list developed with specific treatment times identified. Patients will be allocated theatre capacity in line with the reprioritised list.
- Benign General Surgery – patients only started to be added to the high priority list in late June 2020. Approximately 3 lists have been allocated to benign general surgery which were reallocated due to lack of an available surgeon.
- Pancreatic – the demand for pancreatic surgery over the period is 38 cases. Each case takes three sessions of capacity. Two lists per week have been allocated routinely for pancreatic surgery out of the Thoracic/upper GI/Vascular theatre hub in Morriston Hospital, which would equate to a clearance rate of 15 weeks for the current patients waiting. Increasing operating capacity for pancreatic to more than two lists per week, would impact on theatre access for vascular and thoracic surgery.

To ensure the Recovery Group will be able to monitor the demand and activity profiles in all areas, a Vitals Dashboard has been developed in conjunction with the Healthcare Systems Engineering (HCSE) Team.

The information has been cross-referenced with the TOMS theatre system information, (1st April 2019 to 28th August 2020), in particular to check the theatre activity delivered since March 2020.

Capacity for patients to receive surgical treatment is made up of several elements:

- Theatre lists allocated to deliver the work (vitals dashboard).
- Theatre staffing to support the lists (workforce model in place).
- Anaesthetic consultants to support the lists (workforce model in place).
- Surgeons to support the theatre lists.

- Beds (ward or PACU beds) or day-case facilities (trolleys/chairs) to receive the patients post operatively (to be developed).

Workforce models for theatre staffing and anaesthetic medical staffing have already been established to allow workforce requirements for these two elements to be quantified based on the theatre programme required.

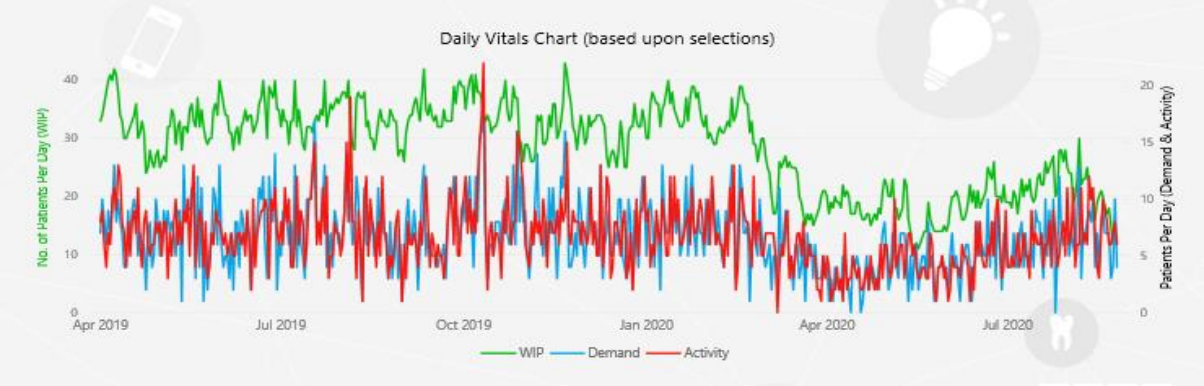
2.1.2. CEPOD

The following section focuses on CEPOD operating requirements specifically for Morriston Hospital and covers the following specialties:

- General surgery
- Vascular
- OMFS
- ENT
- Urology

Up to the 28th August 2020, there are no formal pathways to redirect suitable cases away from Morriston Hospital, although work is being progressed for general surgery and maxillofacial surgery. The specialties excluded from this section are Trauma and Orthopaedics, Orthopaedic Spinal, and Plastic Surgery. Priority categories identified are: Immediate, 1B, 2A, 2B, and expedites, including unknown prioritisation.

Chart 5 – CEPOD Vitals Chart



Based on the vitals dashboard, CEPOD demand is currently running at circa 87% of pre-COVID levels, with the average equating to 47 cases per week for July/August 2020 compared to a pre-COVID level of 52 cases per week. Demand has been increasing week on week for the last five weeks.

Work in progress (WIP) identified by the green line in the above dashboard is less post-COVID than pre-COVID.

	Pre-COVID weekly demand	Pre-COVID weekly activity	July / August Demand	July / August Activity
Minimum	30	34	39	36
Maximum	80	82	52	53

Average	52	52	47	47
Median	52	52	45	49

The priority split of the CEPOD cases is summarised below. Of the demand, 81% (39 cases) fall into cases needing surgery in 18 hours or less.

CEPOD Prioritisation	Timeframe for surgery	No per week	% split
Immediate		4	9%
2A	6 hrs	15	32%
2B	18 hrs	19	40%
Expedite	Clinically defined timescale	9	19%
Total		**47**	**100%**

There has been a significant focus since June 2020 on ensuring that the 24-hour period of CEPOD availability is being accessed for 2A/2B categories, where the clinical priority and suitability of the case supports this. The table below shows the overnight operating position for CEPOD cases over the last 12 months. This covers cases undertaken after 5:00pm and before 9:00am. There has been a notable increase in access in the last three months. The increase has predominantly been for vascular cases.

Month	Overnight cases	average per night
Jan-20	64	2.10
Feb-20	70	2.30
Mar-20	62	2.03
Apr-20	38	1.25
May-20	59	1.93
Jun-20	82	2.69
Jul-20	93	3.05
Aug 20 up to 21st August 2020	62	2.95

The current CEPOD Theatre Programme is as follows:

	Frequency
CEPOD 1	7 days a week 24/7
CEPOD 2	5 days a week 2 sessions (2 all-day lists Plastic Surgery)
CEPOD 3	2 days a week focused on Vascular expedites

The key issues that require further focus for CEPOD capacity include:

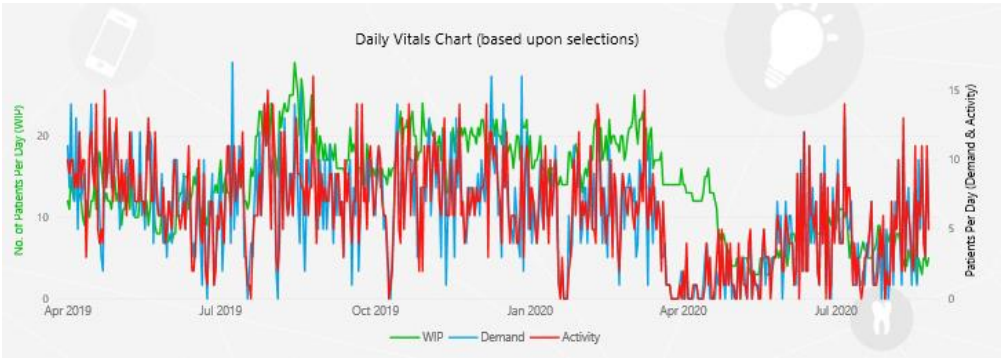
- Identifying further pathways for operating outside of Morriston Hospital.
- Recent ICP guidance does not recommend changes to theatre SOP – however testing of patients particularly expedite cases could support changes to theatre pathway.
- Improvement required in patient flow and throughput through CEPOD lists.

- Capacity for “hot” laparoscopic cholecystectomy cases required.

2.1.3. Plastic Surgery Trauma

The following section focuses on Plastic Surgery Trauma operating requirements.

Chart 6 – Plastic Trauma Vitals Chart



The above vitals dashboard shows Plastic Surgery trauma is at circa 65% of Pre-COVID median demand. The pre-COVID median demand was 54 cases per week and current position as at July/August 2020 is 35 cases per week.

Work in progress (WIP) identified by the green line in the above dashboard is similar pre and post-COVID.

	Pre-COVID weekly demand	Pre-COVID weekly activity	July / August Demand	July / August Activity
Minimum	15	14	14	12
Maximum	69	66	43	46
Average	52	52	30	31
Median	54	55	35	37

Comparison of activity delivered in the period pre-COVID between vitals dashboard and TOMS shows a discrepancy in the emergency and trauma activity delivered. This seems to suggest that the Plastic Surgery Treatment Centre (PSTC) trauma activity is not appearing in the vitals dashboard, which is resulting in a lower post-COVID position on plastic surgery trauma. This has been flagged to the HCSE team.

The PSTC activity equates to circa 18 cases per week, which would increase the current demand position to circa 50 cases per week.

Review of prioritisation categories for the plastic surgery trauma demand is summarised below:

CEPOD Prioritisation	Timeframe for surgery	No per week	% split
Immediate		1	2%
2A	6 hrs	2	4%
2B	18 hrs	13	26%

Expedite	Clinically defined timescale	34	68%
Total		**50**	**100%**

The capacity available for plastic surgery trauma is as follows:

- Plastic Surgery Treatment Centre.
- Singleton Day Unit 3 days a week (all day list) shared with Trauma and Orthopaedics based on patient priority.
- 2 all day lists a week.
- Access to CEPOD operating for priority cases.

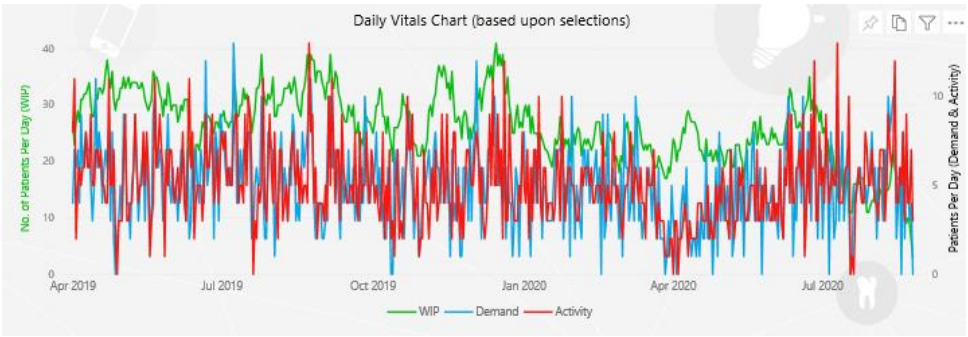
The key issues for plastic surgery trauma are:

- There are recognised issues with the PSTC workforce levels, which will require strengthening to support this activity more appropriately and safely on an ongoing basis.
- Cover requirements for Ortho-plastic surgery for the major trauma network will need to be factored into the theatre programme.

2.1.4. Trauma

The following section focuses on Trauma and Orthopaedics and Orthopaedic spinal trauma requirements.

Chart 7 – Trauma Vitals Chart



The above vitals dashboard shows that current Trauma and Orthopaedics and Orthopaedic Spinal Trauma demand is at circa 94% of Pre-COVID demand. The pre-COVID median demand was 37 cases per week and current position as at July/August 2020 is 35 cases per week. Work in progress (WIP) identified by the green line in the above dashboard has improved post-COVID.

	Pre-COVID weekly demand	Pre-COVID weekly activity	July / August Demand	July / August Activity
Minimum	18	24	28	28
Maximum	58	50	52	49
Average	37	37	36	38
Median	37	37	35	39

CEPOD Prioritisation	Timeframe for surgery	No per week	% split
Immediate		Less than 1 per week	
2A	6 hrs	2	6%
2B	18 hrs	5	14%
Expedite	Clinically defined timescale	28	80%
Total		**35**	**100%**

The capacity available for trauma and orthopaedic trauma is as follows:

- 1 trauma list 7 days a week.
- 2nd trauma list 5 days a week.
- Singleton Day Unit 3 days a week (all day list) shared with Trauma and Orthopaedics based on patient priority.

80% of trauma demand falls into the expedite priority category. A number of patients added to the trauma holding list, particularly under the expedite priority category, are not always fit for surgery at the point in time when they are added to the list. Unfortunately, the electronic theatre system (TOMS) does not facilitate the inclusion of a fit for surgery date. Some further work is required to develop a robust process for the management of patients who require surgery but are not yet fit to proceed.

Summary Of CEPOD/Plastic Surgery Trauma/Trauma

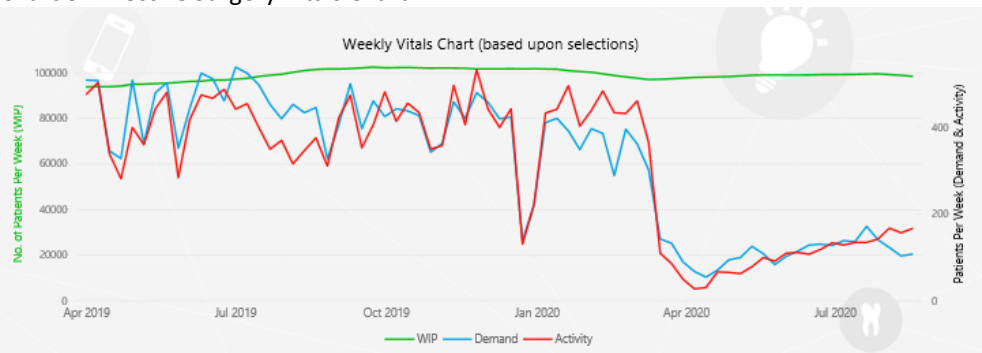
	CEPOD	Plastic Surgery Trauma	Trauma
Pre-COVID demand	52	52	37
Current demand	47	35 plus PSTC centre activity = 50	35
Current demand v Pre-COVID demand	**90%**	**96%**	**94%**
Prioritisation Immediate/2A – within 6 hrs	41%	6%	6%
Prioritisation – Immediate/2A and 2B – within 18 hrs	81%	32%	20%
Pre-COVID access to treatment for Immediate/2A and 2B – in 1 day or less	56%	81%	76%
Current access to treatment for immediate/2A and 2B - in 1 day or less	60%	68%	85%
Variation in access to treatment for immediate/2a and 2b pre and post-COVID – in 1 day or less	**Improved**	**deteriorated**	**Improved**

Key issues identified are:

- Demand is returning to pre-COVID levels, unclear whether demand will increase beyond pre-COVID levels.
- Vitals dashboard provides a live system to monitor and track the daily weekly position to allow immediate response to changing demand.
- There is clear strengthened clinical leadership and format to the 8:00am CEPOD/Trauma meeting to allocate available capacity.
- More capacity directed to CEPOD/Trauma post-COVID to recognise the pre-COVID situation where elective lists were being utilised to manage access for trauma cases.
- There are issues which still need to be factored into capacity including hit lab choles and Ortho-plastic surgery capacity.
- Different capacity configuration is being used post-COVID to deliver trauma capacity including utilisation of PSTC/Singleton Day Unit and main theatre capacity in Singleton Hospital for appropriate pathways. There is more opportunity to look at this.
- Increased levels of out of hours operating for clinically prioritised cases.
- Improved data collection/capture of unscheduled pathways but further work required to ensure that movement of suitable emergency cases across the system are appropriately recorded and logged.
- Improvements required in the recording of access times to treatment for patient particularly for orthopaedic trauma cases who are added to the holding list but are not immediately ready for surgery.
- WIP gap seems to be reduced across CEPOD and Orthopaedic trauma, with no change for plastic surgery trauma.

2.1.5. Elective Surgery

Chart 8 – Elective Surgery Vitals Chart



The above vitals dashboard view shows the demand and activity for all priorities of elective work across the following specialties from April 2019 to August 2020:

- Plastic surgery
- Burns
- Trauma and Orthopaedics
- Orthopaedic spines
- ENT
- OMFS
- General Surgery
- Vascular
- Urology

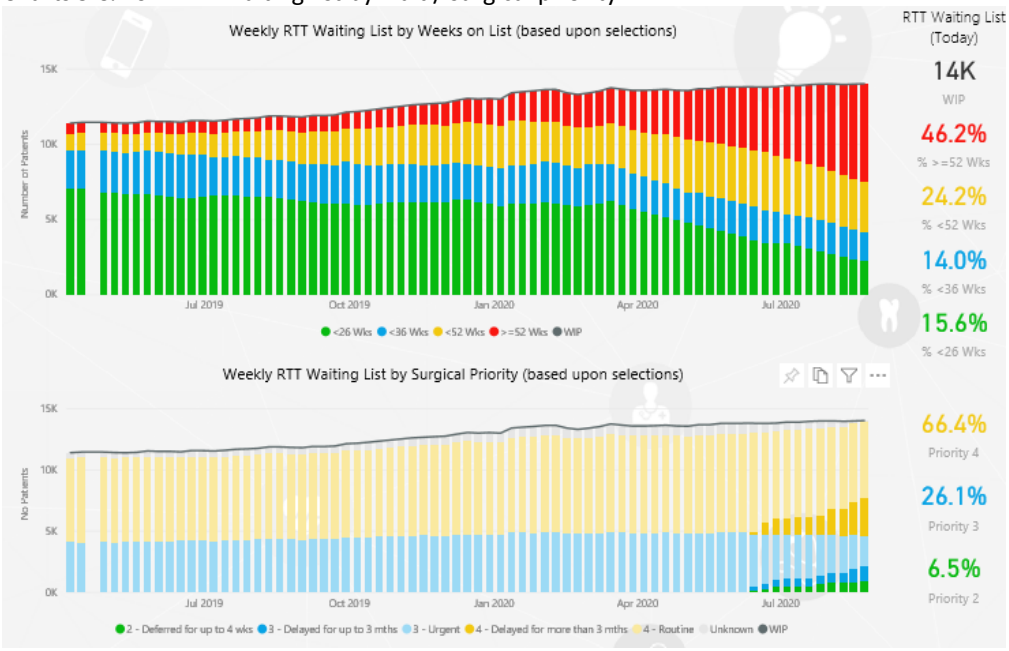
- Ophthalmology

The above excludes Gynaecology, Breast Surgery, Cardiac Surgery and Thoracic Surgery.

Current issues with planned care pathways are:

- **Referrals** - Total outpatient referrals are down 67% on pre-COVID levels based on comparison between May 2020 and May 2019 referral levels.
- **Outpatients** - Only cancer and urgent outpatients are currently being seen, as part of the outpatient essential services plan. The increase in stage 1 waits between February 2020 and August 2020 equates to 3,874, an increase from 17,491 to 21,862.
- **Conversion to Stage 5 treatment** - The current demand levels for planned cases across the above specialties is circa 30% of pre-COVID demand. Conversion rates from outpatients to stage 5 treatment need to be confirmed by specialty.
- **Stage 5 activity** - The current activity levels for July/August 2020 is circa 35% of pre-COVID elective activity levels.
- **Stage 5 waits** - The total number of patients waiting at stage 5 has increased from 13,427 to 14,000, an increase of 573 cases since mid-February 2020.
- **Stage 5 prioritisation** - Only 6.5% of the stage 5 waiting list is priority 2 with 26% categorised as priority 3 and 66.5% categorised as priority 4.
- **URGENT** modelling is required to assess the pre-COVID demand that has not yet hit the system and the impact of conversions to treatment waiting lists.

Charts 9 & 10 – RTT Waiting list by wait / surgical priority



	Pre-COVID demand weekly	Pre-COVID activity weekly	July/Aug 2020 demand	% of pre-COVID demand	July/August 2020 activity weekly	% of pre-COVID activity
All specialties	**442**	**412**	**132**	**29%**	**147**	**35%**
Trauma and Orthopaedics	76	60	13	**17%**	1.5	**2.5%**
Ophthalmology	66	66	17	**25%**	29	**43%**
Plastic surgery	70	79	32	**45%**	36	**45%**
General surgery	88	88	32	**36%**	39	**44%**
ENT	34	31	5	**14.7%**	3	**9.6%**
OMFS	16	16	2	**12.5%**	2	**12.5**
Urology	35	38	17	**48%**	27	**71%**
Vascular	14	14	5.7	**40%**	4.4	**31%**
Orthopaedic spines	15	10	5	**33%**	3	**30%**
Burns	3	3	1	**33%**	1	**33%**

2.1.6. Priority 2 demand – high priority list

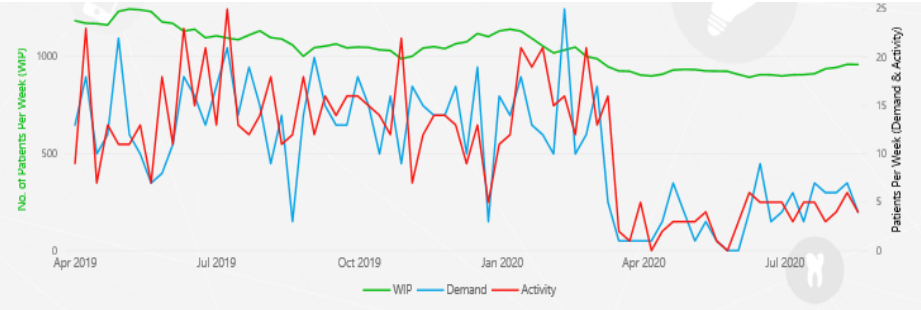
The table below summarises the additions per week onto the Health Board high priority list. The highest demand specialty is Ophthalmology followed by Urology, Plastic Surgery and Colorectal.

Analysis shows that circa 60% of demand has been delivered (with 79% of cases treated, done so within 4 weeks – 47% of demand). The gap on patients not treated is 435, the remaining gap on sustainable demand is 40 cases per week, which equates to around 3 additional theatres per day, 5 days a week.

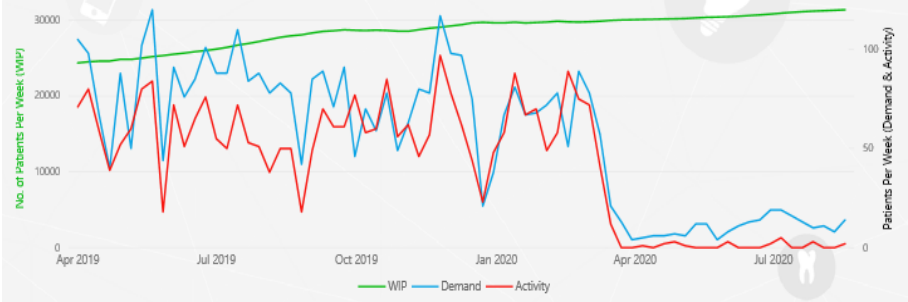
Specialty2	theatre hub	Operating site	19/04/2020	26/04/2020	03/05/2020	10/05/2020	17/05/2020	24/05/2020	31/05/2020	07/06/2020	14/06/2020	21/06/2020	28/06/2020	05/07/2020	12/07/2020	19/07/2020	26/07/2020	02/08/2020	09/08/2020	16/08/2020	total demand	total delivered	variance	% demand delivered	sustainability - weekly	backlog	No of weeks to clear based on current activity and theatre allocation (*theatre allocations will change in line with patients coming to top of high priority list*)
Urology		Morriston only	5	4	6	20	3	19	10	13	17	17	6	15	7	3	7	11	17	2	182	103	-79	56.59	5.64	79.00	-9.88
Plastics		morr/singleton	3	7	9	11	30	7	5	3	7	10	8	6	11	6	7	5	13	4	152	120	-32	78.95	2.29	32.00	-5.33
Colorectal		morr/singleton	4	1	1	21	5	6	3	2	8	11	7	5	19	4	11	4	8	4	124	76	-48	61.29	3.43	48.00	-12.00
GYNONC		sing/morr	4	1	9		2		3	13	7		21		3	8	5	1	5	8	90	56	-34	62.22	2.43	34.00	-7.85
Breast		sing/morr	3				6	8			8		10	4	4	7	9	2	5	4	70	42	-28	60.00	2.00	28.00	-5.60
Cardiac Surgery		Morriston only					2	5		4	2			22	4	18		5	2		64	44	-20	68.75	1.43	20.00	-2.50
Spinal		morr/singleton		1	3	3	7	3	3	3	2	3	3	6	6	2	3	3	5	2	58	38	-20	65.52	1.43	20.00	-5.88
Ophthalmology		sing/morr								7	3	1	5	3	19	4	1	11			54	37	-17	68.52	1.21	17.00	-4.25
ENT		morr/singleton					10		5	1	5	4	1	4	5	6	2	2	5	2	52	29	-23	55.77	1.64	23.00	-8.85
Endocrine		sing/morr	3		1		9	3	2		4	1	6	5	1	2	3				40	28	-12	70.00	0.86	12.00	-4.00
Pancreas		Morriston only	1		2			2	4		21	1	1			2	2	2			38	11	-27	28.95	1.93	27.00	-13.50
Benign Upper GI		sing/morr										26		2	3		5	2			38	13	-25	34.21	1.79	25.00	-5.00
Vascular		Morriston only			1		5	2	2		1	1	1	3	2	1	1	5	4		29	15	-14	51.72	1.00	14.00	-4.12
Cardiology		Morriston only				1	4						2					21			28	17	-11	60.71	0.79	11.00	4.00
upper GI		Morriston only		2		1				7				3		2	6		3	1	25	16	-9	64.00	0.64	9.00	-9.00
Thoracics		Morriston only					3		3		4				2			6	4		22	12	-10	54.55	0.71	10.00	-5.00
OMFS		morr/singleton	2		1	1	1	1	2	1		1	1	1	2			2	1	1	18	13	-5	72.22	0.36	5.00	-5.00
T&O		morr/singleton					3			1	4		1	5			1	1	1		17	11	-6	64.71	0.43	6.00	-6.00
Cleft		morriston only				8						1	1			6					16	7	-9	43.75	0.64	9.00	12.00
Renal		Morriston only					1		1		3		1				1	2			9	5	-4	55.56	0.29	4.00	4.00
Paeds Gastro		Morriston only								1		1	2					2			6	4	-2	66.67	0.14	2.00	4.00
SDU Opthalmology		SDU/Singleton							29	56	67	2		26	75	11	21	12	41	26	366	240	-126	65.57	9.00	126.00	7.88
Grand Total			25	16	33	66	91	56	43	56	96	78	77	84	88	71	64	87	73	28	1132	937	-195	82.77	40.07	561.00	

Specialty level views

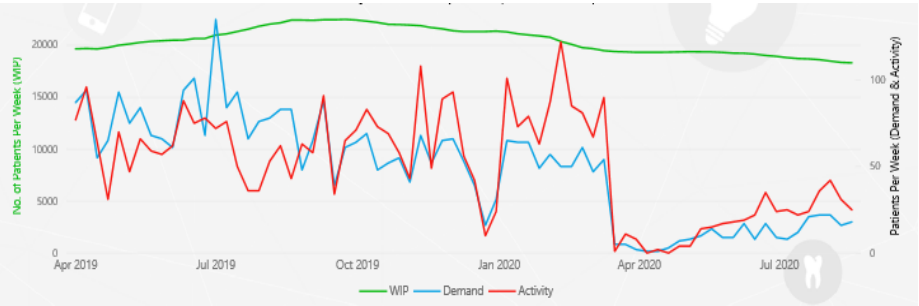
Vascular



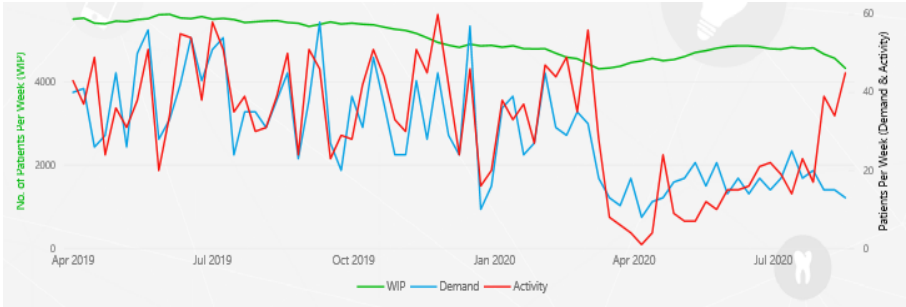
Trauma and Orthopaedics



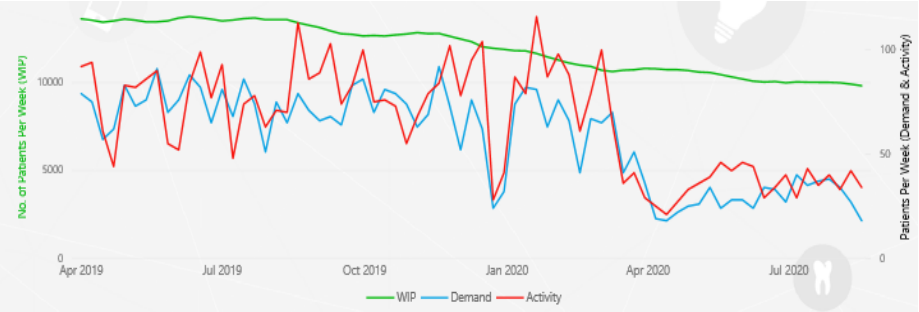
Ophthalmology



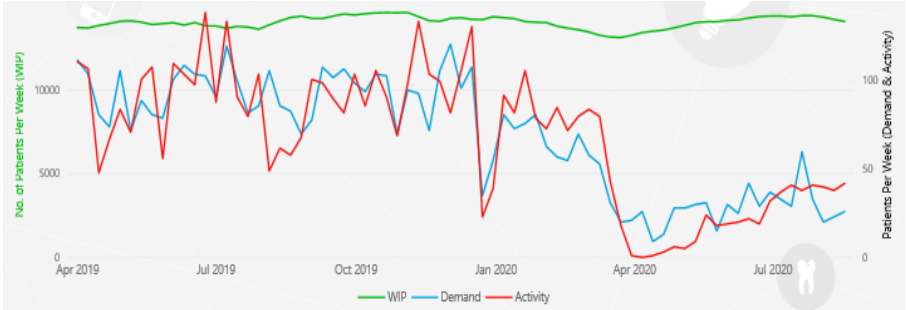
Urology



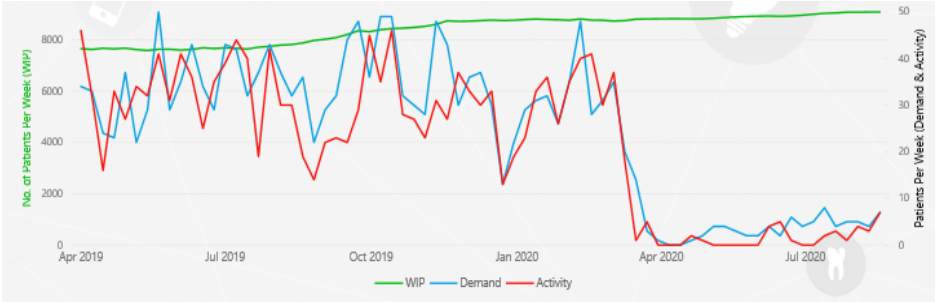
Plastic Surgery



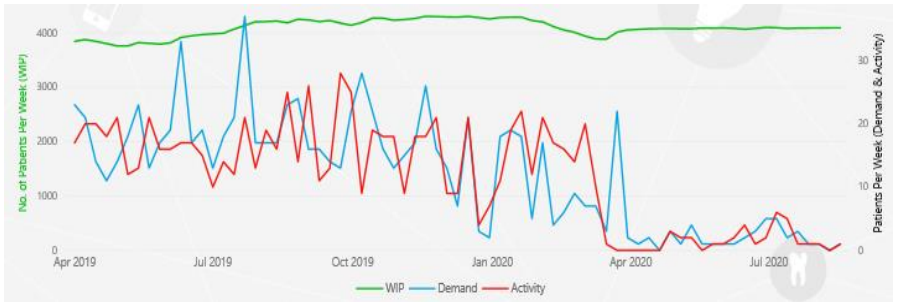
General Surgery



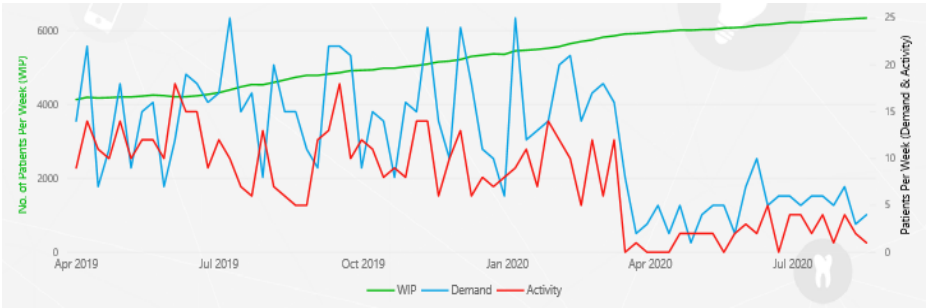
ENT



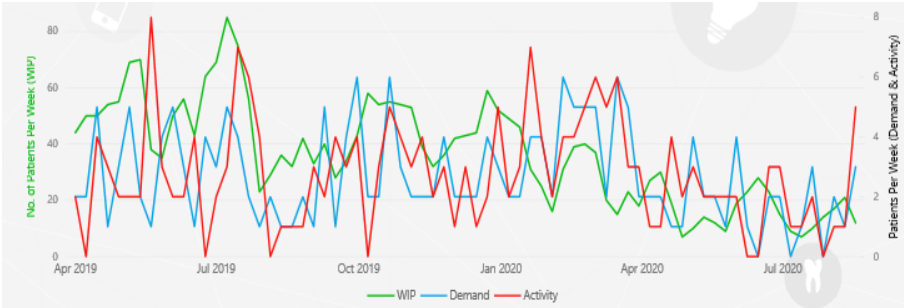
OMFS



Orthopaedic spines



Burns



2.1.7. Theatre Capacity Update

As of the 31st August 2020, the SBUHB theatre programme is as outlined below. The sessions highlighted in green are planned additional sessions being added to the programme following repatriation of theatre staff back from ITU and return of non-patient facing staff.

The impact on activity would be a 4.4% increase in activity for CEPOD, based on 2 cases per list, taking it to 92% of pre-COVID activity levels. The impact on activity for planned cases would be circa 4.17%, based on an average of 3 cases per list, taking it to 50% of pre-COVID activity.

Morriston Hospital

Day	CEPOD 24/7	CEPOD 2	CEPOD 3 (Urgent vascular)	MSK Trauma 1	MSK trauma 2	Cardiac - elective	Cardiac - overnight	Elective 1	specialty detail	Elective 2	specialty detail	Elective 3	specialty detail
Monday	25.5	10		13.5	10	13.5	12	13.5	head and n	10	urology	13.5	Vascular
Tuesday	25.5	10	10	13.5	10	13.5	12	13.5	upper gi	10	urology	13.5	Head and Neck
Wednesda	25.5	10		13.5	10	13.5	12	13.5	urology	10	thoracics	10	spinal
Thursday	25.5	10	10	13.5	10	13.5	12	13.5	upper gi	10	colo/gynae	10	plastic surgery
Friday	25.5	10		13.5	10	13.5		13.5	plastics	12	mixed paeds	10	Paeds
Saturday	25.5	10		13.5									
Sunday	25.5	10		13.5									

- Total 657 hours theatre time per week compared to 1319.5 hours per week pre-COVID (49%). It is important to note that the pre-COVID level was not sustained on a 52 week/year basis.
- Increase of 97 hours (14.78%) theatre time in comparison to August theatre timetable.

Singleton Hospital

Day	Site	Elective C section /cepod	elective 1	elective 2	dsu trauma	dsu elective	DSU renal	Obstetrics
Monday	Singleton	10	10	10	10			25.5
Tuesday	Singleton	10	10	10		10		25.5
Wednesday	Singleton	10	10	10	10			25.5
Thursday	Singleton	10	10	10		10	5	25.5
Friday	Singleton	10	10	10	10			25.5
Saturday	Singleton							25.5
Sunday	Singleton							25.5

- Total 178.5 hours theatre time per week compared to 385 hours per week pre-COVID (46%).

Neath and Port Talbot Hospital

From the 7th September 2020 operating will recommence in Neath and Port Talbot Hospital. Due to SLA arrangements with CTM, 50% of the capacity will be for CTM and 50% of the capacity will be for SBUHB.

Day	Site	Elective 1	Elective 2
Monday	Neath	10	10
Tuesday	Neath	10	10
Wednesda	Neath	10	10
Thursday	Neath	10	10
Friday	Neath	10	10
Saturday			
Sunday			

- Total 100 hours theatre time per week compared to 260 hours per week pre-COVID (38%).

Swansea Bay Health Board Theatre Capacity

- Total 935.5 hours per week compared to 1964.5 hours per week pre-COVID (47%).
- September timetable represents a total increase of 294 hours, which is a 28% increase over the August timetable.

The screened elective bed configuration to support the above theatre programme is:

- Morriston Hospital – Pembroke Ward, 18 beds plus access to PACU beds on CITU.
- Singleton Hospital – Ward 2, 14 beds.
- Neath and Port Talbot Hospital – 9 to 12 in-patient beds.

The next stepped increase in theatre capacity planned for November 2020 is going to require a further review of bed capacity to ensure it is sufficient to support the increased theatre programme and to ensure no cancellation of cases. Currently three elective lists per day are supported by 18 beds, therefore an additional elective list per day (total of 4 elective theatres running per day), would require approximately additional 6 beds to support.

Summary

The Surgery and Theatre Recovery Group would like to assure the Committee that, whilst theatre capacity has been significantly constrained during the pandemic, the recovery to pre-COVID activity levels and the commitment to improving efficiency of the service remains a priority for the Surgery and Theatre Recovery Group and the Health Board as a whole.

3. RECOMMENDATION

Members are asked to:

- **Receive** and **note** the Health Board's current theatre performance and the actions being taken to improve the overall performance in a sustainable and consistent manner.

Governance and Assurance		
Link to Enabling Objectives ***(please choose)***	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☐
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☐
	Excellent Staff	☐
	Digitally Enabled Care	☐
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☐
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒

Quality, Safety and Patient Experience

- Timely and effective care: People of all ages to have timely access to admission for surgery. When arranged to have confidence in being admitted with the fill knowledge of the procedure and its implications as appropriate.
- Patient outcomes: to have outcomes comparable with the best in Europe.

Financial Implications

There are no additional financial implications identified as part of this report.

Legal Implications (including equality and diversity assessment)

The Health Board is responsible for planning, delivering and optimising theatre capacity and services for its catchment population. The actions being taken take these issues into account and deliver improved utilisation against benchmarked peer groups.

Staffing Implications

Initial

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

Optimizing the theatres across the Health Board will support an improved delivery against waiting time standards, whilst ensuring the effective deployment of resources reducing variation in cost and resources.

Report History	March-August 2020
Appendices	