

PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 June 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operating Theatres Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joe Teape, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Diane Knight, Service Delivery Manager Theatres Stephanie Hire, General Manager Scheduled Care Karen Barker, Interim Head of Nursing Scheduled Care

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The report is to provide the Audit & Risk Assurance Committee (ARAC) with an update on progress against the action plans in response to:

- Internal Audit Report – Theatres Directorate 2017-18
- Wales Audit Office Review of Operating Theatres (Update) 2018

An update was provided to ARAC on 19th February 2019, with a request for a further update to the June 2019 meeting. ARAC is asked to review and accept this report as assurance of progress made, systems embedded and sustained.

Cefndir / Background

In 2018 two external review reports relating to Theatre Services in Hywel Dda University Health Board were published:

1. Internal Audit Report – Theatres Directorate (IA)
2. Wales Audit Office Review of Operating Theatres – Update Report (WAO)

The action plans submitted in response to recommendations were validated by the Health Board Assurance & Risk Teams to ensure compliance with best practice and principles of SMART (Specific, Measureable, Achievable, Realistic, Time bound) planning.

Internal Audit Report

At publication of the final report on 18th April 2018, the report gave the Theatres Directorate a rating of REASONABLE Assurance, with a total of ten recommendations made. Seven of the ten recommendations have been addressed. The three outstanding are:

- Finding 3: Evidence to support call-out hours claimed.
- Finding 4: Operating Department Practitioner overnight on call shifts not being compliant with Agenda for Change on-call agreement at Glangwili Hospital.

Finding10: Compensatory rest arrangements in Bronglais Hospital not managed in compliance with the Agenda for Change on-call agreement.

Wales Audit Office Review

A review of Theatre Services by the Wales Audit office was undertaken in early 2018. Progress was acknowledged. It was recognised that the structure and management of the Operating Theatres has evolved since 2014 and that work continued to be undertaken to maintain improvement across 4 areas:

- Incident reporting and learning.
- Staffing levels.
- Theatres performance information.
- Central drive and leadership.

The following provides assurance on progress made and ongoing activity undertaken to progress towards meeting recommendations.

Asesiad / Assessment

1. Internal Audit Report, Theatres Directorate 2017-18

The NHS Wales Audit & Assurance report highlighted a number of concerns surrounding payroll approval systems across the Health Board sites. The following assessment outlines progress towards addressing outstanding issues from the report.

Finding 3: Provision of evidence to support on-call hours claimed.

Issue:

The IA team complete evidence of call-out hours claimed could not be provided in two cases.

Recommendation:

In line with the Agenda for Change On-Call Agreement, the provision of extended service cover should be auditable. Where 'call out' hours are claimed to have been worked, a detailed record should be maintained as evidence of the work undertaken. Where work activity is not undertaken, claims for payment should not be made.

Achieved

- Achieved through improved recording and use of e-roster across GGH, PPH and WGH led by Band 8a Senior Nurse Manager team who retain oversight and accountability.
- Build of e-roster and training of staff at BGH underway subject to availability of the e-roster team; application delayed due to outstanding OCP changes (See Finding 10).
- Pending application at BGH, paper roster and on-call hours paperwork reviewed by both Band 7 and band 8a prior to submission.
- It is anticipated that BGH will move to e-roster for the end of Q2 2019/20

Finding 4: Routine claiming of whole shift during on-call period by Operating Department Practitioners at Glangwili General Hospital.

Issue

Current practice sees the first ODP on-call at GGH at work, ready to undertake work. During this time of being on-call, the ODP claims 'call out' at an enhanced pay rate, for the full period of the on-call shift, regardless of whether or not work activity has been undertaken.

Recommendation

The practice of claiming enhanced hours for the whole period of an on-call shift should be officially reviewed, as a matter of urgency, with appropriate personnel involved in the process. Any decision made on the future payment of enhanced provision should be made in line with the Agenda For Change On-Call Agreement. The decision should be fully documented and appropriately approved for use.

Not Achieved

• Situation and Background:

The Anaesthetic Practitioners (supported by both Operating Department Practitioner (ODP) and RN) out of hours service had been historically non-compliant with Agenda for Change on-call arrangements, by being designated as standby shifts where the staff member is entitled to use the rest room if there is no activity. IA noted that it was usual practice for ODPs to claim for the whole period of standby. A fraud investigation was undertaken and no fraud was found to have taken place as the practice had been the standard procedure for the department prior to Agenda for Change. Proposals for change were made in 2012-13, however with no agreement for alternative staffing arrangements made, the system continues.

The Anaesthetic ODP/RN Practitioner hold essential roles out of hours. There are two staff; one supporting emergency Obstetrics; the other, Theatres activity, Hospital wide MET calls and Hospital transfers. There is a third Anaesthetic ODP/RN on-call from home to supplement, should transfer be required. There is evidence of activity and demand for their skills at night and weekends which supports the need for the team to be site base.

An initial snapshot audit undertaken in 2017 revealed:

- A fluctuating demand of activity across both ODP roles.
- 45% of calls for both roles were for activities outside of both Theatre and Obstetric environment – which demonstrates the support the roles give to hospital wide emergency activity.
- Obstetric calls supported work across Theatre and Labour ward.

• Resolution:

The funding and implementation of a night shift for both Anaesthetics ODP/RN roles with the third on-call from home as current.

• Constraints:

To implement change is not cost neutral, and requires submission of SBAR for Executive Team approval.

A change in work pattern requires an OCP process; and pay protection for period as individually dictated.

The implementation of a night shift would require additional staff resources; whilst vacancy

factor is not a concern at this time; the ability to take multiple trainees and a 'growing' option would need to be balanced against skill required to function at a high level independently out of hours.

- Activity to date:

Agreement within Service Delivery that the implementation of a night shift is essential to support and sustain recurrent demand out of hours.

Assessment of additional staff resources required to transition to Anaesthetic Practitioner x 2 for a night shift has been completed. Analysis:

- 5.92 WTE at a Band 6
- Costings: £306,367
- Current costs paid as on-call payments: £298,000

Meetings with affected staff cohort, advising of work towards change in conditions and formal introduction of night shift in line with both Scrub and HCSW team. Not all staff fully supportive, as will impact on pay.

First draft of SBAR completed.

- Next steps:

Completion and submission of SBAR by 28th June 2019.

Subject to timeline for decision on SBAR and pending successful outcome, it is anticipated that recruitment could begin immediately. However, it is unlikely that staff would be in place before November 2019.

Plan to assure implementation of night shift at GGH by the end of Q3 2019/20.

Finding 10: Allocation of routine rest days following on-call shifts, regardless of whether the staff member has been called in to Bronglais General Hospital.

Issue:

The allocation of routine rest days following on-call shifts has been a unique embedded practice within Bronglais theatre teams for a number of years, being recognised as requiring revision since at least 2013. The complex employee relations within the Theatre team has limited the opportunity to introduce change. The IA report identified the known issue of non-compliance with Agenda for Change on-call arrangements (2012).

Recommendation:

The practice of providing unnecessary 'rest days' to staff at BGH should be promptly reviewed. Any future agreement on rest time, following a period of on-call, should be in line with the A4C NHS terms and conditions of service.

Partially achieved.

- Situation and Background:

In order to remove the compensatory rest days (CRD) for Scrub and Anaesthetic practitioners towards the end of 2017, HR advice was sought and advice taken and actioned to give notice of change.

This was immediately followed by a submission of grievance from Scrub and ODP staff, challenging the proposal.

The duration of the grievance process was 12 months, ended up incorporating more than their original submission, and concluded in October 2018 with the advisement that Option 3 from an SBAR submission had been selected and agreed by the Executive Team.

Following advisement that an OCP process would follow, this commenced in January 2019, and concluded in March 2019.

The Anaesthetic ODP/RN team commenced full 24/7 roster and removal of CRD on 31st December 2018.

- Resolution:

The application of 24/7 roster for scrub staff.

- Constraints:

Some scrub staff divided on outcome of SBAR and unable to let go of misgivings or unfairness of removal of CRD.

Ability to promptly address recruitment to vacancies to funded establishment.

- Activity to date:

Weekly meetings with staff led by Theatre Manager.

Regular meetings and calls between SDM Theatre and Theatre Manager.

Draft rosters developed for staff to understand how shift pattern will work.

Confirmed start date of new rota Monday 1st July 2019.

Moderate recruitment success – at time of submission, 2 x Band 5 substantive vacancy at Scrub, 1 currently managed under a 12 month contract with agency (completed in collaboration with the BGH agency work). Two further CVs from agencies under review for final vacancy.

- Next steps:

Continue weekly staff meetings led by Theatre Manager.

SDM and Theatre Manager to assure that deadline of 1st July 2019 met.

Theatre Manager to assure that e-roster (Finding 3) is implemented by end of Q2 2019/20

Continue to manage vacancies and seek substantive solutions to current temporary agency use.

2. Wales Audit Office Review of Operating Theatres Report (2018)

The WAO update report in 2018 revisited recommendations from 2014 and assessed progress towards compliance with recommendations, as part of an exercise which the WAO were undertaking across all Health Boards.

R2 Incident reporting and learning

Recommendations:

Regularly use statistical process control charts to help identify pattern and trends in incident reporting.

The corporate concerns team should work with theatre teams from all sites to agree a set of actions aimed at improving feedback to staff involved in incident and strengthening the approach to learning from incidents

Achieved

- Activity to date and ongoing as core business

Datix activity is overseen by the monthly Scheduled Care Governance Meeting chaired by Head of Nursing Scheduled Care.

Incident trends are discussed at the Scheduled Care Nursing Scrutiny meetings, and in the Theatres Band 6 and Band 7 Team Meetings.

Locally, all Band 8A leads have oversight of DATIX activity and trending, and have individual dashboards.

Additional training has been completed with Band 7 staff to re-fresh the DATIX management process.

Additional training was made available to Theatre staff re the completion of DATIX, including to the assurance that staff had 'checked' the box to receive feedback.

All training provide by the DATIX team.

Discussion on incidents is an agenda item on all Theatre staff meetings. Individual/specific team meetings/debriefs re specific incidents or pattern of incidents are arranged as required, led by Band 8a.

The backlog of incidents was managed and addressed through a concerted effort by Scheduled Care, Service Delivery and Datix Management teams working with individual site leads to support investigation process. With improved oversight and prompt intervention, the previous challenges of incident volume have not re-occurred.

R3 Staffing levels

Recommendations:

- a. Ongoing Health Board level work to assess staffing levels should specifically consider whether concerns about short staffing in theatres is justified, and if necessary staffing should be uplifted to ensure safety.
- b. The Health Board should collect data to quantify the extent to which delays on wards are impacting on Theatre, to inform broader Health Board consideration on ward staffing levels.
- c. All acute sites should work with Human Resources to develop local action plans for improving succession planning in theatre teams.

Achieved

- Activity to date and ongoing as core business

Recommendation a.

At this time, the primary concerns around staffing levels are not of establishment numbers, which are assessed as appropriate against AFPP recommendations, but vacancy levels. With the national and international shortage of appropriately trained and skilled Theatre workforce, the Health Board is in similar situation to other Health Boards and NHS Trusts.

Rosters are written to support AFPP guidance. There is a process in place across all sites to offer extra shifts to part time staff, overtime to full time, shifts to Nurse Bank, with the final option of agency nurse support if required.

Whilst very rare, consideration has been, and will be given to cancelling a Theatre session should staffing not be adequate to safely support the planned Theatre activity. In reality, this is more at times of emergent sickness than in response to core vacancy.

In examining working differently and recognising the vacancy challenge, the first cohort of 4 Assistant Practitioner Scrub at Band 4 completed training in May 2019. This has been an exceptionally successful initiative. Work is currently ongoing for the application of a second cohort to commence training in September 2019.

Nursing teams are reviewing establishment templates against the Standard Guidelines for Nursing Staffing Levels, (Nursing Staffing Level (Wales) Act 2016). Theatre Services, due to the nature of the workload and related skill set, will be reviewed after the ward areas. Theatre leads are compiling information ready to submit; commencement date to be confirmed.

Recommendation b.

On reviewing delays in start times in Theatre, the highest cause for delay is not ward staff but ward bed availability to support the patient readiness for Theatre. WGH and BGH are the only sites that have protected Theatre Admission locations, which are co-located either in the Day Surgery Unit (DSU), (BGH), or adjacent to the main theatre entry (WGH).

GGH and PPH DSUs are too small to support Theatre admissions flow other than their own, although do help on occasion, in partnership with site patient flow teams.

There are established weekly meetings at BGH, GGH and WGH between Theatres, Waiting List and Patient flow teams, reviewing the following week's admission profile by gender, location, time of day. This has significantly improved daily communication and co-operation between the teams, and Theatre relationships with the wards.

Recommendation c.

Review of staff demographics on 1st April 2019 notes that the average age of staff working with Theatre Services across the four acute sites is 48.1 years. This has deteriorated from the review in 2017, where the average age was 45.3 years and 70% of the workforce was over 40 years. It is recognised that this matches the national trend.

Theatre Services are working with the Recruitment team on vacancy management, and are actively participating in recruitment opportunities such as videos, photos for social media campaigns, and the recruitment days for NQNs. Theatre Services has expressed an interest in participating in the 'Grow your own' Scheme, whereby staff can access and complete their RN training over a 4 year period.

As a popular location for student nurses and ODPs, particularly on management placements, all efforts are made to support a positive work experience and scoping for candidates for future permanent placement.

There are established and positive partnerships with local universities and links with the site Theatre Services clinical educators.

There is a strong and highly motivated clinical education team across Theatre Services. Whilst site-specific they work collaboratively in staff orientation and development to assure a consistent approach to staff training.

With respect to attendance management, there are established monthly meetings between Theatre Services site leads and HR assuring oversight of areas of concern. There is collaboration as required with Occupational Health in attendance and reasonable adjustment, supporting staff return to work.

Theatres performance information

Recommendation:

As a priority, the health Board should convene a group, with membership from the Executive team, theatre staff from sites, and the Myrrdin team, with the aim of working together towards a shared outcome of ensuring good quality performance information is readily available and is used to drive theatre improvements.

Achieved

- Activity to date and ongoing as core business

The Informatics team have been working with Theatre Services to provide access to performance information. This is produced weekly and is available via the IRIS portal.

In the process of reviewing the data, it has been noted that there are anomalies and inaccuracies, and on investigation this has been advised as user data entry error.

There is recognition of the need to improve the timeliness and quality of data capture by theatre teams. A training plan, support by Informatics and Theatre 'super' users, is in place to support knowledge and skill deficits in the use of the Myrddin Theatre module.

The current format of the IRIS data capture does not allow for trend analysis, and Theatres and Informatics are working on options to address this. This will be achieved by moving the Theatre data into the PowerBI platform. It is estimated that the developing and testing element of the build and move to 'live' publish will take 3-6 months.

There have been recent presentations by Informatics to the surgeon group on information available through the IRIS portal on their Theatre activity.

The portal on IRIS can be accessed by following the link below. Figure 1 and 2 demonstrate the view that staff can see.

<http://7a2blsrvinf0001.cymru.nhs.uk/iris/iReporting/Theatres/thUtilisation.aspx#>

Fig1

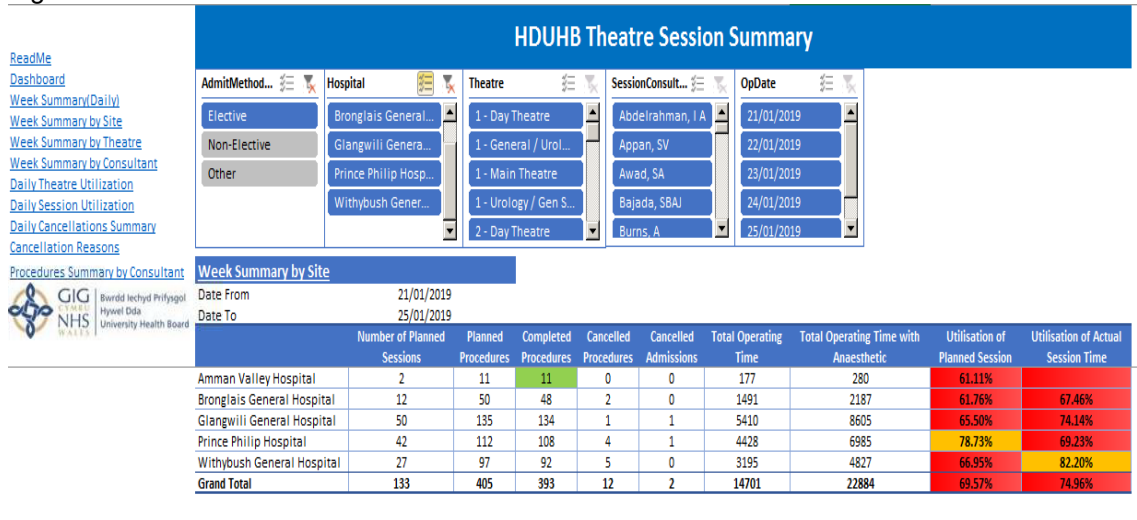
The screenshot shows the IRIS Portal interface. The top navigation bar includes 'Home | Search | Help | Information Requests | Change Request' and a user welcome message 'Welcome Caroline Mills (Service Manager) | My IRIS | My Favourites'. The main content area is titled 'Utilisation' and contains the following sections:

- Modules:** Reporting, Data Capture, National Dashboards.
- Utilisation:** Reports relating to Theatre Utilisation, including our Theatre Utilisation spreadsheets. Providing a range of metrics such as number of procedures, number of cancellations, operating times and planned vs completed procedures, by site, theatre and consultant.
- Theatre Performance:**
 - Theatre Daily Performance
- Theatre Times Dashboard:**
 - Theatre Times Dashboard by Hospital
- Theatre Utilisation Spreadsheets:**

Access IRIS via the Citrix Icon to ensure the sheets download correctly

Download	Weekly Theatre Activity - IRIS (21 Jan 19 - 25 Jan 19).xlsx
Download	Weekly Theatre Activity - IRIS (07 Jan 19 - 11 Jan 19).xlsx
Download	Weekly Theatre Activity - IRIS (31 Dec 18 - 04 Jan 19).xlsx
Download	Weekly Theatre Activity - IRIS (24 Dec 18 - 28 Dec 18).xlsx
Download	Weekly Theatre Activity - IRIS (17 Dec 18 - 21 Dec 18).xlsx
Download	Weekly Theatre Activity - IRIS (10 Dec 18 - 14 Dec 18).xlsx
Download	Weekly Theatre Activity - IRIS (03 Dec 18 - 07 Dec 18).xlsx
Download	Weekly Theatre Activity - IRIS (26 Nov 18 - 30 Nov 18).xlsx
Download	Weekly Theatre Activity - IRIS (19 Nov 18 - 23 Nov 18).xlsx
Download	Weekly Theatre Activity - IRIS (12 Nov 18 - 16 Nov 18).xlsx
- Latest News:**
 - 18/01/2019: Updated Outpatient Activity Clinic Outcomes report
 - 16/01/2019: New Activity Report: Arrivals (Admissions & Transfers) by Ward
 - 14/01/2019: New Inpatient Count by Consultant report, with ability to select a time of day
 - 11/12/2018: New Theatre Utilisation Spreadsheets, including number of procedures, operating times, planned vs completed procedures
 - 07/12/2018: Extra drill-downs added to the Performance Waiting Times reports (RTT & D&T)

Fig2



Central drive and leadership

Recommendations

The Health Board should convene a high profile health Board level theatre group, led by named Executive lead for Theatres that will drive theatre improvement and share learning across the organisation.

Theatre User groups should also be re-instated at each acute site with the aim of improving multi-disciplinary discussions, consideration of performance data and driving local improvement.

Achieved

- Activity to date and ongoing as core business

A **Theatre Services Meeting** has been established as a high-profile forum to support the improvement agenda for Theatres. To date there have been 2 meetings, attended by Service Delivery, Anaesthetic and site leads. The Executive lead is Joe Teape (Director of Operations) who is also Chair. Membership includes: General Manager & Clinical Director for Scheduled Care, Theatre Services leadership including SDM, SNM, Service Managers and Service Support Manager; Head of Informatics, Head of Decontamination Services, Director of Estates, Anaesthetics, Surgeons.

Site based **Theatre User Groups** are due to restart in June 2019. There has been a delay in sourcing appropriate locations to meet. It has also been challenging to gain staff consensus of best time to meet. Next meetings:

BGH: 10th June 2019 08:00; WGH: 1st July 2019 12:30;
 PPH: 9th July 2019 12:30; GGH: 11th July 2019 12:30.

It is intended that these are an open staff forum with core agenda; and the expectation is that the format may be amended as the meeting dynamic develops. The meetings will be held on alternate months with the aim of reviewing performance process and operational issues. These groups will report to the Theatres Services Meeting.

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to receive this report as a source of assurance that the majority of recommendations and findings raised by the two reviews noted above have been achieved; and that those remaining are actively being managed, with actions in place which support embedded processes.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	5.1 The Committee shall review the adequacy of the UHB's strategic governance and assurance arrangements and processes for the maintenance of effective system of good governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives. 5.23 The Committee shall request and review reports and positive assurances from director's and managers on the overall arrangements for governance, risk management and internal control.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	523 634
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Develop a sustainable skilled workforce

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Agenda for Change Terms and Conditions Handbook 2005, NHS Employers. NHS Wales Harmonising On-Call Arrangements, 2012 All Wales Organisational Change Policy
--	--

	European Working Time Directive, 2003/88/EC
Rhestr Termau: Glossary of Terms:	BGH – Bronglais General Hospital GGH – Glangwili General Hospital PPH – Prince Philip Hospital WGH – Withybush General Hospital OCP – Organisational Change Process ODP – Operating Department Practitioner RN – Registered Nurse MET – Medical Emergency Team WTE – Whole Time Equivalent HCSW – Health Care Support Worker SDM – Service Delivery Manager AFPP – Association for Perioperative Practice NQNs – Newly Qualified Nurses IRIS – Information Reporting Intelligence System SNM – Senior Nurse Manager
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Scheduled Care Management Team Theatres Management Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Yes (Integrated Impact Assessment completed)
Ansawdd / Gofal Claf: Quality / Patient Care:	No
Gweithlu: Workforce:	Yes (Integrated Impact Assessment completed)
Risg: Risk:	Yes (Integrated Impact Assessment completed)
Cyfreithiol: Legal:	No
Enw Da: Reputational:	No
Gyfrinachedd: Privacy:	No
Cydraddoldeb: Equality:	No