Archwilydd Cyffredinol Cymru
Auditor General for Wales

WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

Operating theatres follow-up

Hywel Dda University Health Board

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The team who delivered the work comprised Stephen Lisle and Tracey Davies.

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There have been some local efforts to improve theatres but overall there has not been significant improvement and some fundamental barriers remain.

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Operating theatres follow-up

Background

1. Operating theatre services are an essential part of patient care. Theatres should be cost effective, support the achievement of waiting time targets and contribute to high-quality patient care. Theatres are highly dependent on external factors. If pre/post-operative processes are suboptimal this will affect theatres.

2. In 2011, the Wales Audit Office reviewed operating theatres across Wales. In Hywel Dda Health Board (the Health Board) we concluded that whilst improving theatre and day surgery performance was becoming a greater priority, concerted action was required to improve the quality of theatre information, address areas of poorer performance and respond to concerns raised by staff.

3. The Wales Audit Office is following up theatres in Hywel Dda and all other health boards, except Powys, in response to requests from Audit Committees, executives and others and recognition that theatre performance in many areas across Wales remains suboptimal.

4. We sought to answer the following question: **Is the Health Board building on our previous recommendations and delivering high-quality and efficient theatre services?**

Key findings

5. The table below summarises our key findings. Detailed findings are set out in the slides within the appendix of this report.

Overall conclusion: **There have been some local efforts to improve theatres but overall there has not been significant improvement and some fundamental barriers remain.**
Part 1: Extent of change since 2011
There have been some improvement actions since 2011 but issues remain in relation to the efficiency of surgical services, inadequate use of safety interventions and some mixed perceptions from staff: • There have been local efforts to improve efficiency although there is scope to be more efficient at several points along the patient's surgical journey. • Whilst key safety interventions are becoming more commonly used in theatre they are often not carried out in the right way. • There are some negative perceptions about staffing levels and communication although there were positive views about teamwork and safety culture.

Overall conclusion:
There have been some local efforts to improve theatres but overall there has not been significant improvement and some fundamental barriers remain.

Part 2: Barriers to progress

The lack of central leadership and considerable problems with data have been fundamental barriers to improvement:

- Theatres have not been a corporate priority and the lack of central drive and leadership has been a fundamental barrier to improvement.
- There are considerable data problems and local efforts to drive improvement suffer because of the lack of good information.

Recommendations to Hywel Dda University Health Board

R1 **World Health Organization checklist and briefings:**

a. Senior nursing and medical staff should regularly witness and critique the use of the checklist and briefings. Constructive feedback should be given, with the aim of promoting the benefits of these interventions as team-working aids and not simple tick lists.

b. Consider implementing good practice from Cwm Taf University Health Board where junior doctors carry out covert audits of the checklist and briefings.

c. Surgeons and anaesthetists who support the checklist and briefings should be asked to act as champions to engender support amongst their colleagues.

d. Theatre teams should work together to tailor the checklist for use in their theatres. This will help the tool be more relevant and teams should be encouraged to make the checklist work for them.

R2 **Incident reporting and learning:**

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

b. 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 incidents and strengthening the approach to learning from incidents.

R3 **Staffing levels:**

a. Ongoing HB-level work to assess staffing levels should specifically consider whether concerns about short-staffing in theatres are justified, and if necessary, staffing should be uplifted to ensure safety.

b. The HB should collect data to quantify the extent to which delays on the wards are impacting on theatres, to inform broader HB considerations about ward staffing levels.

c. All acute sites should work with Human Resources to develop local actions plans for improving succession planning in theatre teams.

R4	**Theatres performance information:** As a priority, the HB should convene a group, with membership from the executive team, theatre staff from all sites and the Myrddin team, with the aim of working together towards a shared outcome of ensuring good quality performance information is readily available and used to drive theatre improvements.
R5	**Central drive and leadership:** a. The HB should convene a high-profile HB-level theatres group, led by a named executive lead for theatres that will drive theatres improvement and share learning across the organisation. b. Theatre user groups should also be reinstated at each acute site with the aim of improving multidisciplinary discussions, consideration of performance data and driving local improvement in theatres.

Further information can be obtained from Stephen Lisle, Performance Specialist (Tel: 029 2032 0500/stephen.lisle@wao.gov.uk).

Appendices

Slides setting out detailed findings from the audit

(On pages 8 to 49)

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Operating theatres follow-up

Hywel Dda University Health Board

July 2014

Stephen Lisle

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

Background

- Operating theatre services are an **essential part of patient care**. Theatres should be cost effective, support the achievement of waiting-time targets and contribute to high-quality patient care.
- Theatres are highly **dependent on external factors**. If pre/post-operative processes are suboptimal this will affect theatres.
- The Wales Audit Office review in **2011** said that whilst improving theatre and day-surgery performance was becoming a greater priority in Hywel Dda Health Board (the HB), concerted action was required to improve the quality of theatre information, address areas of poorer performance and respond to concerns raised by staff.
- The **Wales Audit Office is following up** theatres in the HB and all other health boards except Powys in response to requests from Audit Committees, executives and others, and recognition that theatre performance in many areas across Wales remains suboptimal.

Aims of the audit

- The follow-up work has three focus areas:

Progress since 2011	Theatre efficiency	Quality and safety
• High-level review against our recommendations. • Focus on barriers to improvement.	• Measure aspects of theatre efficiency. • Compare performance with benchmarks.	• Review a small number of quality and safety issues. • Focus on the World Health Organization checklist, briefings and incidents.

- Main study question – **Is the HB building on our previous recommendations and delivering high-quality and efficient theatre services?**

Our approach

- Self-assessment against previous recommendations.
- Document review.
- Use of nationally-available data on incidents and efficiency.
- Staff survey: 139 responses (21 surgeons and 19 anaesthetists)
- Interviews with 50 staff (executive lead, senior managers, theatre staff, surgeons and anaesthetists)
- Discussions with the Welsh Government's Delivery Unit, Welsh Risk Pool Services, and the National Leadership and Innovation Agency for Healthcare.
- But the HB was unable to fulfil our data request about theatre utilisation.

Main conclusion

There have been some local efforts to improve theatres but overall there has not been significant improvement and some fundamental barriers remain.

Sub conclusions

Part 1: Extent of change since 2011

There have been some improvement actions since 2011 but issues remain in relation to the efficiency of surgical services, inadequate use of safety interventions and some mixed perceptions from staff.

Part 2: Barriers to progress

The lack of central leadership and considerable problems with data have been fundamental barriers to improvement.

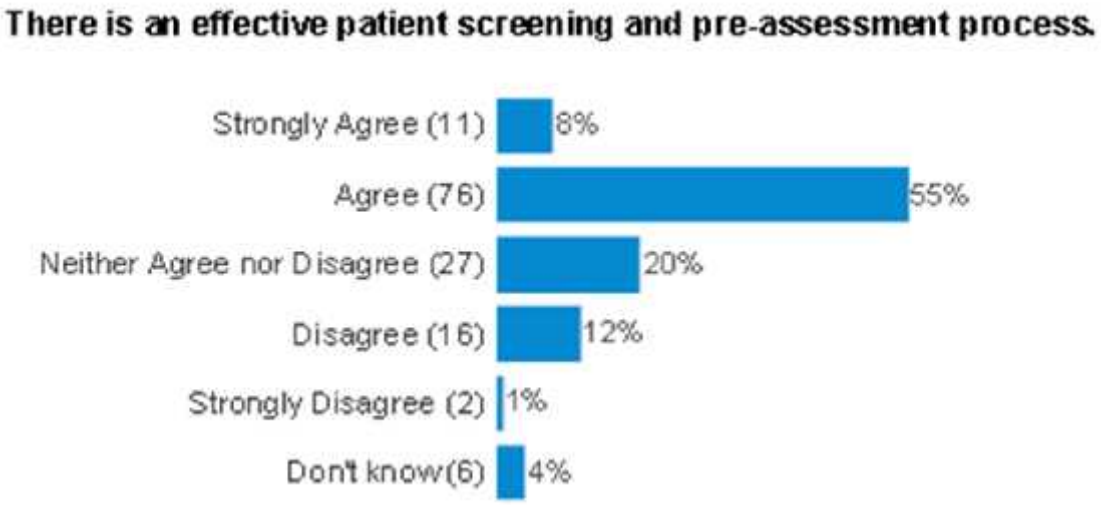
Structure of Part 1

There have been some improvement actions since 2011 but issues remain in relation to the efficiency of surgical services, inadequate use of safety interventions and some mixed perceptions from staff.

- 1A. There have been local efforts to improve efficiency, although there is scope to be more efficient at several points along the patient's surgical journey.
- 1B. Whilst key safety interventions are becoming more commonly used in theatre, they are often not carried out in the right way.
- 1C. There are some negative perceptions about staffing levels and communication, although there were positive views about teamwork and safety culture.

1A. There have been local efforts to improve efficiency, although there is scope to be more efficient at several points along the patient's surgical journey

Staff were positive about pre-operative assessment and work is ongoing to further standardise processes across the HB.

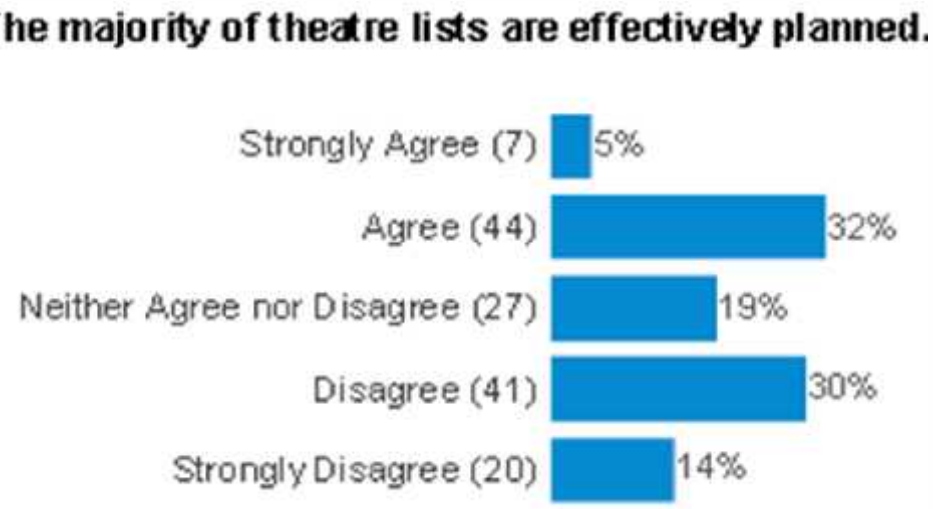


The staff survey results show general agreement that there is an effective screening and pre-assessment process.

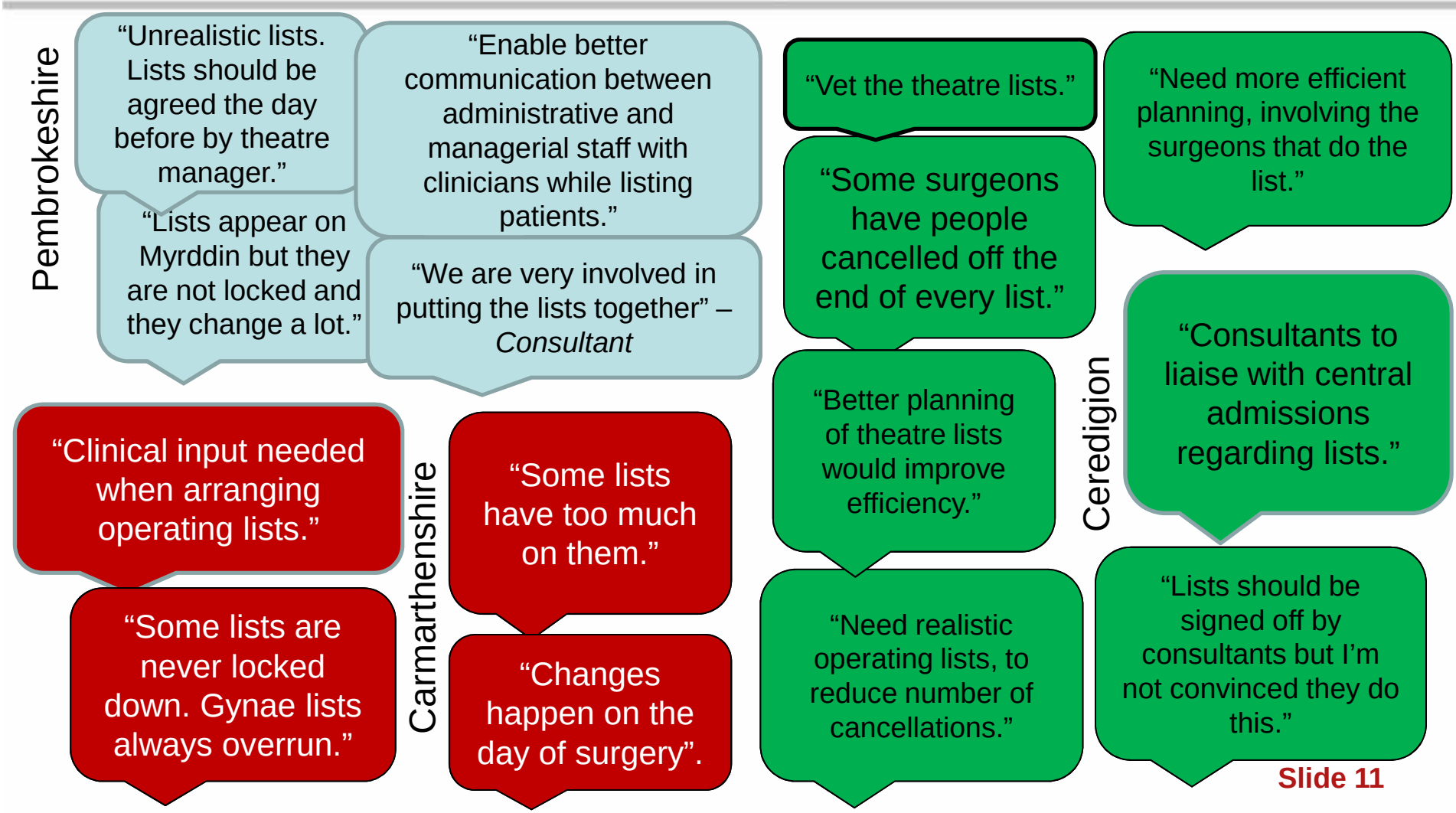
1A. There have been local efforts to improve efficiency, although there is scope to be more efficient at several points along the patient's surgical journey

The HB has taken some steps to improve list planning but staff told us about late changes to lists and lists being overambitious.

- Steps include: list planning review in Pembrokeshire and some analysis of the average time it takes to carry out operations.
- Staff survey shows 44 per cent disagreed/strongly disagreed that lists are effectively planned.

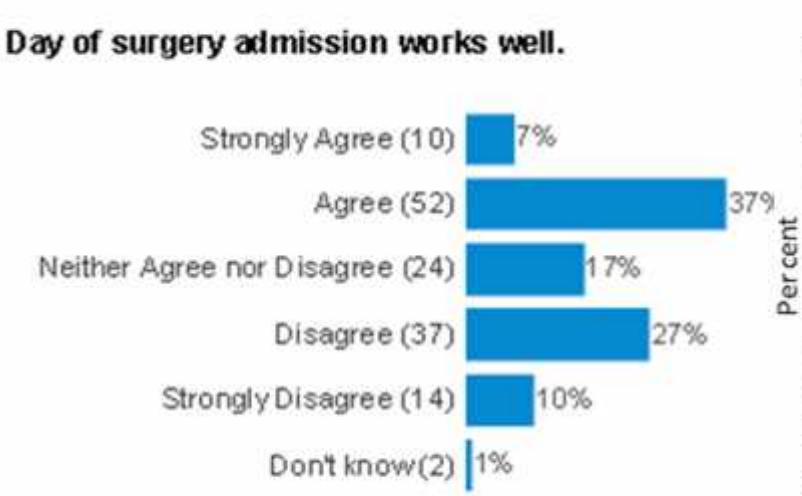


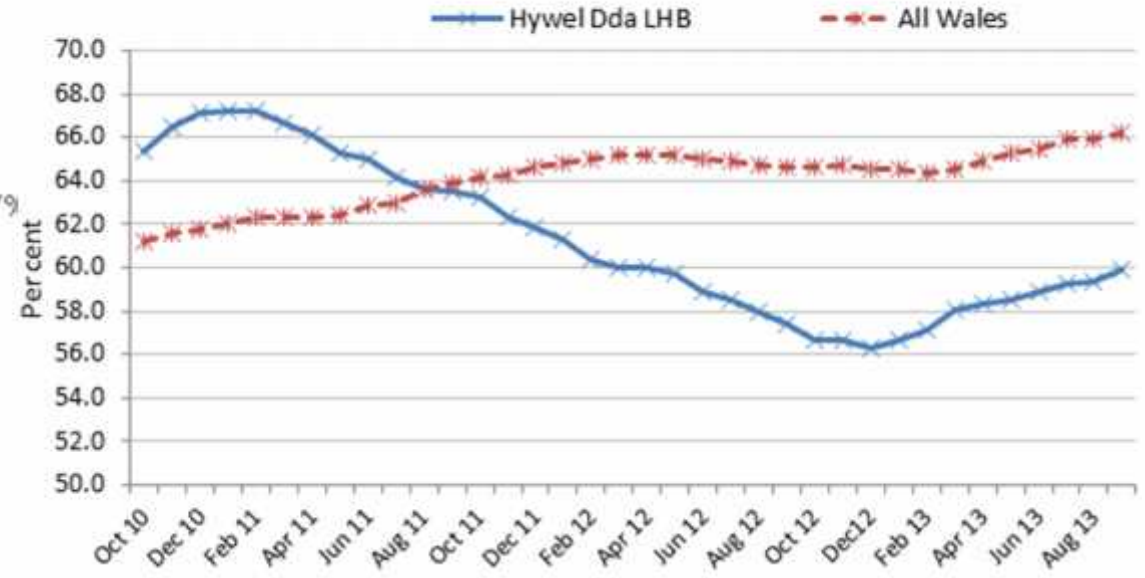
[List planning: Quotes from staff]



1A. There have been local efforts to improve efficiency, although there is scope to be more efficient at several points along the patient's surgical journey

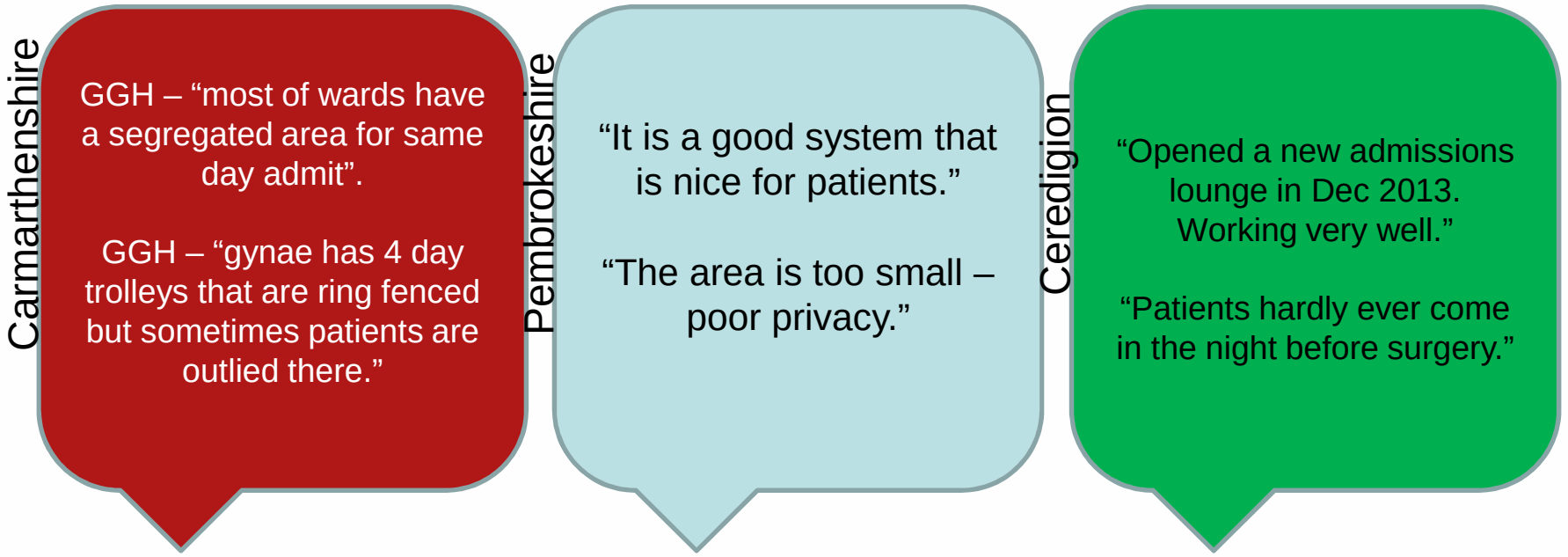
Staff had mixed views on the effectiveness of 'same day admit' and performance is below the Welsh average.





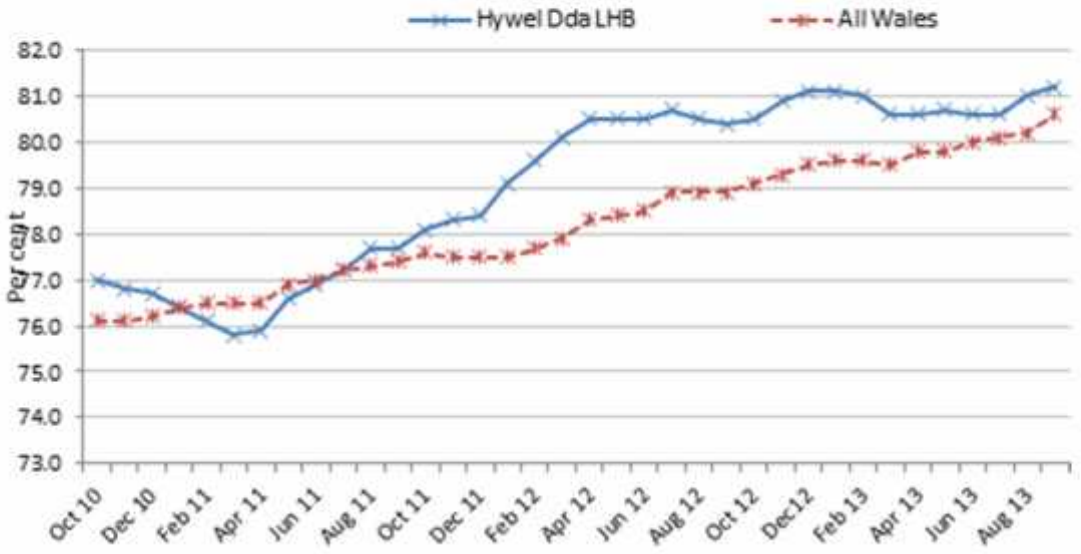
Source: Welsh Government, Day of surgery admission rate

1A. There have been local efforts to improve efficiency, although there is scope to be more efficient at several points along the patient's surgical journey



1A. There have been local efforts to improve efficiency, although there is scope to be more efficient at several points along the patient's surgical journey

Day-case rates have improved and are <u>above the Welsh average</u>.



Graph shows good progress in day-case rates for British Association of Day Surgery basket of 50 procedures.

Source: Welsh Government

- Length of stay is also consistently shorter than the Welsh average.

1A. There have been local efforts to improve efficiency, although there is scope to be more efficient at several points along the patient's surgical journey

- However, staff told us about scope for improvement in day surgery: protect day theatres (particularly at PPH and BGH for true day-surgery cases, and avoid mixing IP and DCs on the same lists.

Carmarthenshire

PPH – "We could release sessions (used for local anaesthetics, pain lists and lithotripsy) and increase capacity for proper day surgery"

GGH – "day surgery unit is used well".

Pembrokeshire

Some staff said there was scope to improve day case utilisation rates and increase bed capacity for day surgery.

Ceredigion

Several staff said inpatients and day cases shouldn't be mixed on the same lists.

1A. There have been local efforts to improve efficiency, although there is scope to be more efficient at several points along the patient's surgical journey

The HB has taken some actions to improve theatre utilisation but we have been unable to assess utilisation because of data issues.

- Initiatives have included: Transforming Theatres Programme, use of glitch boards, use of external consultants to review theatres, new ways of working (ie three-session days, five-joint lists).

BUT…

- The impact of these initiatives is unclear because the HB was unable to extract the necessary utilisation data from its systems.
- Other health boards have been able to produce these data.
- The data issues are considered further in part 2 of the presentation.

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

Category	Mentions
Increase number/availability of beds	70
Increase staff (theatre staff and ward staff)	67
Improve list planning	27
Prevent issues on the ward and pre-op checking	23
Change/stick to start and finish times	23
Increase day surgery	15
Improve general management of theatres	11

*This table shows analysis of free text answers provided in staff survey.

1A. There have been local efforts to improve efficiency, although there is scope to be more efficient at several points along the patient's surgical journey

Lists sometimes start late for various reasons including delays on the wards, issues with preoperative checks and availability of beds.

- We were unable to quantify late starts due to data problems.
- Staff had views on the reasons for late starts:

Carmarthenshire

PPH – "Consenting patients can take a while."
PPH – "Sometimes there are issues on the wards."
GGH – "Ward rounds before the lists take time."
GGH – "There are delays on the wards."
GGH – "Portering is a problem. Particularly at weekends."

Pembrokeshire

"Most lists start late because doctors are not ready and are still clerking."

"The majority of delays are due to bed allocation."

Ceredigion

"Lack of beds. We can wait about an hour."

"Some patients are not consented or there are other pre-op issues."

1B. Whilst key safety interventions are becoming more commonly used in theatre they are often not carried out in the right way

World Health Organization

The World Health Organization checklist is being used more regularly but it is <u>often not carried out in the best way to improve patient safety</u>.

- Context: The *5 Steps to Safer Surgery* includes: a pre-list team briefing, the three steps of the World Health Organization (WHO) checklist (Sign-in, Time-out, Sign-out) and a post-list team debriefing.
- The checklist is now part of the HB's standard patient documentation and is completed for the vast majority of patients.
- Some staff said the checklist is becoming normal practice.

However…

1B. Whilst key safety interventions are becoming more commonly used in theatre they are often not carried out in the right way.

World Health Organization

- The HB could not provide data on the percentage operations where the checklist is used. Some other health boards could provide this data.
- The checklist is often not carried out as a team and some of the questions are sometimes skipped.
  - Full multidisciplinary team is often not present.
  - Theatre staff are nearly always involved but there can be less involvement from surgeons and anaesthetists.
  - We were told that some questions are ticked but not fully checked.
- There are some key barriers to improving the way that the checklist is used.
  - Checklist is not regularly observed by senior staff but some evidence of this happening in Pembrokeshire.
  - A medical representative was tasked with leading the introduction of the checklist but medical leadership has not been apparent since.
  - It can be good practice to tailor the checklist for local use. Few examples at HD.
  - Doctors reported embarrassment at having to introduce themselves – although this is not always necessary and shows lack of understanding.

1B. Whilst key safety interventions are becoming more commonly used in theatre they are often not carried out in the right way.

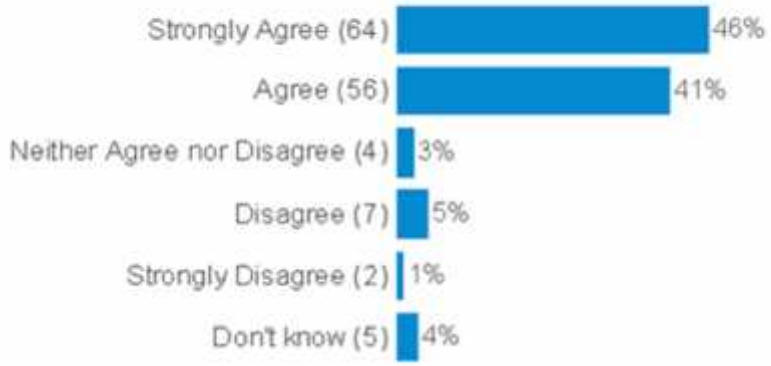
World Health Organization

Pre-list team briefings are only used in a small number of theatres and de-briefings are generally not happening.

- Pre-list briefings are done in some theatres but are not mainstreamed.
- Briefings are often not multidisciplinary and therefore miss the point – theatre staff meet and update the doctors afterwards. It can be difficult for doctors to get there on time but the value of the briefing is its whole-team approach.
- Post-list briefings tend not to happen – this is in line with most other health boards in Wales.

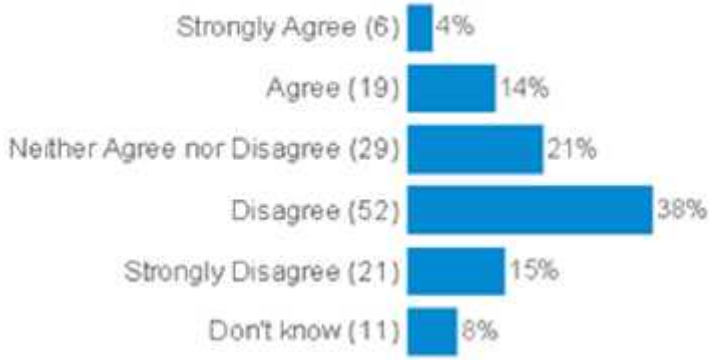
[Focus on checklist and briefings]

Staff undertake surgical checklists before every theatre case.



Briefing theatre personnel before a surgical procedure always happens.

Debriefings following shifts or lists are common in this operating theatres.



[Checklist and briefings: Carmarthenshire staff quotes]

PPH/GGH – "The checklist is always done that doesn't mean it is done well."

GGH – "Lack of clinical involvement has been a big issue."

GGH – "Many questions don't get answered. They will be ticked but they have not been checked."

GGH – "Theatre 1 is the only one doing the briefing."

PPH/GGH– "The checklist has been received well by most people but there are pockets of people who just about tolerate it"

PPH – "Theatre staff are demoralised with the checklist and briefing. It is only them that take part."

GGH – "We work regularly with the same nurses so it is embarrassing to be asked to introduce yourself. It is not taken seriously."

PPH – "Surgeons and anesthetists normally stop and take part. The odd one won't."

PPH/GGH – "The briefing tends to be done by nursing staff first then discussed with the anaesthetist and surgeon afterwards."

GGH – "Briefings do not have an allotted time. Can cause delays."

PPH – "Briefings are not really done. They are done in urology."

PPH – "The checklist is quite meticulous here". "One particular surgeon does sit down with staff before the list and discuss everything."

[Checklist and briefings: Ceredigion staff quotes]

"The checklist is done but not very well."

"There needs to be some promotion of evidence that the checklist is working."

"Some surgeons are spot on. To improve it someone needs to take the lead on it."

"It is an annoying burden. It doesn't really work for us because we are small and communications are so good."

"Some surgeons insist on it which is excellent"

"We need to empower the nurses to not send for patients until there has been a briefing."

"Everyone needs to be on board."

"The introductions are pointless – we always have the same staff on our lists."

One surgeon is scheduled to do a presentation at the grand round on the WHO and briefings. He has already done a video.

"The checklist form is the national one and we have not changed it."

"There is no one to take it forward".

[Checklist and briefings: Pembrokeshire staff quotes]

"Everyone stops and listens."

"This has the potential to be a good thing but we have struggled to implement it."

"This is done for every case but we don't do the bit at the end very well."

"They are particularly good at doing the checklist in the day surgery unit."

"We are doing a campaign called 'Talk it don't just tick it' "

"We have looked at the patient perception of the checklist."

"Senior staff have sat in to observe the checklist."

"Briefings are good as long as it happens early enough."

"They are talking about introducing briefings but it's not done now."

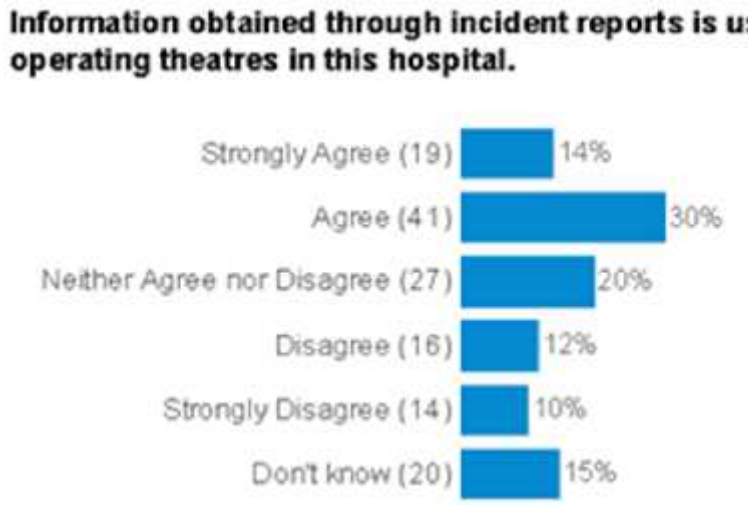
"Attendance at briefings can be an issue."

"We have reviewed the briefing document" – Day surgery

1B. Whilst key safety interventions are becoming more commonly used in theatre they are often not carried out in the right way

The HB is reporting more theatre incidents than in the past, although there is scope to improve learning from incidents.

- Incident reporting is encouraged but the HB needs to improve the way that feedback is given to staff who report incidents.
- Learning from incidents/concerns was the area that scored lowest in the 2013-14 Welsh Risk Pool Services assessment of the surgical pathway.

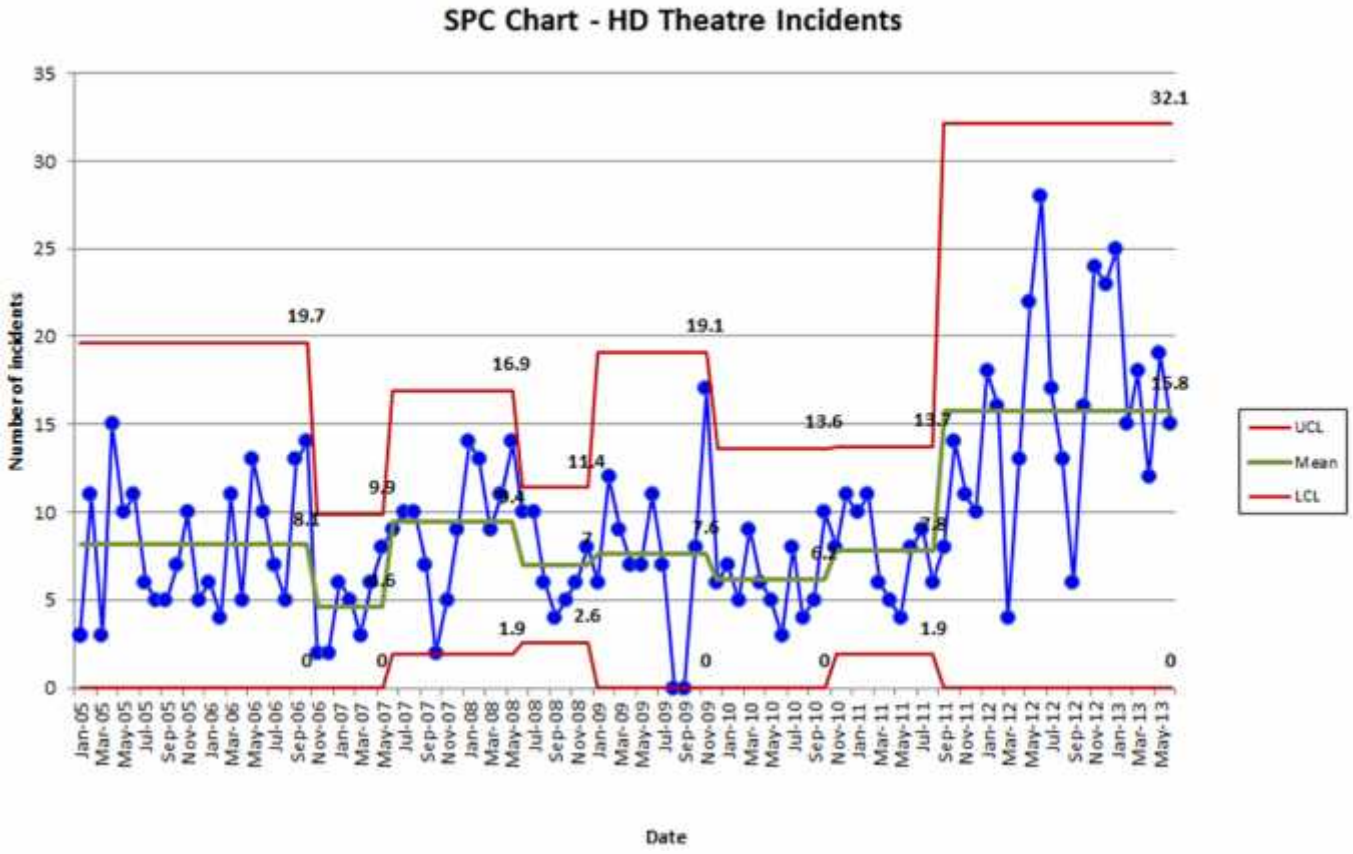


1B. Whilst key safety interventions are becoming more commonly used in theatre they are often not carried out in the right way

Incident reports are more frequent now than in the past. Not necessarily a bad thing. It may well reflect greater willingness of staff to report incidents.

The Wales Audit Office generated this statistical process control (SPC) chart using a Public Health Wales tool. It is available to the HB.

SPC charts help distinguish genuine, significant changes in the frequency of incident reporting from changes that are just due to normal variation.



Source: NRLS

[Quotes from staff: Incidents]

Carmarthenshire

PPH/GGH – "There are quarterly reports on incident reporting."

PPH – "it's very difficult to think of examples of things have changed as a result of incident reporting."

GGH – "It takes about 45 minutes to do a report."

Pembrokeshire

"Everything is reported but I'm not aware of any learning that comes out of it."

"They just disappear."

"Not everything is reported back to individuals."

PPH – "We never get any feedback."
GGH – "We don't get any feedback at all."

"We never get any feedback."

Ceredigion

"We don't often get to hear the results of feedback."

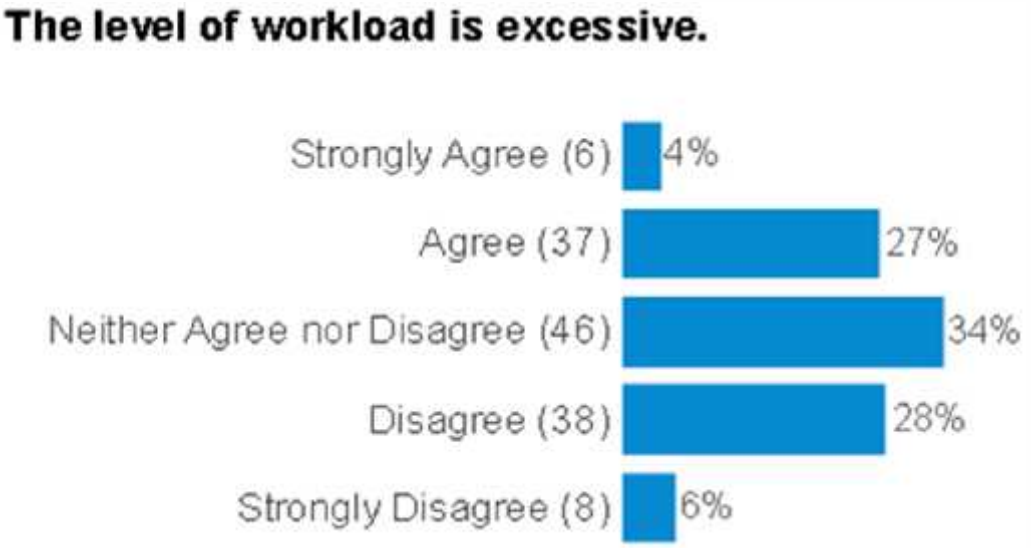
"Forms are filled in as often as possible. Not very much feedback."

Theatres follow up

1C. There are some negative perceptions about staffing levels and communication, although there were positive views about teamwork and safety culture

The HB has taken some steps to monitor staffing levels but needs to do more work to test perceptions of short staffing across a number of disciplines.

- The HB has taken some steps to improve its monitoring of staffing levels in theatre (e-rostering, specific monitoring against staffing guidelines and monthly staffing reports in Carms).
- The staff survey revealed mixed opinions about the workload in theatres.



Theatres follow-up

1C. There are some negative perceptions about staffing levels and communication, although there were positive views about teamwork and safety culture

- Theatre staff expressed views about short staffing:
  - Particularly in Carmarthenshire – some staff have not been replaced and some concerns about skill mix and lack of breaks.
  - Ceredigion – mentioned high levels of sickness.
- We were frequently told that low levels of staffing on the wards were impacting on theatre efficiency.
  - Mainly in Carmarthenshire and Ceredigion.
  - Backlogs in recovery as staff on wards not ready to receive patients.
- There are local issues about the availability of anaesthetists and porters.
  - ODPs at GGH were doing portering work.
  - Issues with anaesthetist availability raised at BGH and PPH.
- A lack of succession planning in theatre staff appears a risk in all areas.

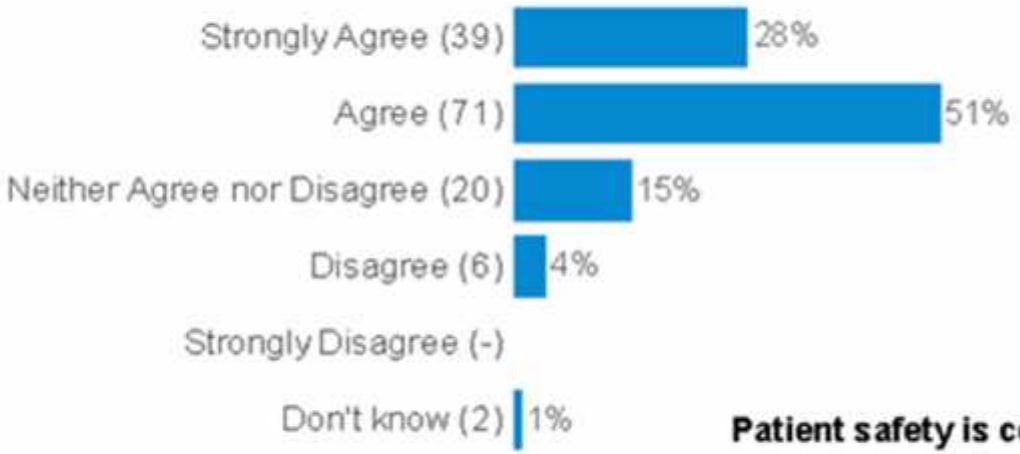
1C. There are some negative perceptions about staffing levels and communication, although there were positive views about teamwork and safety culture.

There are some positive aspects of teamwork and safety culture in theatres although communication remains an issue and there are mixed views about morale.

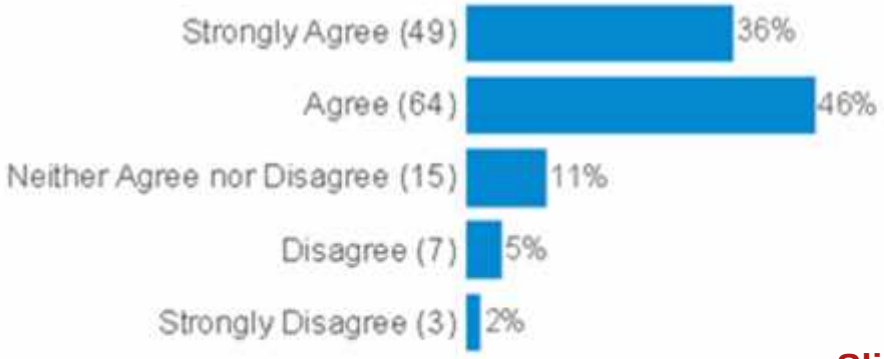
- The staff survey showed positive views about teamwork and safety culture but mixed opinions about morale.
- The staff survey showed that many respondents felt ill-informed about theatre issues.
- Theatre user groups in all three counties are either not in place or have not met for a considerable time.
- Staff meetings are infrequent.
- Staff told us there is a need to increase the visibility of managers and the lack of a manager at Bronglais has caused particular problems [a secondee has been put in post since the audit].

[Focus on safety culture]

I would feel safe being treated here as a patient.

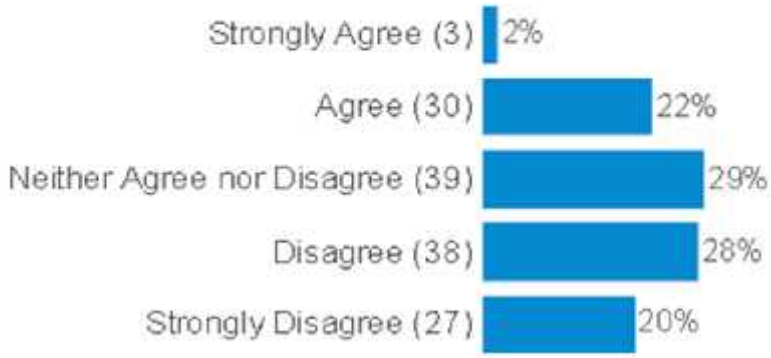


Patient safety is constantly reinforced as the priority in this theatres.



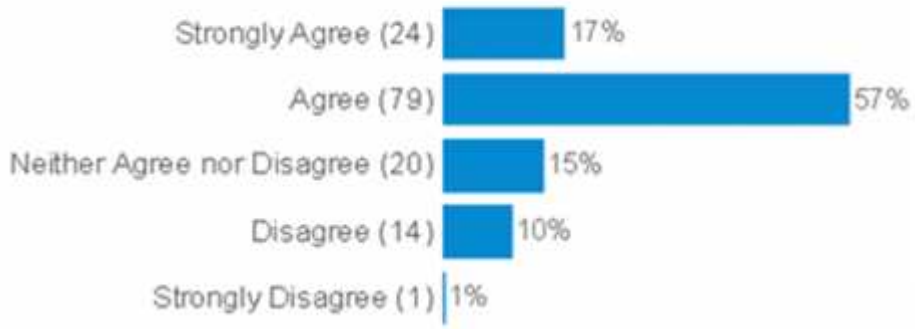
[Focus on communications, teamwork and morale]

Morale is high in the operating theatres.

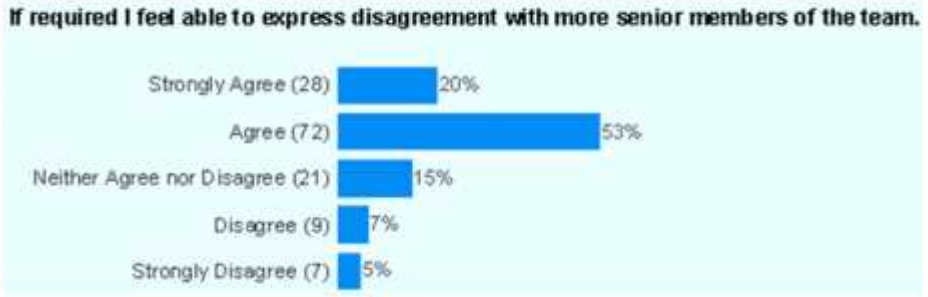


I feel fully informed about theatre issues in this hospital.

As a whole the staff in this theatre work well as part of a team (i.e. all staff theatre staff but also medical staff).



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



Structure of Part 2

The lack of central leadership and considerable problems with data have been fundamental barriers to improvement.

2A. Theatres have not been a corporate priority and the lack of central drive and leadership has been a fundamental barrier to improvement.

2B. There are considerable data problems, and local efforts to drive improvement suffer because of the lack of good information.

2A. Theatres have not been a corporate priority and the lack of central drive and leadership has been a fundamental barrier to improvement

- There is an HB-level theatres plan but staff were unaware of it and we saw no evidence of it being used to drive improvement.
- There are action plans in Pembrokeshire and Carmarthenshire (not Ceredigion) but embedding these plans has been difficult due to changes in management.
- An HB-level theatres group was formed but is now defunct.
- Staff told us about a lack of central leadership for theatres.

[Leadership: Quotes from staff]

Carmarthenshire

GGH - "We do not know what the plan is for the future."

PPH/GGH – "I don't know who is the exec for theatres or any of the senior managers."

Pembrokeshire

"Because the organisational structure has changed quite significantly over the last few years it is difficult to get the action plan embedded."

Ceredigion

"There is no direction for theatres."

"We need strong clinical leaders to implement improvements."

"We have not got anyone leading us."

"Sometimes we don't know from day to day who is in charge."

"It is very difficult to know who to contact."

2B. There are considerable data problems, and local efforts to drive improvement suffer because of the lack of good information

- The Myrddin theatre module has been implemented but staff reported some major problems with the system and the HB was unable to fulfill the data request for this audit.

- Duplicated data entry is continuing as session information is recorded on paper as well as on Myrddin. We were also told about ongoing inaccurate data entry by theatre staff despite the central information team producing proformas and rolling out training sessions.

- We found some examples of theatre data being analysed but staff told us about time-consuming manual work, difficulties in downloading source data and distrust in the results.

2B. There are considerable data problems and local efforts to drive improvement suffer because of the lack of good information

- Myrddin should allow automated reporting of data but there are significant problems and considerable frustration with the reporting functionality.
- The Myrddin theatre module has had some benefits for the forward planning theatre sessions.
- There are some isolated examples of data being used to improve services but we found no evidence of comparisons between hospitals, theatres, specialties or individual clinicians.
- It would be unhelpful to blame either the information team or the theatre staff for the problems associated with the system. There has not yet been an effective joint approach to ensuring good information is readily available to drive improvements in theatres.

[Data: Quotes from staff across the HB]

"Myrddin gives you data that is very, very limited."

"There is no feedback to say if we are efficient or not."

"In case the computers go down we write everything down on paper too."

"The computers are really slow."

"All the times are logged but not sure if anyone is using that data."

"We don't know how to get data from Myrddin."

"The system is very useful for planning and seeing what is coming up."

"I don't get any information about my lists."

"We very rarely get to see any data."

"Very often we have to resort to filling in emergency sheets because we can't get onto the computer system."

"It is brilliant. It has all the clinic letters and results of CT scans, pathology, biochemistry."

"Clinician-level data is only used when there is a particular issue."

"I provide the data but I don't get anything back."

Recommendations to the health board

1. **WHO checklist and briefings**:
   a. Senior nursing and medical staff should regularly witness and critique the use of the checklist and briefings. Constructive feedback should be given, with the aim of promoting the benefits of these interventions as team-working aids and not simple tick lists.
   b. Consider implementing good practice from Cwm Taf University Health Board where junior doctors carry out covert audits of the checklist and briefings.
   c. Surgeons and anaesthetists who support the checklist and briefings should be asked to act as champions to engender support amongst their colleagues.
   d. Theatre teams should work together to tailor the checklist for use in their theatres. This will help the tool be more relevant and teams should be encouraged to make the checklist work for them.

Recommendations to the health board

2. **Incident reporting and learning**:
   a. Regularly use statistical process control charts to help identify patterns and trends in incident reporting.
   b. 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 incidents and strengthening the approach to learning from incidents.
3. **Staffing levels:**
   a. Ongoing HB-level work to assess staffing levels should specifically consider whether concerns about short-staffing in theatres are justified, and if necessary, staffing should be uplifted to ensure safety.
   b. The HB should collect data to quantify the extent to which delays on the wards are impacting on theatres, to inform broader HB considerations about ward staffing levels.
   c. All acute sites should work with Human Resources to develop local actions plans for improving succession planning in theatre teams.

Recommendations to the health board

4. **Theatres performance information**:

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

5. **Central leadership and drive**:

   a. The HB should convene a high profile HB-level theatres group, led by a named executive lead for theatres, that will drive theatres improvement and share learning across the organisation.

   b. Theatre user groups should also be reinstated at each acute site with the aim of improving multidisciplinary discussions, consideration of performance data and driving local improvement in theatres.

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