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Theatres Together Improvement Plan

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Theatres Together Project - Foreword

The Theatres Together project is being delivered through a structured tranche-based methodology, endorsed by both the project board and leadership team. This approach divides the work into five distinct tranches— Embedding Culture, Foundation, High Impact, Progression, and Transition—each designed to enable focused delivery, iterative improvement, and sustainable change.

Currently, the Embedding Culture, High Impact and Progression tranches are being run in parallel to accelerate early gains and embed cultural change from the outset. The Transition tranche has recently been opened to allow prioritisation of recommendations that were initially considered less urgent, had lower immediate impact, or were dependent on higher-priority actions. This sequencing ensures that dependencies are managed effectively, and that change is delivered in a logical and sustainable manner.

All 66 actions within the project have been systematically assessed, risk-rated and prioritised using a weighted scoring methodology, underpinned by five strategic drivers: staff engagement, patient safety, creating a place to feel proud, theatre efficiency, and effective leadership. Each recommendation was assigned to a tranche based on its overall score and any critical interdependencies. This structured approach ensures that strategic focus, risk mitigation and investment are directed toward areas where they will deliver the greatest impact and value.

Theatres Together is governed through a robust structure, including a dedicated Theatres Triumvirate, with additional support from the Shaping Change, People and Culture and ECOD teams. Strategic oversight is provided via fortnightly project board meetings, while weekly scrum meetings drive operational progress. Task and finish groups have been established to deliver specific recommendations, ensuring focused and accountable delivery.

Each tranche concludes with a formal review to confirm delivery; capture lessons learned and ensure readiness for the next phase. While recommendations are initially allocated based on priority and dependencies, some recommendations may move between tranches as the project evolves. The Embedding Culture tranche runs continuously throughout the project, ensuring that values, behaviours, and leadership practices are integrated and sustained across all phases of change.

Theatres Together Project Report Contents

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1.0 Executive Summary

Overall, strong and sustained progress is being demonstrated across all tranches, with a clear shift from foundational improvements to embedding long-term cultural change, operational efficiency, and workforce sustainability within theatre services.

Significant progress has been made across all recommendations and to date we have completed 34 of the initial 66 recommendations. This has had a significant impact on many aspects of the themes highlighted within the report and is leading us towards improving and embedding a sustainable cultural change.

In addition to the tranche-based progress measures the Theatres Together project undertook a cultural survey across the perioperative team. When compared to previous measures taken in 2024 and 2025, we demonstrate significant and positive progress towards a safe, open and growth culture across the theatre environment in Cardiff and Vale.

Advancement has been made in understanding our theatre efficiency and optimisation elective lists. Focused work on list planning, start-of-day processes, and theatre utilisation is delivering more consistent performance, with ongoing efforts to reduce overruns and improve productivity. While progress has been evident, challenges have arisen in relation to data extraction and reporting following the transition from TheatreMan to the AQUA dataset. In response, there is now an organisational commitment to work collaboratively to improve the functionality, reliability, and accessibility of datasets, ensuring data can better support operational decision-making and performance monitoring.

As all tranches are now running concurrently, building momentum across improvements in operational processes, leadership capability, and workforce engagement. These are contributing to more consistent delivery and a stronger safety culture across theatre environments.

Although there has been a slight increase in reported Never Events, this has been met with a proactive and transparent response from clinical teams. There is clear evidence of strengthened learning, with improved identification of themes, enhanced learning objectives, and sustained changes in practice. Continued commitment from multidisciplinary teams is driving measurable improvements in cultural safety within theatres, supported by initiatives such as the WHO Safer Surgery collaborative, strengthening adherence to safety standards and promoting open, psychologically safe team behaviours.

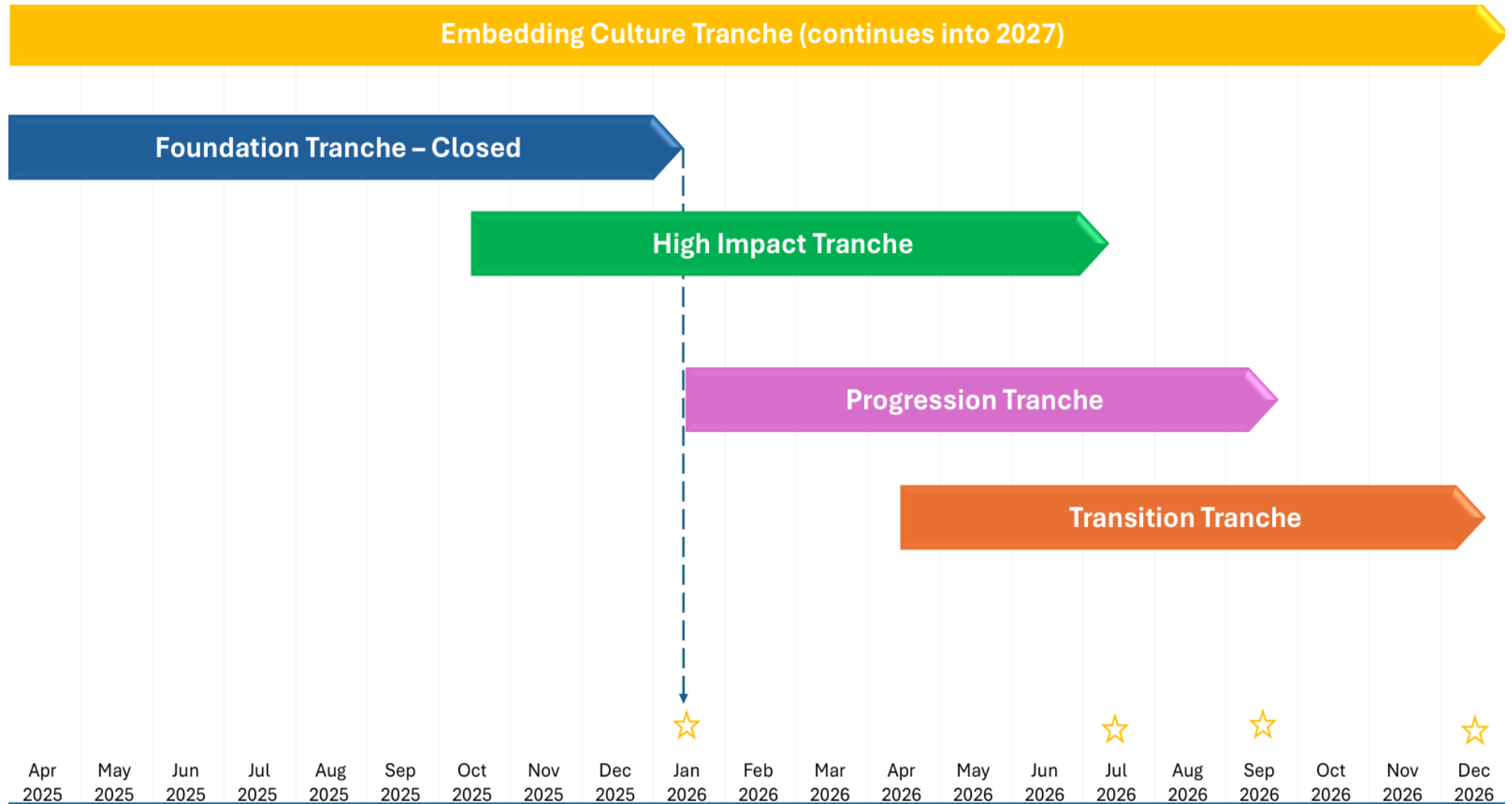
Workforce development remains a central priority. Current workforce plans are focused on training, competency development, and creating a flexible, skilled workforce aligned to service needs. This is reinforced by improvements in workforce metrics, which show a positive and sustained trend, including:

- Reduced sickness absence
- Lower staff turnover
- Improved appraisal compliance

Together, these indicators demonstrate progress towards a more stable, engaged, and resilient workforce, capable of supporting high-quality, safe, and efficient service delivery. In summary, despite some operational challenges, the programme continues to demonstrate strong delivery, with clear evidence of improvement in efficiency, culture, and workforce sustainability, underpinned by a commitment to continuous learning and organisational collaboration.

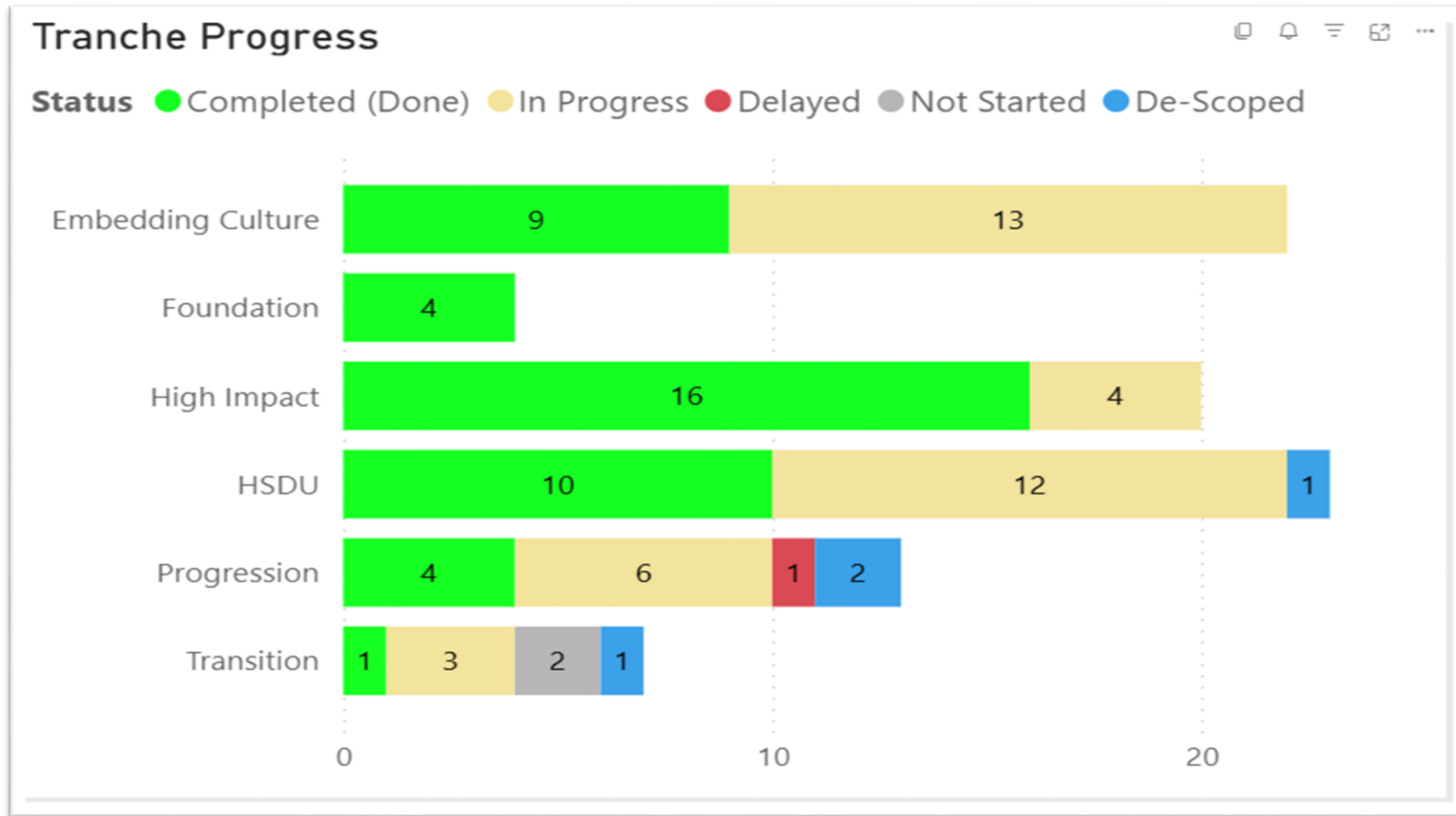
2.0 Timeline and Tranche Progress Updates

Project Timelines



Tranche Progress Updates

The visuals below are taken directly from the latest version of the Theatres Together dashboard and reflect the current position across programme delivery, workforce, and quality. They are intended to provide a clear and accessible view of progress, emerging trends, and areas requiring attention.



Tranche Progress Updates

The High Impact Tranche shows the strongest progress, with many actions completed. The Embedding Culture and HSDU tranches show a more mixed position, with a combination of completed work, actions in progress, and a few delayed items, indicating areas of focus. Progression and Transition tranches remain earlier in delivery, with a higher proportion of actions still in progress or yet to be started.

Foundation Tranche: The Project Board formally agreed to close the Foundation Tranche on 9 January 2026.

Embedding Culture Tranche: Work within the Embedding Culture Tranche is progressing well, with clear activity underway across leadership, culture, education, and theatre efficiency. A task-and-finish group is in place for theatre efficiency, focusing on start-of-day processes, list planning, roster alignment, and reducing overruns. Reviews of theatre utilisation, staffing models, and handover processes are underway to support more consistent and efficient list delivery. On the cultural and leadership side, work is progressing on leadership development, collective leadership approaches, and strengthening psychological safety, inclusive of ongoing competency-based training. The Education Team's structure, purpose, and workload are being reviewed to ensure it can better support staff development and maintain required skills across the service. Overall, the tranche is moving forward with a clear focus on long-term cultural change, leadership capability, and operational consistency, with appropriate governance in place to monitor progress.

High Impact: The High Impact Tranche has continued to make strong progress. Current work includes ensuring consistent availability of scrubs, reviewing the workload and supervisory capacity of clinical leaders, and strengthening clarity and accountability through defined roles and responsibilities. Digital access is being improved through verification of UHB email accounts, while a comprehensive review of rostering practices is examining how shift patterns can support efficiencies. The team is also exploring wider implementation of Tendable to support compliance monitoring and reviewing access to computers and printers across the theatre suite to improve day-to-day efficiency. Together, these activities demonstrate sustained momentum and a clear pathway to completing the tranche.

Progression Tranche: Launched in January 2026 - Several of the recommendations in the progression tranche also align with work currently progressing within the Embedding Culture Tranche. The focus includes a comprehensive review of leadership and management structures, clarity of roles and responsibilities, and the development of a robust competency framework for clinical leaders. It also includes work on supervisory models, induction and training pathways for ODPs, access to advanced practice training, and the configuration of the anaesthetic practitioner workforce to support major trauma and resuscitation. Operational elements—such as weekend theatre management cover, protection of study days, and a full equipment stocktake with strengthened medical device governance—add further depth to the tranche.

Transition Tranche: Launched in April 2026- with a focus on cultural improvement, workforce redesign, and operational modernisation. Several elements are already underway due to their scale and interdependencies. The tranche will concentrate on addressing culture and leadership within the theatres and how services can be configured to support a resilient service model. It will extend focus to standardising surgical equipment and stock management, reviewing IT systems across the theatre pathway to reduce duplication, strengthening training pathways and explore a postgraduate perioperative module. Collectively, these recommendations represent significant structural and cultural change, requiring coordinated delivery across multiple professional groups.

3.0 Workstream updates, Theatre Culture

Theatres Together Away Day and Cultural Context

Staff feedback remains central to the delivery and assurance of the Theatres Together programme. The programme has prioritised co-production and continuous engagement. To facilitate a team-wide update and capture data reflecting the current cultural experience across theatres we arranged a Theatres Away Day – 13th Feb 2026, 08:30-13:00

The morning session was attended by over 200 members of staff from the Perioperative team.

The agenda included:

- a look back at the theatre review and the opportunity to move forwards (Paul Bostock COO, CAV), a summary of the Theatres Together approach and progress so far (Dr Thomas Kitchen CD for theatres, CAV) and an update on the work delivered by the WHO collaborative (Clare Wade, Director of nursing SCB, CAV).
- 3 spotlight sessions on projects and innovations: specifically looking at the impact of human factors on patient safety (Dr Francis Subash, Anaesthetists, ABUHB), The gloves off ICU initiative (Hayley Valentine, Quality And Safety Lead in Critical Care, CAV) and the N2O reduction programme (Dr Charlotte Oliver, Consultant Anaesthetist, CAV).
- the opportunity to answer questions from the floor via Menti-Meter providing a real-time and visible leadership opportunity for the Theatres Together team and other speakers.
- supported by the ECOD and Shaping change team we created an in-person feedback exercise. This comprised of three elements - A Theatres Together cultural survey was completed individually, teams around tables defined their top three positive things and top 3 challenges about theatres and staff were asked to share their appetite for organisational change.
- Opportunity for staff to update Welsh Language Skills and preferences.

The results of the *Theatres Together Cultural Survey* have been compared with responses from previous staff surveys. These findings are presented in the report titled *Theatres Together Culture Baseline and Trend Update – From Discovery (2023/24) to Direction of Travel (2025–2026)*. A separate presentation will accompany this report.

Theatres Together Away Day and Cultural Context

This document demonstrates that:

- Significant steps forward have been taken to support a positive growth culture across theatres in Cardiff and Vale UHB.
- On comparison to the staff survey taken in 2024 there has been improvement across the range of measures.
- Staff are feeling increasingly safe and able to ask for help and supported to raise concerns.
- There is a returning sense of pride about working in theatres in Cardiff and Vale.

The qualitative feedback provided further detail around aspects of working in theatres that need further improvement. These remain the focus of other ongoing project recommendations and workstreams including:

- Finding effective communication systems that work across various teams.
- Developing efficient theatres with positive and effective feedback loops that are visible to the teams.
- Improvements in infrastructure – IT, facilities and estates.

3.0 Workstream updates, WHO Checklist

The WHO collaborative formed in May 2025 bringing a collaborative approach of multi-disciplinary professionals to embed the principles of the WHO checklist.

In partnership with the perioperative team, anaesthetists and surgeons the WHO have developed a set of principles that must be adhered to, that supports a standardised WHO checklist process. The required systems and processes have been developed to ensure the adherence with the WHO checklist and to provide the correct resources to support adherence.

Compliance with the WHO Surgical Safety Checklist is now monitored routinely as part of the Theatres Together programme, supporting assurance around safe surgery and consistent application of perioperative safety controls.

To monitor compliance with the WHO checklist, QUAD audits are carried out within all theatre suites. NWSSP also complete external audits yearly. The audit was to establish if effective arrangements are in place to ensure all stages of the World Health Organisation (WHO) five steps to safer surgery checklist are consistently undertaken. The most recent one was completed in January 2026- with outcomes and recommendations to follow shortly.

Progress to date:

- The WHO collaborative working group consists of multi professional disciplines and holds regular panels to ensure governance and effectiveness.
- Co-produced design of principles for the WHO checklist and the adaptation into whiteboards to support standardisation and consistency across all suites.
- Quad audits that reflect improved practice and compliance, most recent to date March 2026- which demonstrated consistent application of WHO surgical safety checklist (sign In, Time out, Sign Out)

Next steps:

- Roll out the WHO whiteboards into each theatre suite.
- Receive and implement where necessary recommendations from the most recent NWSSP audit.
- Continue with the WHO collaborative meetings to ensure governance

3.0 Workstream updates, Hospital Sterilisation and Decontamination Unit (HSDU)

The HSDU service review, published in Summer 2024, identified issues arising from several themes including culture, behaviours, leadership capabilities, fairness, equity, communication and engagement. A total of 23 recommendations were identified to support service improvement. Current progress has seen 10 of the 23 recommendations completed, 12 of the recommendations currently in progress and 1 has been de-scoped due to viability.

In January 2026, ownership of the HSDU improvement plan transferred to the Theatres Together programme to ensure stronger alignment with theatre-wide improvement activity and to support continued delivery. This approach reflects the integration of HSDU as a defined workstream within the overall programme structure.

Progress to date:

- **10 recommendations** have been successfully completed.
- **12 recommendations** remain in progress.
- **1 recommendation** has been de-scoped.

Overall, good progress has been made since transition into the Theatres Together programme, with a structured approach to tracking delivery and prioritising actions across the remaining recommendations.

Risks and issues to delivery:

- **Refurbishment Impact:**
HSDU has been closed for approximately 10 weeks due to refurbishment works. This has required the redeployment of staff to a variety of different sites which has impacted the continuity against some recommendations, in particular relation to workforce structure, additional learning opportunities and integrated sessions supported by ECOD.
- **Workforce Constraints:**
The service has been operating below establishment for a sustained period. This has limited the ability to release staff to support improvement activity, contributing to delays in progressing certain actions. This has created capacity and delivery pressures, particularly in relation to recommendations requiring dedicated staff time or on-site operational changes.

Next Steps:

- **Cultural survey checkpoint:**

On completion of the refurbishment works, we plan to relaunch the cultural survey to all staff within HSDU- This will give us an opportunity to align our planned approach to the needs of the staff, and to seek collaboration in our future recommendations set out in the review. The survey will be released and live for 2 weeks and results shared with all stakeholders. It will also allow the project team to understand the impact of already completed recommendations.

- **Recruitment:**

Recruitment is currently underway to support the uplift in establishment. This will enable staff to be released to work with our ECOD teams and P&C teams in supporting learning around team dynamics, analyse and develop educational programmes and support engagement sessions with staff to improve communication.

- **Observational work:**

As the Overall works relocate back following refurbishment some observational studies will be undertaken to support and aid planning in workforce requirement needs, and to afford the project team to better understand process to ensure roles and responsibilities are aligned and effective to ensure equity and fairness across the workplace.

Summary

Despite these challenges, progress continues across many recommendations, supported by the transition into the Theatres Together programme. Focus remains on maintaining momentum, addressing workforce and capacity constraints, and progressing outstanding actions in line with programme priorities.

3.0 Workstream updates, Theatres Together Efficiency

Launch of new Theatre Management Software (Aqua) on 13th Jan 2026.

Prior to introduction of Aqua – c75% overall utilisation of elective capacity

March 2026: preliminary data shows improved in session utilisation of elective capacity.

Approach to theatre efficiency improvement:

Phase	Purpose	When		Lead
Assess the system	Understand the complexity of the system	Feb26	Mar 26	Mark Thomas
Diagnose the problem	Identify the causes of the problems	Apr 26	Jun 26	Lee McQuaid
Plan the solutions	Identify and test solutions	Jul 26	Oct 26	Dr Thomas Roberts and Antonio Riccioli
Implement the solutions	Manage the roll out of the best solutions	Nov 26	Feb 27	Dr Thomas Roberts and Antonio Riccioli
Learn	What went well? Not so well?	Mar 27	Mar 27	Dr Thomas Roberts and Antonio Riccioli

Progress to date:

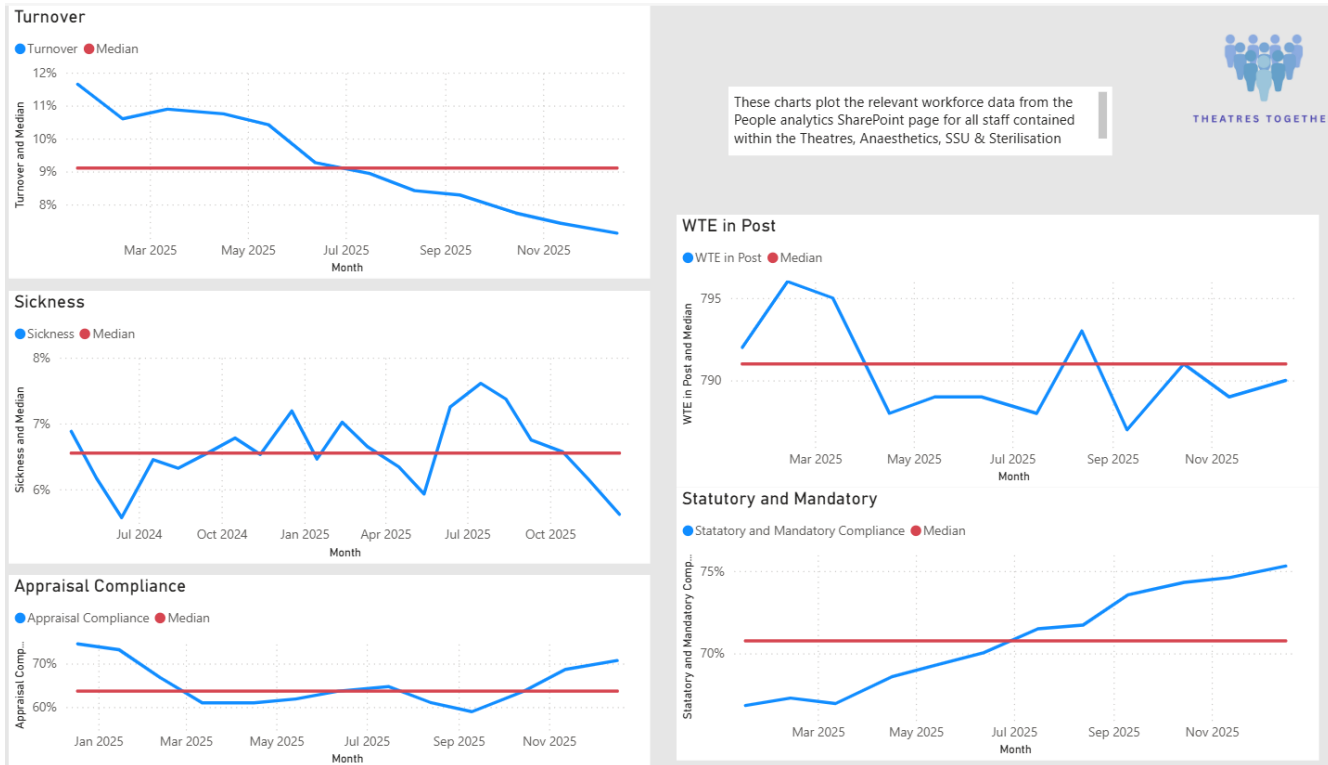
1. Observation work on theatre start times in Mains Theatre Upper has been completed and highlighted areas for improvement
2. A high-level project plan is in place, however detailed actions and timelines need to be agreed to address the key themes identified through the observations work
3. Observations specialty specific commenced May 2026
4. Efficiency metrics for programme agreed. Plan to develop composite metric to facilitate rapid assessment of progress.
 - Starting on time (% lists starting within 15 mins of agreed start time)
 - Not overrunning (% lists finishing within 15 mins of agreed end time)
 - List utilisation (% capped in-list utilisation)
 - On the day cancellations (% booked cases that went ahead)
 - Patient turnaround time (% cases turnaround time <[TBC])
5. Progress has been slowed by challenges around data assurance following launch of Aqua (e.g. integration with PAS/BIS). Final confirmation of accuracy of output data is still awaited. NB no confirmed data since 13th Jan 2026.

Theatres Together Efficiency

Forward focus:

1. Assurance regarding data capture and reporting, including development of theatres efficiency and productivity dashboard. Support from COO to link in with health board wide efficiency digital strategy.
2. Continue with specialty-specific improvement actions following observations with specialty teams. Shaping Change Team to provide support
3. Establish a Perioperative Care Working Group. Arrange a workshop with stakeholders to identify and agree high impact actions initially focusing on improving theatre start times, list booking and data capture.
4. Develop a way of monitoring service reliability
5. Review of 6-4-2 process
6. Handover of SRO

4.0 Project Dashboards - Workforce Metrics



Important caveat

The workforce data reflects the combined position across Theatres, Anaesthetics, SSU, and Sterilisation Services and should therefore be interpreted as indicative rather than programme-specific at this stage.

The current trends show:

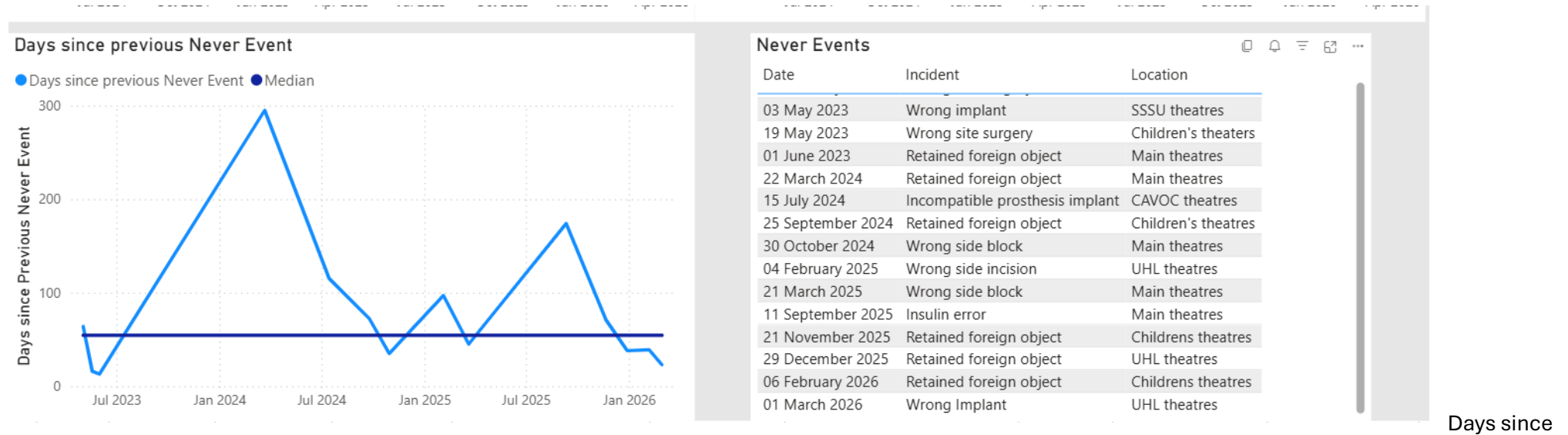
- **Turnover:** A clear and sustained reduction over the reporting period, moving from approximately 11–12% to around 7%, now below the median.
- **Sickness absence:** Fluctuation over time, but with a recent downward trend, returning to levels below the median after a mid-year peak.
- **WTE in post:** Relative stability overall, with some variation month to month but no sustained decline in staffing levels.

- **Appraisal compliance:** Recovery from a mid-year dip, now showing a consistent upward trajectory.
- **Statutory and mandatory training:** Steady improvement over time, with compliance now clearly above the median.

Overall, the workforce visuals indicate improving stability and compliance, with early signs of positive movement in key workforce indicators.

4.0 Project Dashboards - Quality and Safety Metrics

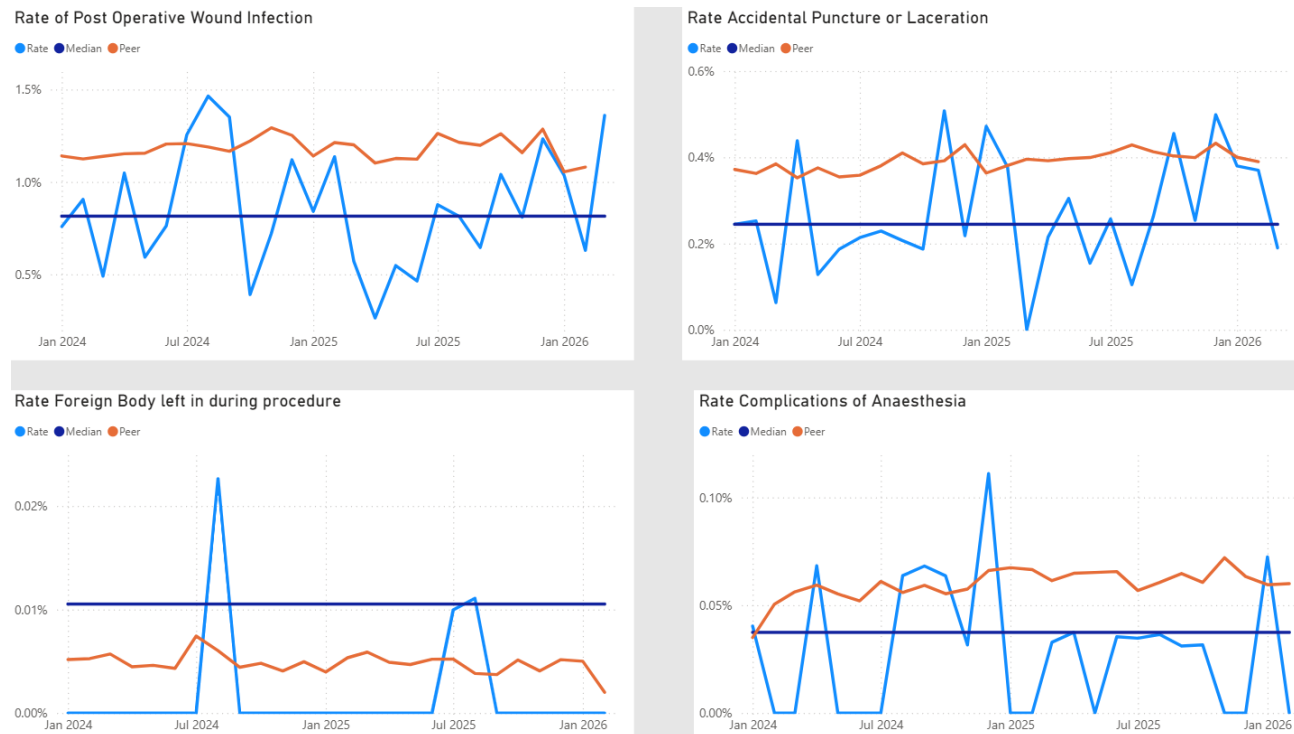
The quality dashboards provide a detailed view of incident reporting, harm levels, and clinical outcomes.



last Never Event shows variability, but with periods of extended duration between events, suggesting some improvement in reliability. The Never Events log demonstrates continued monitoring and transparency, with incidents tracked and reviewed through established governance processes.

4.0 Project Dashboards, Clinical Outcome Indicators

The dashboard includes a set of outcome-based measures benchmarked against median and peer performance:



- **Post-operative wound infection rates** show variability, with occasional peaks above peer benchmarks, indicating areas for targeted improvement.
- **Accidental puncture or laceration rates** fluctuate but broadly align with peer ranges.
- **Retained foreign body incidents** remain rare, with only isolated occurrences.
- **Complications of anaesthesia** are low frequency but variable, with periodic spikes requiring ongoing monitoring.

These indicators provide an early view of clinical impact and highlight where variation persists, supporting a continued focus on standardisation and safety improvement.

Overall Position

Taken together, the visuals indicate:

- Strong progress in delivery of high-impact work
- Increasing stability and improvement across key workforce measures
- Ongoing variation in quality and clinical outcomes, with no consistent deterioration but clear areas for continued focus

As the dataset matures and attribution improves, future updates will provide deeper insight into the relationship between programme actions and observed outcomes.

5.0 Theatres Together Project Recommendations - Completed Recommendation

Tranche	Recommendation	Date completed
Foundation	1h Explore security options to make the female changing area a more secure place to leave belongings.	October 2025
	5g Provide colleagues with the necessary information pertinent to their role for maintaining safety for both staff/patients.	October 2025
	8j Charitable bid to the Staff Lottery Fund to refurbish the staff room	October 2025
	8b Review the management of paediatric cases in Mains Upper.	September 2025
	8e Create standard operating procedures for the setup and standardisation of anaesthetic rooms throughout the department, where feasible.	December 2025
Embedding Culture	1a Some individuals' values and behaviours need to be managed via UHB policies and procedures.	September 2025
	2f Improved visibility of the Directorate and Clinical Board Management team within the department.	October 2025
	2g Ensure the effective utilisation of audit sessions.	October 2025
	6c Review process for how ODP's can access Advance Practice Training in line with Nurses, AHPs and Health Scientists to support development and training.	April 2026
	7a Explore use of 'stay' conversations to help with retention and encourage the completion of exit questionnaires/ interviews. (Moved from progression tranche)	March 2026
	8g Regular training should be carried out to ensure that all staff maintain skills and competencies. This needs to include night staff. (Moved from progression tranche)	April 2026
	9c Identify consistent overruns and inefficiencies and review rosters to plan shifts for late finishes.	December 2025
	9d Conduct a review of theatre utilisation and compare it to pre-COVID levels. Identify the reasons for any differences, determine the expected downtime between cases, and establish a reasonable number of cases to include on a list in line with best practice standards for cases per session and GIRFT (Getting it Right First Time). Share this analysis with the team to ensure that expectations are clearly defined.	December 2025
9g Clinical leaders to be involved in scheduling of lists to aid roster management. Explore how the publishing of rosters could align to the 6,4,2 process.	September 2025	
High impact	1b Share the HSCW code of conduct to support individuals to be aware of the code.	September 2025
	1c To Share with colleagues how to raise concerns internally, share 'Speaking Up Safely'.	September 2025
	1e Consider support from a psychologist on a substantive basis to support colleagues through trauma informed approach. Further roll out of MEDTRIM.	
	1g Celebrate success - feedback to the team when they receive positive feedback.	September 2025

	1i Investigate measures to ensure sufficient availability of scrubs for staff who require them, preventing access by colleagues not assigned to the theatre environment. (Moved from progression tranche).	
	2h Sickness panels supported by People and Culture colleagues, to be conducted to ensure consistent approach, with regular attendance by clinical leads or deputies.	September 2025
	2i A senior advisor from people services should be allocated to theatres to provide consistent advice for the leadership team	September 2025
	5a Implement regular team meetings for all staff to improve communication and engagement.	October 2025
	5b Consider reinstating the General Manager /Lead Nurse drop-in sessions on a regular basis.	October 2025
	5c Regular meetings with General Manager, Lead Nurse and Theatre Manager with set agenda.	October 2025
	5d Regular meetings with General Manager, Lead Nurse, Theatre Manager and the Clinical Leaders.	October 2025
	5e Consider implementing the use of team briefs across the entire suite to enhance teamwork. This approach could be beneficial in celebrating successes, addressing concerns such as the impact of staff sickness in specific areas, and checking in with staff, particularly following challenging cases.	October 2025
	5f Verify who has UHB email accounts and ensure that all individuals have access. Consider alternative methods of mass communication, such as Theatres SharePoint Site, Viva Engage or Teams channels, instead of relying solely on WhatsApp	December 2025
	6a Conduct a comprehensive review of rostering practices, including an analysis of shift times and their correlation with late finishes, late starts, and early finishes. Specifically, assess the feasibility of implementing 12-hour shifts within the Recovery Team.	December 2025
	6b Promote a culture that supports colleagues in managing their work-life balance. Review all current work-life balance requests in accordance with the needs of the service to ensure appropriate coverage on all shifts.	September 2025
	8f Consider wider use and implementation of 'Tendable' to monitor compliance against standards and procedures including use of PPE. This would give more oversight to the Directorate and Clinical Board. IPC colleagues, Clinical Board Director of Nursing, Directorate Lead Nurse and Decontamination Lead to support ad hoc patient safety walk arounds and audits against standards.	September 2025
Progression Tranche		
	3a Appoint substantively to provide stability in team.	April 2026
	4d Review how the theatre manager/ coordinator role is covered at weekends and whether this should be a role that is supervisory.	

	6e Review how the anaesthetic practitioner workforce supports the resus team and major trauma calls and what skill set is required to support.	September 2025
	7c Protect study days and audit sessions.	September 2025
Transition Tranche	6d Review the roles of the Band 2 and Band 3 Theatre Assistants, clearly distinguishing between them. Identify opportunities for Band 2 development within the department.	November 2025

5.0 Theatres Together Project Recommendations – Summary of all Recommendations

Embedding Culture Tranche

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
1a	Some individuals' values and behaviours need to be managed via UHB policies and procedures.	Everyone who needs to be part of a process is.	People & Culture Team	complete	Fair, equitable and appropriate adherence to UHB policies and procedures. Staff compliance with the UHB Values and Behaviours.	Identified and actioned appropriate UHB policy and processes within a timely manner.	All necessary processes are now complete.	Completed (Done)
1d	Cultural action plan and programme of delivery to be developed by the Clinical Board with support from People and Culture including the Education, Culture and Organisational Development Team to improve the culture, trust and psychological safety within the department.	Theatres is a place where people feel safe to work in an open trusted environment.	Theatres delivery group and People and Culture	July 2026	Improved culture, trust and psychological safety within the department.	Psychological safety survey Share blended training materials Attend and deliver sessions during audit days	Draft questionnaire has been developed, need to work through process of dissemination - expected date 30/09 Currently collating and analysing all training material. Need to agree how this will be shared with staff. Expected completion Oct 30 Audit day dates are in the diaries, draft sessions development, to be agreed. (Monthly)	In Progress
1f	Adherence to values and behaviours of the UHB and consequences for those that do not. Support for the team to feel safe and confident to challenge when values and behaviours are not in line with what is expected.	Adherence to the UHB values and behaviours	Perioperative Directorate. People and Culture	December 2026	Values and behaviours discussed regularly and more formally as part of the VBA process.	Ensuring leader have received VBA training. Review VBA compliance V&B awareness sessions VBA reviewer ratio analysis Continue to promote speaking up safely	VBA compliance is increasing improved focus and attention on standards, processes and support from P&C services. Continued support with regular meetings is in place to allow staff a place to raise concerns	In Progress

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
2c	Offer a comprehensive leadership and management development program, along with a support package for the current leadership team in Mains Theatre Upper, to strengthen their ability to implement cultural and behavioural changes throughout the department. This will encompass leadership training focused on compassion.	Leaders have skills and confidence to create a safe, developmental, positive culture.	Theatres delivery group and People and Culture	July 2026	Leaders received leadership training and support to deliver a measurable change. Process in place to identify on an ongoing basis leadership development programme.	Identify and enrol 8 individuals to attend the course. 8 individuals to undertake OD course funded by HEIW. Theatre Managers to attend Clinical leadership programme. Identify individuals to attend existing internal management courses e.g. essential management.	Individuals have been confirmed, and course will commence September 2025 The course is being tailored for the cohort. This will commence Dec 2025 and will be a rolling programme. This will be part of the conversation about developing the training needs analysis action references 3c & 8m Competency Booklet being developed for all leaders within theatres following training needs analysis. individual assessments being completed to understand future workforce requirements	In Progress
2f	Improved visibility of the Directorate and Clinical Board Management team within the department including attendance at audit sessions.	Directorate and Clinical Board Management teams are visible and accessible.	Perioperative Directorate and Clinical Board.	April 2026	Visibility, confidence in leadership. Ability to speak up and creating a culture of bi-directional communication.	Clinical Board to conduct a variety of sessions to be more visible in the department e.g. walkarounds, audit sessions meet and greets. Develop a 6 Month proposal of sessions split across the SMT. as below	informal walkabouts planned for each area. Clinical board newsletter and updates being shared monthly. visibility from a directorate team daily. opportunities utilised in audit sessions for senior leaders to attend future sessions being planned and Scheduled to spend time with the teams.	Completed (Done)
2g	Ensure the effective utilisation of audit sessions by having meaningful activities planned for all team members who are scheduled to work. Attendance should be mandated.	Accessible, regular attendance at audit sessions for all theatre staff.	Theatres education and Perioperative Directorate team	December 2025	Improved staff engagement, access to education and learning opportunities. Increase staff attendance and improve internal communication	Development of all day sessions Effective rostering to ensure access to all staff. (emergency theatre staff) Clear agenda for sessions Clear feedback opportunities Attendance is logged	all day Audit sessions trialled. Deemed too infrequent. changed to half day sessions- focus now given on content and ability for teams to meet and collaborate.	Completed (Done)

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
2j	Explore collective leadership training. There is evidence to suggest that traditional hierarchical leadership model is clearly failing in healthcare. It is becoming increasingly evident that the interdependencies in healthcare require more collective leadership. To have a more inclusive approach to leadership, one that is typified by shared responsibility and accountability and a focus on collective impact rather than individual achievement. https://www.ucd.ie/collectiveleadership/ https://www.ucd.ie/collectiveleadership/resourcehub/toolkit/	to have competent and capable leaders within the theatre teams.	theatres together team	July 2026	a comprehensive leadership programme for existing and new leaders within peri op	Get in contact with training for Human factors simulations in ABUHB. individual analysis of all leaders	This recommendation will be fulfilled by the deliverables outlined in recommendation 2c. Connected to the Workforce structures work. individual analysis of training needs currently underway. due to complete in June 2026	In Progress
3b	Review of the workload of the clinical leaders to assess the feasibility of making them supervisory in line with their ward-based colleagues. Share with the team what is expected of the Clinical Leaders in their non-clinical time.	To have effective clinical leaders working in line with a standardised approach.	Theatres Together Delivery Team	July 2026	Explore the feasibility of a supervisory clinical leaders' team with clear guidance developed to ensure responsibilities articulated.	A review of staffing establishment will be undertaken to identify resource requirements to support clinical leaders in a fully supervisory role. Develop guidance for clinical leaders to support a standardised approach to their supervisory duties A. Gap analysis of all clinical leaders' non-clinical time	Held Workshop with all clinical leaders. Roles and responsibilities reviewed. Continuing to be included as part of wider workforce review. individual analysis being undertaken. need to understand volume of workload and capability first, as some clinical sessions necessary. looking at band 6 deputies' roles and responsibilities too	In Progress

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
3c	Clearly define roles and responsibilities and ensure accountability for fulfilling them across the workforce. Consider developing a training needs analysis to support the development of all staff.	Have an active and visible workforce plan and structure.	Theatres Together Delivery Team and People and Culture.	July 2026	Develop a workforce structure with clear lines of reporting and responsibility.	<p>A review of Perioperative workforce structures, roles and responsibilities will be undertaken to clearly define with line management and reporting/escalation arrangements.</p> <p>A large-scale review of all education for all non-medical staff within the Perioperative Directorate will be undertaken to inform an educational strategy and a training needs analysis. That will expand access to leadership, clinical, and Level 7 education programmes and resources delivered internally to the UHB as well as national programmes of education (8m (part 1)).</p>	all band 7s undergoing analysis of roles and responsibilities outlined in job description. undersatnding capability to deliver their roles is underway	In Progress
3d	Ensure the competency framework for clinical leaders is current and accurately reflects the requirements of the role, providing a clear pathway for their development.	This is linked to 2d and 2e.	theatres together team	July 2026	a structured competency framework that can be utilised for existing and new staff	currently analysing competency required and designing a standard approach	Will flow from the deliverables of the workforce plan.	In Progress

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
3e	Review the Education Team structure and workload. Work with HEIW and HEI to develop and commission Level 7 post graduate qualification for Perioperative Care Module to support the development of a multi-skilled theatre practitioner workforce. Benchmark with other units, such as University College London Hospital.	Have an effective education programme that meets the needs of the perioperative team.	People and Culture, ECOD and Theatre Together Delivery Team.	July 2026	Evidence based programme that meets the need of the perioperative team.	Undertake a Training needs analysis of all perioperative staff. Training and educating the Education team so they can deliver the training requirements. Develop the education programme.	Training needs analysis session planned for 1 October. This recommendation is linked to 3c and 8m. Following on from workshop- we are benchmarking across other sites. looking at the possibility of role alignment and changing to portfolio-based roles instead of site-based teams. to incorporate visibility and focus	In Progress
4b	Review the role of the Education Team and develop clear purpose, roles and responsibilities to be communicated across the Directorate.	Have an effective education programme that meets the needs of the perioperative team.	People and Culture, ECOD and Theatre Together Delivery Team	July 2026	Appropriately resourced education team to deliver education programme.	Accessible comms around the role of education team Developing a role profile for the education team	This is dependent on the education programme actions. analysis underway of current structure and benchmarking across other comparable areas	In Progress
6c	Review process for how ODP's can access Advance Practice Training in line with Nurses, AHPs and Health Scientists to support development and training.	Ensure ODPs have equitable access to support with their development and training.	Theatres Together Delivery Team and People and Culture.	April 2026	Clear process for ODP access to training.	Explore and communicate funding availability and process for application of funding for ODP. Highlight ODPs who require training.	Agreement in place to support equitable allocation of funding for nurses and OPD form an education funding perspective. education team supporting both aspects of allocation of funding with support form clinical leaders and evidence of VBA's and skill needs.	Completed (Done)
7a	More use of 'stay' conversations to help with retention and encourage the completion of exit questionnaires/ interviews	Implementation of stay conversations and exit questionnaires to improve retention.	Perioperative Directorate.	March 2026	Staff leaving theatres complete exit questionnaire.	All questionnaires are currently under review. Ensure managers are encouraging staff to complete exit surveys.	to be included as part of regular Appraisal conversations rather than once someone has decided /considering leaving	Completed (Done)

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
8a	Audit adherence to policies and procedures for consent and 'WHO Checklist', ensure standardised application across all theatres and provide update training as required.	Routine effective use by all staff of 5 steps of surgical safety in all procedure areas.	Surgical Clinical Board and Lead Nurse	September 2026	<p>In partnership with the perioperative team and surgeons develop a set of principles that must be adhered to, that support a standardised WHO checklist process.</p> <p>Deliver the required systems and processes to ensure 100% adherence with the WHO checklist and to provide the correct resources to support adherence.</p> <p>Deliver systems to ensure completion of consent prior to transfer to theatre.</p> <p>Deliver strengthened digital record of theatre activity.</p>	<p>Establish a multi-professional WHO Checklist collaborative to design a programme of improvements to support compliance with the WHO checklist.</p> <p>The WHO Collaborative reviewed the outcomes from patient safety incidents associated with non-adherence with the WHO checklist and co-produced a set of principles that standardised the checklist process and adherence with the checklist.</p> <p>Engagement events have taken place to embed the WHO checklist principles.</p> <p>Co-production of the design principles for a WHO Checklist Whiteboard is complete, and the draft design is to be presented at WHO collaborative.</p>	<p>Communication from the Clinical Executive Team was sent to all Perioperative workforce and all surgeons on 13 May 2025 mandating the who checklist. principles:</p> <p>In partnership with the Perioperative team, anaesthetists and surgeons the WHO collaborative has developed a set of principles that must be adhered to, that support a standardised WHO checklist process.</p> <p>Carried out baseline audit of compliance with required systems and processes</p> <p>Co-production of the design principles for a WHO Checklist Whiteboard is complete, and the draft design is to be presented at WHO collaborative.</p> <p>Introduction of Aqua theatre system as a replacement for Theatreman with associated SOP, training and audit of the system. Testing to commence in September 2025.</p>	In Progress

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
8g	Regular training should be carried out to ensure that all staff maintain skills and competencies. This needs to include night staff.	Staff receive training that is relevant to their role.	Perioperative Directorate. People and Culture	April 2026	Establishing a baseline for staff skills and competencies for the role.	Undertake an analysis of staff who require additional training. Review and refreshing existing training plans.	The education team has 4 dedicated staff members who cover all areas of peri operative care. they provide educational support and training to staff within daytime and out of hours. a training needs analysis is carried out in collaboration with clinical team leaders to identify individual training needs. training trollies devised so that training can be taken to staff as there is no dedicated teaching space currently. additional cascade/link workers are trained within teams to support and deliver training.	Completed (Done)
8k	The cultural and leadership work will help to strengthen the team to feel safe and empowered to speak up and challenge where policies and procedures are not followed.		theatres together	June 2026	staff feel psychologically safe in their environment		This will be addressed in delivery of recommendation 1f	In Progress
9a	Review the start time of the theatre day and how staff are allocated. Ensure that all team members are responsible for patients arriving in the department on time. Consider using the recovery area in the morning for patients to wait before surgery. Consider if Theatre Assistants, Healthcare Support Workers and Recovery Practitioners can assist in collecting patients from the wards.	All patients scheduled for theatre arrive on time and ready for surgery, reducing late starts more than 15 minutes to less than 20% (aligned with GIRFT standards).	Task and finish group and perioperative directorate team.	October 2026	Reduction in late starts. Clarity and consistency across the workforce. Clarity on rhythm throughout session including team brief and de-brief.	Identify stakeholders. Set up task and finish group with appropriate governance and clear deliverables. Gather data including theatre observations.	Task and Finish Group has been established and held its initial meeting. Observational work within theatres is underway, with early findings highlighting areas of inefficiency. Surveys for Theatres staff and Surgical Specialties undertaken and analyses underway Implementation on New Theatre management system has been achieved, however we are working with colleague's form IT to support with data collection and functionality of the system. this fits in with the wider piece of work regarding gift standards and list planning.	In Progress

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
9c	Identify consistent overruns and inefficiencies and review rosters to plan shifts for late finishes.	Reduce end of list delays and overruns by implementing improved staffing procedures.	Task and finish group and People and Culture.	December 2025	Reduction in avoidable overruns. Develop process to support staffing of unplanned overruns.	Identify consistent overruns. Identify avoidable overruns and plan for Establish the number of sessions per speciality. Establishing a consistent process for unplanned overruns.	Task and Finish Group has been established and held its initial meeting. Observational work within theatres is underway, with early findings highlighting areas of inefficiency. Surveys for Theatres staff and Surgical Specialties undertaken and analyses underway Implementation on New Theatre management system work across specialities strengthened to ensure adequate list planning. clinical leaders empowered to support list planning. repeated overruns will be subject to review of theatre session requirement in in session utilisation.	Completed (Done)
9d	Conduct a review of theatre utilisation and compare it to pre-COVID levels. Identify the reasons for any differences, determine the expected downtime between cases, and establish a reasonable number of cases to include on a list in line with best practice standards for cases per session and GIRFT (Getting it Right First Time). Share this analysis with the team to ensure that expectations are clearly defined.	Aligning session utilisation with GIRFT standards and reducing avoidable downtime compared to pre-COVID benchmarks.	Task and finish group and speciality managers.	December 2025	Completed review with recommendations.	Establish baseline data and undertake initial analysis.	Have pulled initial data to compare with pre covid levels, there is indication that late starts have increased but there is further analysis that needs to be undertaken. Task and finish group will be taking forward the review and outlining recommendations. Informing the wider theatre utilisation programme and the use of AQUA. Completed – further/ continual review will be required as theatre templates are updated	Completed (Done)

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
9f	Review the draft procedure for effective staffing resources and implement to help support the handover of patients to recovery practitioners to minimise delays at the end of lists	Patients move from theatre to recovery without delay.	Task and finish group and Perioperative Directorate.	July 2026	Review to understand requirement of recovery for theatre complex. Have appropriate physical infrastructure and staffing resources to deliver requirements.	Establish baseline data. Undertake theatre observations.	Task and finish group have been set up and have had the first meeting. Recovery establishment and funding reviewed. staffing establishment set. shift patterns observed. 12-hour shift proposal underway with OCP principle and engagement sessions commenced in April 2026 to support flow of patients into recovery.	In Progress
9g	Clinical leaders to be involved in scheduling of lists to aid roster management. Explore how the publishing of rosters could align to the 6,4,2 process	To have a robust scheduling system that enables properly resourced sessions.	Task and finish group and Perioperative Directorate.	December 2025	Clinical leaders attend 6-4-2 scheduling sessions for planned work. Adopting rostering principles - 6 weeks in advance.	Ensure clinical leaders attend all 6-4-2 meetings for planned Procedures. Providing education to clinical leaders for adopting rostering principles.	Clinical leaders in both UHW and UHL attend weekly 6-4-2 meetings. Improvement in rostering via Health roster introduction which has supported publishing of rosters. 642 is managed by the Theatre managers	Completed (Done)

Foundation Tranche

Rec.	Recommendation	Aim	Owner	Expected Completion . End of	Deliverable Outcome	Key Actions	Updates	Status
1h	Explore security options to make the female changing area a more secure place to leave belongings.	To make Main Upper Theatres a safe and secure area for staff and patients.	Theatres Together Delivery Team.	October 2025	Provide secure changing rooms with lockable storage for all staff. Development of a UHB Theatres Visitors Policy. Secure theatres	Additional TSDI for the female and male changing room, and the scrub room. Undertake an audit of the locker rooms to confirm that every person has been offered access to a locker and ensure access for all staff. Update the existing policy. Sign off policy following UHB governance processes. Implement Policy. Reinstate/repair existing TSDI access to the main department. Temporary TSDI passes will be provided to visitors following completion of TSDI installation. Cleanse current access list.	Additional TSDI equipment has been ordered – October 25. Audit Complete, all Theatres staff have access to a locker. The Procedure for the Management of Visitors within the Operating Environment exists and a UHB Theatres visitors policy has been developed. Policy is being presented at the Perioperative Directorate Quality and Safety Meeting. The policy will be shared with Corporate Governance to take through the UHB ratification process. Complete. TSDI Installation – October 25. September 25.	Completed (Done)
5g	Provide colleagues with the necessary clinical information about patients that is pertinent to their role for maintaining safety of both staff and patients.	All staff involved in with the transportation of the patient to and from theatre get the pertinent information at appropriate points to ensure safety of patients and staff.	Surgical Clinical Board and Lead Nurse.	December 2025	Develop a systems approach to ensure the communication of pertinent information to relevant staff.	Include pertinent information about patients, including infection control information. Co-produce the system with all relevant stakeholders.	Initiating co-production with portering service to define roles, responsibilities and channels of communication. Process for checks to be added to the collection sheet	Completed (Done)

Rec.	Recommendation	Aim	Owner	Expected Completion . End of	Deliverable Outcome	Key Actions	Updates	Status
8b	Examine the management of paediatric cases operated on in Mains Upper and determine whether the current arrangement of recovery in the adult recovery area aligns with the Royal College of Anaesthetists' Guidelines (Chapter 10: Guidelines for Provision of Paediatric Anaesthesia Services 2025). Assess the measures taken to safely manage children. Investigate what is required to fully utilise Children's Hospital for Wales to ensure that paediatric cases are operated on and recovered within Children's Hospital for Wales.	Compliance with RCA recommendation where possible.	Theatres Anaesthetists Leads.	October 2025	Standardised provision of Paediatric Anaesthesia services in line with Royal College of Paediatric Anaesthesia Guidelines.	Undertake a Gap analysis of paediatric care against the Royal College of Anaesthetists Guidelines Chapter 10 Guideline of the Provision of paediatric Anaesthesia Services 2025. Agree model for the delivery of paediatric surgery in main theatres that includes required education and skills and staffing requirements.	A review of the paediatric recovery bays undertaken in partnership with Children's Hospital of Wales to ensure that these areas meet the needs of paediatric patients and their families. All required equipment has been identified, and funding support is being sought from Noah's Ark Charity.	Completed (Done)
8j	Charitable bid to the Staff Lottery Fund to refurbish the staff room, including new furniture, fridges and a dishwasher.	Provide a comfortable space for staff to rest in main uppers.	Theatres Together Delivery Team.	September 2025	Refurbishment of the Perioperative Staff Room	Design of the Staff room co-produced with Perioperative workforce. Bid to Charitable Funds Committee for staff room refurbishment agreed on 10 June 2025. Identification of an interim staff room during the refurbishment period alternative staff room. Refurbishment work is planned for September 2025.	Refurbishment work will start on Monday 8th September and is expected to take 2 -3 weeks. Works completed, staff feedback positive, Wall decorated with artwork from staff competition. Cleaning and maintenance schedules being maintained by theatre staff.	Completed (Done)

High Impact Tranche

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
1b	Share the HCSW code of conduct to support individuals to be aware of the code.	All HCSW are aware of the code of conduct	Theatres Together Delivery Team and People and Culture.	December 2025	Ensure that the HCSW Code of Conduct is used to support professional conversations.	Re-distribute code of conduct to HCSW staff A review of the Values Based Appraisal process will ensure that the code of conduct is integral to the appraisals of Health Care Support Workers.		Completed (Done)
1c	To share with colleagues how to raise concerns internally, share 'Speaking Up Safely'. Consider support from HCPC and NMC on culture, the code and when to report to the regulator.	All staff feel able to speak up safely and raise concerns through appropriate channels	Surgical Clinical Board Lead Nurse	October 2025	Promote the use of 'Speaking up Safely' to staff. Consider support from HCPC and NMC on culture, the code and when to report to the regulator.	Promote Speaking up Safely Contact the regulatory bodies to access advice on reporting to a regulator and consider how this information is shared.	Speaking up safely highlighted to all staff via communication from the Chief Executive following the publication of the theatre review. Forms part of ongoing engagement and conversations with staff. No support required from HCPC and NMC after consideration	Completed (Done)
1e	Consider support from a psychologist on a substantive basis to support colleagues through trauma informed approach in a similar way to that of critical care and major trauma. Further roll out of TRIM	Staff have appropriate access to psychological support.	Theatres Together Delivery Team.	October 2025		Review recommendation with Clinical directorate	Focus on MEDTRIM roll out and its impact before further understanding resources already available to staff via canopi and employee wellbeing services. Further exploration of how other areas access Psychologist support with roles that are dual patient and staff support. Likely to identify that there is no requirement for the department other than some additional support for MEDTRIM team no support currently required from a psychologist required, however individual circumstances will be assessed as per wellbeing needs.	Completed (Done)
1g	Celebrate success - feedback to the team when they receive positive feedback.	All staff feel recognised for their achievements.	Theatres Together Delivery Team and Leadership Team	October 2025	Implement a range of initiatives to celebrate success and provide feedback.	Share positive feedback with the team promptly and visibly. Use team meetings or internal channels to celebrate success. Recognise individual and collective contributions. Encourage a culture of	A range of initiatives have been implemented across all four Perioperative areas to promote staff engagement, recognition, and wellbeing. These include Shout-out boards have been introduced to showcase staff feedback and Greatix submissions. Student feedback is regularly shared via notice boards and social media platforms such as Facebook.	Completed (Done)

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
						appreciation and alignment with values	<p>Positive feedback/ team successes are communicated through WhatsApp groups. Greatix process has been widely promoted to encourage staff participation. Newsletters are used to highlight good practice and achievements, and wellbeing events, including celebrations for Nurses, ODPs, and HCSW as well as events including bake sales, quizzes etc.</p> <p>Surgery Star Awards is an opportunity to recognise individuals and teams for their efforts. Staff are encouraged to engage with updates and discussions via Viva Engage.</p> <p>Star of the month process has been positively received within Anaesthetic Practitioners and discussions are underway to expand this to teams of the month.</p> <p>Communications about the re-runs of the Saving Lives in Cardiff TV programme has been broadened to reflect the contribution of the wider perioperative team as well as the surgeons. Collaborate with the communications team to agree further opportunities to celebrate success aligned to maternity communication.</p> <p>These are now ongoing and embedded across the directorate</p>	
1i	Investigate measures to ensure sufficient availability of scrubs for staff who require them, preventing access by colleagues not assigned to the theatre environment.	Ensure appropriate access to scrubs for all theatre staff and reduce unnecessary financial waste.	Theatres Together Delivery Team.	February 2026	Appropriate staff will all have the scrubs they need	<p>TDSI access for theatre staff</p> <p>Develop clear process and guidance for scrubs</p> <p>Investigate feasibility of scrub machine</p>	<p>Putting TDSI on door in October. Access to Scrubs has now been improved with changes already implemented</p> <p>There is now further work to look at optimising the processes around financial waste - transferred to BAU activity/quality improvement. work is underway regarding the SLA agreement with Greenvale and the process of laundering to ensure continuous supply.</p>	Completed (Done)
2h	Sickness panels supported by People and Culture colleagues, to be conducted to ensure consistent approach, with regular attendance by clinical leads or deputies.	There is a consistent and effective approach to managing sickness	Theatres Together Delivery Team and People and Culture.	October 2025	Strengthen sickness management with support from people and Culture	<p>People Services to meet with Theatre Managers on a weekly basis to review the previous weeks sickness cases to support with management of cases. Sickness absence training/support to Clinical Leaders. Sickness management</p>	<p>Regular sickness panels have been established with Theatre Managers, Lead Nurse, DON and Senior People and Culture Business Partner.</p>	Completed (Done)

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
						forms part of the monthly Executive Reviews.		
2i	A senior advisor from people services should be allocated to theatres to provide consistent advice for the leadership team.	A senior advisor is available until the point all are comfortable in ability to manage situations with usual resources.	Theatres Together Delivery Team and People and Culture.	September 2025	Appoint senior advisor from Peoples Services to support theatres.	.	A senior advisor has been appointed to support theatres. A plan is in place to continue this support when the current advisor moves to a new role in September 2025	Completed (Done)
5a	Implement regular team meetings for all staff to improve communication and engagement	Have clear and effective flow of information across all staff and set expectations of meeting structures and outcomes.	Theatres Together Delivery Team.	October 2025	Develop a department meeting structure to ensure engagement with all staff.	<p>Set Clear expectations for engagement and meeting with teams</p> <p>Establish Regular Band 7 Forums</p> <p>Clinical Leaders need supporting to meet regularly with their respective teams.</p> <p>Forums for all staff groups to be planned.</p> <p>Protect Q&S Sessions and changed to all day sessions with rotas arranged to ensure staff have opportunities to attend.</p> <p>Establish a Directorate Management Team (DMT) to provide a structured weekly forum for departments to share staffing updates, operational issues, and key information, promoting consistent communication across the Directorate.</p>	<p>Clear expectations for engagement and meeting with teams have been set by the Theatres Management Team.</p> <p>Regular band 7 forums have been established.</p> <p>Clinical Leaders are supported to meet regularly with their respective teams.</p> <p>Forums for all staff groups are currently being planned.</p> <p>-</p> <p>Q&S Sessions are protected and have been changed to all day sessions with rotas arranged to ensure staff have opportunities to attend.</p> <p>A Directorate Management Team (DMT) has been established to provide a structured weekly forum for departments to share staffing updates, operational issues, and key information, promoting consistent communication across the Directorate.</p>	Completed (Done)
5b	Consider reinstating the General Manager /Lead Nurse drop-in sessions on a regular basis	Have clear and effective flow of information across all staff and set expectations of	Theatres Together Delivery Team.	October 2025	General Manager / Lead Nurse drop-in sessions will be reinstated from September monthly.	<p>Meetings to be scheduled until Q1 2026.</p> <p>Dates and time of meeting will be shared via all communication channels.</p>	<p>-Regular band 7 forums have been established.</p> <p>All dates are in Calendars</p>	Completed (Done)

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
		meeting structures and outcomes.						
5c	Regular meetings with General Manager, Lead Nurse and Theatre Manager with set agenda	Have clear and effective flow of information across all staff and set expectations of meeting structures and outcomes.	Theatres Together Delivery Team.	October 2025	Regular two to one meeting between the General Manager Lead Nurse and Theatre Manager have been re-established.	As above. Agenda to be agreed and terms of reference.	-Clinical Leaders are supported to meet regularly with their respective teams. These are now scheduled on a regular basis	Completed (Done)
5d	Regular meetings with General Manager, Lead Nurse, Theatre Manager and the Clinical Leaders	Have clear and effective flow of information across all staff and set expectations of meeting structures and outcomes.	Theatres Together Delivery Team.	October 2025	A programme of meetings between the General Manager, Lead Nurse and Theatre Manager and the Clinical Leads is being developed.	As above. Agenda to be agreed and terms of reference.	-Forums for all staff groups are currently being planned. These are now scheduled on a regular basis	Completed (Done)
5e	Consider implementing the use of team briefs across the entire suite to enhance teamwork. This approach could be beneficial in celebrating successes, addressing concerns such as the impact of staff sickness in specific areas, and checking in with staff, particularly following challenging cases.	Have clear and effective flow of information across all staff and set expectations of meeting structures and outcomes.	Theatres Together Delivery Team and People and Culture.	October 2025	Implementation of team briefs	Undertake an exercise to map out pathways for support for theatres. MedTrim response was implemented in June 2025. Twenty-three members of staff have undertaken MedTrim training with further training planned. MedTrim response is supported with a protocol to standardise the implementation of de brief. Roll out has been supported by awareness raising session.	-Q&S Sessions are protected and have been changed to all day sessions with rotas arranged to ensure staff have opportunities to attend. This recommendation has multiple elements that require further exploration. Several of the elements are in place such as: Each theatre list begins with a team brief; formal debrief processes exist via MEDTRIM; Q&S sessions are protected, and Away day is planned for the 13th of Feb	Completed (Done)
5f	Verify who has UHB email accounts and ensure that all individuals have access. Consider alternative methods of mass communication, such as Theatres SharePoint Site, Viva Engage or Teams channels, instead of relying solely on WhatsApp.	All staff have access to an email account.	Theatres Together Delivery Team.	September 2025	Provision of emails accounts to all staff.	Identify numbers of people who have signed up to viva engage. Communications will be sent to all staff without email addresses with their login details. Communication will include promoting the benefit to staff of accessing their email account,	An audit has identified that 25% of theatre staff did not have an activated email account. A department meeting structure has been developed (action 5a) to ensure engagement with all staff. Education team working on padlet page. All staff now have access and new starters are added.	Completed (Done)

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
						including improved communication within the department and the potential additional benefits to the individual staff members, such as access to NHS discount schemes		
6a	Conduct a comprehensive review of rostering practices, including an analysis of shift times and their correlation with late finishes, late starts, and early finishes. Specifically, assess the feasibility of implementing 12-hour shifts within the Recovery Team.	Staffing levels match theatre delivery requirement.	Theatres Together Delivery Team.	September 2025	Undertake a review of rostering practices to identify areas for improvement. Scope the feasibility of implementing 12-hour shifts.	Undertake systematic review of current health rostering, to include: *Sign-off dates. *Requesting process. *Annual leave. Health rostering learning sessions to be conducted in collaboration with the Health Rostering Team and the Corporate Nursing Team to support improvements in workforce planning. Review existing roster templates, with a focus on aligning list start and finish times with staff working hours. Plan a trial of 12-hour shift patterns to explore potential benefits for service delivery and staff wellbeing. * Review the numbers against the establishment spreadsheet to see how this would work. * Once completed the outcome of the pilot will be presented at the Nursing productivity Group. * Communicate principle	Health rostering learning sessions have been conducted in collaboration with the Health Rostering Team and the Corporate Nursing Team to support improvements in workforce planning. Existing roster templates are currently under review, with a focus on aligning list start and finish times with staff working hours. A draft of the 4-week roster has been prepared, providing a clearer view of how the arrangement would function in practice. All relevant staff re trained, Sign of dates improved 642 improvements have helped with rostering. And proper use is being monitored	Completed (Done)

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
						that 80% of AL is to be booked by December 2025 for 2026/27 as per UHB rostering policy.		
6b	Promote a culture that supports colleagues in managing their work-life balance. Review all current work-life balance requests in accordance with the needs of the service to ensure appropriate coverage on all shifts.	Embedding an equitable work-life balance application process.	Perioperative Directorate Team.	October 2025	There is equity across theatres in the application process.	<p>Promote flexible working awareness and training to staff and managers.</p> <p>Share policy and procedure with staff including relevant documentation and appeal processes.</p>	<p>This recommendation will also link to 2d/2e that looks at clinical leader's competencies/capabilities to ensure these HR processes are also included. This would be picked up with ongoing collaboration with people of OD.</p> <p>Process in place and now followed Promoted in Clinical board newsletter</p>	Completed (Done)
8e	Create standard operating procedures for the setup and standardisation of anaesthetic rooms throughout the department, where feasible.	Improve patient safety by decreasing variation in processes for ODP in main uppers.	Theatres Anaesthetic Leads.	June 2026	<p>Standardisation of the anaesthetic room layout and design.</p> <p>Implement anaesthetic emergency toolboxes.</p>	<p>Design and co-produce a standardised anaesthetic room with Perioperative workforce.</p> <p>Co-produce with anaesthetics to identify equipment and implement toolboxes.</p>	<p>Standardised contents list for drug cupboards has been produced with Anaesthetists and Anaesthetic Practitioners. -Standardised list of consumables and non-consumables</p> <p>Theatre ownership plan has been developed ensuring rotation of staff provides exposure and experience within different specialities</p> <p>A review of required equipment has been undertaken. Equipment quotation requests have been submitted for storage trollies to replace cupboards. Costings developed for environmental improvements and submitted to UHB Senior Leadership Team Meeting.</p> <p>Agreed at Senior Leadership team and to progress for discussion at Capital Management Group.</p> <p>Anaesthetic emergency toolboxes are in Theatre 1, Theatre 10, and Recovery, containing emergency drugs and guidelines for anaesthetic emergencies.</p> <p>Recommendation is complete including the original SOP complete. Further work to optimise is underway in alignment with Refurbishment plans and financial support</p>	In Progress

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
8f	Consider wider use and implementation of 'Tendable' to monitor compliance against standards and procedures including use of PPE. This would give more oversight to the Directorate and Clinical Board. IPC colleagues, Clinical Board Director of Nursing, Directorate Lead Nurse and Decontamination Lead to support ad hoc patient safety walk arounds and audits against standards.	All clinical leaders and deputies have access to tendable and there is an audit schedule set up.	Theatres Lead Nurse	September 2025	A programme of Infection prevention and control quality assurance will be developed with clear reporting and exception reporting arrangements.	<p>Perioperative directorate will develop a timetable of IP&C audits to be undertaken by Clinical Leaders.</p> <p>These audits will be presented at the Perioperative quality and safety and reported by exception at the Surgery Clinical Board Quality and Safety Forums and the UHB IP&C meetings.</p>	<p>Audits are completed as per policy with comparable compliance rates.</p> <p>Some work to ensure action items identified by audits and connecting with risk management</p>	Completed (Done)
8h	Standard Operating Procedures and schedules for the theatre deep cleaning rota, including weekend protocols that are standardised across all theatre suites	Ensure all theatres are cleaned following UHB procedure and standard for theatre	Theatres Together Delivery Team.	June 2026	<p>Implement Standardised cleaning processes that meet the standards set out in the Perioperative Theatres Cleaning Procedure and national standards.</p> <p>Align cleaning policy with updated CNO All Wales Cleaning policy when this is published.</p>	<p>Cost established for cleaning schedule, initial deep clean and one-off HPV clean - submitted to Senior Leadership Team.</p> <p>Further discussion to explore the resourcing of standardised cleaning of theatres across the UHB.</p> <p>Review of the operational arrangements for cleaning main theatres to align with other theatre areas within the UHB.</p> <p>Develop a cleaning schedule checklist for each for individual theatre and communal areas.</p> <p>Undertake a gap analysis of cleaning procedures against CNO All Wales Cleaning policy when published.</p>	<p>Theatres Cleaning procedure has been reissued to all staff.</p> <p>Workshop to be run to identify current approaches and variation across theatre areas. September 25.</p> <p>Task and finish group established.</p> <p>4 workshops held in collaboration with staff and IPC colleagues.</p> <p>standardisation of equipment underway.</p>	In Progress

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
8m (part 1)	Review training on offer for new starters is the course transferable and does it cater for all learners. Explore working with HEI's and HEIW on commissioning a post graduate level 7 perioperative care module.	New starters are supported and mentored to be competent and confident in their roles.	Theatres Together Delivery Team and People and Culture	April 2026	Develop a Perioperative Education strategy that supports succession planning. Development of a new starters' education programme for all professional groups.	Meet with the University College London to explore their Theatre Workforce Strategy. A large-scale review of all education for all non-medical staff within the Perioperative Directorate will be undertaken to inform an educational strategy and a training needs analysis. That will expand access to leadership, clinical, and Level 7 education programmes and resources delivered internally to the UHB as well as national programmes of education. Review new starter education Identify a funding source for resuscitation training for ODP.	Review of new starter education programme has been undertaken, and education and competency booklets have been further developed to support this approach. Work has been undertaken with HEIW to agree funded places for leadership and organisational development, cardiothoracic study days and Facilitated teaching and learning education.	In Progress
9h	Review provision and access to computer and printers across the suite to support efficient working	Staff are given dedicated resource and time to support efficient working.	Theatres Together Delivery Team.	June 2026	Staff have access to computers in theatre suites.	Provide cost for additional equipment and instillation.	This aligns with giving staff email for access as well as opportunities to do training and access to comms. Awaiting additional computers that have been ordered- shared workspace identified in all 4 suites	In Progress

Progression Tranche

Rec	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
1j	Focused programme of work to address the culture in Cardiac Theatres and develop leadership capacity and capability required to tackle poor behaviours.	Improve culture in cardiac theatres.	Theatres Together Delivery Team and Specialist Services.	August 2026	Work collaboratively with specialist services to ensure appropriate leadership and capability.	Meet with specialist team.	Work underway in Specialist Services to address issues identified as part of a separate Cardiology Review.	In Progress
2b	Conduct a comprehensive review of the Directorate and departmental leadership and management structure, including the Clinical Lead workforce and the Education Team, to ensure clarity in roles and responsibilities within the management team. Benchmark with equivalent sized services.	Conduct a comprehensive review of the structure to ensure there is clarity of roles throughout	Theatres Together Delivery Team and People and Culture	July 2026	Completed review, clarification of roles and responsibilities.		Meeting on 12th September with People and Culture and Theatre Delivery team to agree deliverables. Another meeting held that identified an potential structure that needs to be benchmarked leadership structure identified as being appropriate. Education and opportunity being analysed to support the leadership team and ensure they have the right tools to deliver on their roles and responsibilities.	In Progress
2d	Review expectations and competencies for the clinical leaders, set clear expectations of the role and support them to manage. Identify areas where there may be capability issues and implement targeted programs to address these gaps.	Clearly defined clinical leadership roles and address capability gaps through targeted development programmes	Theatres Together Delivery Team and People and Culture	July 2026	Delivering a band 7 competency for clinical leaders throughout theatre suite.	Meet with staff to identify current roles and responsibilities and expectations. Analyse the current educational requirement to meet the needs of the service	Will be part of the deliverables of the workforce plan. Connected to the structures work individual meetings currently underway with all clinical leaders to assess role expectation, challenges and opportunities. individualised competency and assessments will be conducted in line with roles and responsibilities to ensure they have equal opportunity to deliver their intended responsibilities.	In Progress

Rec	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
2e	Define the expectations for Clinical Leads regarding the allocation of time between clinical and non-clinical duties. Investigate how supervisory status could be structured and the appropriate use of this time, such as participating in 'intentional rounding', providing team support, teaching, management of clinical incidents including DATIX, ensuring breaks are taken, and performing audits using the 'Tendable' platform.	Define appropriate allocation of time between clinical and non-clinical duties.	Theatres Together Delivery Team and People and Culture	July 2026	Undertake a skills analysis for current Clinical Leaders.	conduct individual analysis of team structures and equity across specialities	Dependent on the outcome of 2d. When there is clarity on the roles, responsibilities and expectations of clinical leader (2d) this will feed into ability to understand appropriate allocation and expectation during non-clinical duty.	In Progress
3a	Appoint substantively to provide stability in team.	Appoint substantively to meet full establishment.	Perioperative Directorate Team.	April 2026	Review current position and where appropriate make appointments substantively.	Identify vacancies and fixed term contracts. Advertise as per CVSP.	Theatre Manager substantively appointed where possible all appropriate posts have been appointed too substantively	Completed (Done)
4a	Support the Clinical Leaders work collaboratively to ensure the safe operation of the department, under the supervision of Mains Theatre Upper Theatre Manager.	collaborative working across all suites	theatre together	July 2026	Regular meetings to allow for consistent and appropriate communication between band 7 within the suite	set up band 7 forums	opportunities given for all staff to collaborate on several work streams joint and individualised meetings being held with all clinical leaders. opportunities and support given to create the conditions for collaboration.	In Progress
4d	Review how the theatre manager/ coordinator role is covered at weekends and whether this should be a role that is supervisory.	To have safe and appropriate leadership cover over weekends.	Theatres Together Delivery Team and People and Culture.	April 2026	Identify appropriate staffing levels including supervisory time at weekends.	review establishment and funding	Meeting on Friday 12th September with People and Culture to identify any financial implications associated with this and explore feasibility. weekend structure identified to ensure band 6 always present on weekend shift to support with leadership and	Completed (Done)

Rec	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
							oversight expertise. funding sought and agreed. establishment now in practice.	
6e	Review how the anaesthetic practitioner workforce supports the resus team and major trauma calls and what skill set is required to support.	Clarity on role of anaesthetic practitioner's support resus team and major trauma calls.	Theatres Together Delivery Team.	April 2026	Review rostering principles of MERIT.	Workshop to look at roles / responsibilities / team working	Anaesthetic Practitioners no longer attend High NEWS scores since the implementation of NEWS 2 Expansion of Anaesthetic team imminent with implementation of Thrombectomy Plan	Completed (Done)
7b	Assess the training and induction processes for Operating Department Practitioners (ODP). Identify how training can be effectively utilised to ensure proficiency in multiple roles, such as scrub and anaesthetic positions. Conduct benchmarking against other centres to gain insights into the practical application of dual roles.	To understand the feasibility and benefit of having dual roles.	Theatres Together Delivery Team and ECOD.	April 2027	An assessment on feasibility of dual role.	Assess current induction process and identify potential areas for improvement.	This will not be delivered within the timescale of Theatres together. Suggest new action for the Embedding Culture (not Theatres Together) Tranche	De-Scoped
7c	Protect study days and audit sessions.	Staff have study days and attend audit sessions.	Perioperative Directorate Team.	April 2026	Study days to be given to staff for education pertinent to their roles and time to attend audit sessions.	Share guidance on CPD hours with staff and study leave guidelines.	Staff are allocated study leave for essential education. Further study leave is applied as per UHB policy and guidelines. audit sessions are protected	Completed (Done)
8c	Conduct an equipment stock take and set up a replacement program with support from Clinical Engineering. Strengthen and develop the role of the Medical Devices	Strengthen the relationship between theatres and clinical engineering.	Theatres Together Delivery Team.	September 2026	Conduct a stock take. Set up replacement program. Develop role of medical devices safety officer.	Set up a task and finish group to define deliverables of this recommendation including stakeholders from theatres, clinical engineering, IP&C and other relevant teams.	The task and finish group will be set up towards January 2026. Delayed due to not sufficient resource to undertake- aim to implement in July 2026	Delayed

Rec	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
	Safety Officer within the Directorate.							
8i	The family room requires refurbishment. Explore options for charitable funding to improve the environment for relatives waiting. This space could also be used for staff to pray or take some quiet time when not in use.	Refurbishment of family room (John Davies room).	Theatres Together Delivery Team.	July 2026	Refurbishment of family room.	Develop refurbishment plan for family room. In conjunction with Capital, Estates and Facilities.	Awaiting confirmation work timescales. works to commence on family room in mains upper May 2026. funding agreed form Daring2dream	In Progress
9e	Explore how all theatres can work collaboratively to support efficiency including how Children Hospital for Wales is staffed on weekends and bank holidays.	Understand if there is benefit of staff movement across theatre suites	Task and finish group and Perioperative Directorate.	October 2025	Recommendation for next steps if needed	Review activity and staffing model in children's hospital on weekends.	It is dependent on various other work, e.g. 6.4.2. and workforce planning works underway regarding theatre timetable and schedule. CHFV weekend working also being explored. we require data that has been unavailable and thus will continue working with the task and finish group supporting efficiency	De-Scoped

Transition Tranche

Rec.	Recommendation	Aim	Owner	Expected Completion . End of	Deliverable Outcome	Key Actions	Updates	Status
2a	Radical restructure of the practitioner role across the department and the wider Directorate to provide flexibility across the suite and have a multi-skilled workforce to provide a sustainable and resilient service. Similar to the work undertaken by University College London Hospital.	To have a flexible workforce appropriate to meet the needs of the services	Theatres Together Delivery Team.	August 2026	A workforce plan that meets the needs of the future	To understand current workforce. To visit UCLH to understand the scope of their workforce plan.	Will form part of the workforce plan considerations.	Not Started
4c	Evaluate the balance between flexibility across the suite and the advantages of having a discreet team. Consider a comprehensive re-evaluation of the roles and functions of scrub, anaesthetics, and recovery teams. Additionally, explore the potential for leveraging the skills from across Cardiothoracic Service to support cardiac theatres.		theatres together team	August 2026			This recommendation links significantly with 2a. Completion of 4c will support with achieving deliverable outcomes in 2a.	Not Started
6d	Review the roles of the Band 2 and Band 3 Theatre Assistants, clearly distinguishing between them. Identify opportunities for Band 2 development within the department.			August 2026			This is part of an all-Wales changed and actions will be picked up as part of this. Now have Band 2 and Band 3 job descriptions. All staff apart from Recovery Healthcare support workers are band 3	Completed (Done)
7d	Compare the roles and responsibilities and number of band 6 roles	To understand workforce in other	Theatres Together	August 2026	Robust benchmarking data.	Arrange visit.	Initial conversations between centres have taken place.	In Progress

Rec.	Recommendation	Aim	Owner	Expected Completion . End of	Deliverable Outcome	Key Actions	Updates	Status
	in other organisations of similar size and complexity and share the findings with the team.	comparable size centres.	Delivery Team.				Job Descriptions being Reviewed and benchmarked this is also forming part of the individualised leadership roles and responsibility meetings currently taking place. it is recognised we have deputy band 6 posts and non-deputy band 6 posts.	
8d	Clinical Directors of each Surgical Specialty to collaborate with Theatres to standardise surgical equipment and devices where feasible and safe. With assistance from procurement, establish minimum and maximum stock levels to ensure essential items are always available, use 'Scan for Safety' to manage stock efficiently and maintain traceability of consumables.	Appropriate equipment is available when needed.	Theatres Together Delivery Team.	August 2026	To standardise and reduce variation in surgical equipment and devices.	Set up task and finish group to look at procurement and stock management.	work underway regarding standardisation of equipment. new product panel in place. strengthening the governance structure to be implemented with an appropriate stake holder panel at theatre level to ensure oversight.	In Progress
8l	Review the IT systems in use across the theatre pathway and assess if they are fit for purpose, explore what it would take to get one system used by all to avoid duplication.	a simple digital solution to reduce duplication and risk of mis information	theatres together team	August 2026		review current it systems capabilities	waiting on Aqua, Roster Pro, Clinical Workstation, ePMA. aqua now in place, as is clinical workstation and EPMA- need to organise system capabilities which is under way with efficiency task and finish group.	In Progress
9b	Review reinstating the dual role of porter / HCSW.	To have a flexible workforce appropriate to meet the needs of the services	Theatres Together Delivery Team and People and Culture.	August 2026	Create SBAR/recommendation document as output of review.	Include this at a later stage of workforce review.	Will form part of the workforce planning considerations Cannot be done with new HEIW review of band 2/3 roles	De-Scoped

HSDU Tranche

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
H1a	Cultural action plan and programme of delivery to be developed by the Clinical Board with support from People and Culture including the Organisational Development Team to improve the culture, trust and psychological safety within HSDU. Consider support from an occupational psychologist and a trauma informed approach to this programme.	HSDU is a place where people feel safe to work in an open trusted environment.	Theatres Together Project Team with ECOD	December 2026	Development of a robust cultural action plan that effectively addresses culture, trust, and psychological safety across the department.	Appoint an Executive or Senior Lead from the Clinical Board to act as the project owner. Co-develop the plan in collaboration with key focus groups.	Update: Project team will be exploring Civility Saves Lives, human factors, and conflict resolution as part of the plan. ECOD will provide an update on the support required to progress this recommendation.	In Progress
H1b	Celebrate success – when appropriate to do so support the service to share with the organisation the good and important work of the team for example during an ‘Ask Suzanne’ colleague spotlight session.	All staff feel recognised for their achievements.	Theatres Together Team and HSDU leadership	December 2026	Consistent recognition of staff throughout the year.	Publish an update in the Shaping Change newsletter. Collate and provide relevant statistics and data — Emma and Hanna to lead. Define an appropriate mechanism for recognition and engagement (e.g., a “Shout-Out Board”). Develop the approach through co-production with the team.	Update: Communication Team will produce a series of short films highlighting the work of the HSDU. Acknowledgement and celebration of success shared within the Surgery clinical board newsletter monthly.	In Progress
H1c	Some individuals' values and behaviours need to be managed via UHB policies and procedures.	Everyone who needs to be part of a process is.	People & Culture and HSDU Leadership	December 2025	Values and Behaviours policy being followed.		Update: Historic Value and Behaviours concerns have been addressed and closed. Relevant policies continue to be applied to manage any ongoing staff behaviour issues, as required.	Completed (Done)
H1d	Remind colleagues about the use of social media. Familiarise all staff with the guidance on social media use and	Staff are fully aware of social media policy, - it is shared consistently.	Theatres together team	December 2025	Staff Understand and are aware of the policy		Update: Issued and will be re circulated throughout the year. It has also been added to the induction pack	Completed (Done)

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
	ensure adherence to this.							
H1e	Support colleagues to be aware of the Health Care Support Worker Code of Conduct and ensure adherence to the code.	All HCSW are aware of the code of conduct	Theatres together team	December 2025	Policy has been shared, and staff are aware.		Update: Issued and will be re circulated throughout the year. It has also been added to the induction pack. Thomas Lancaster to provide a session on this topic.	Completed (Done)
H1f	Adherence to Values and Behaviours, with consequences for those that do not.	Adherence to the UHB values and behaviours.	Theatres together team	April 2026	This recommendation is linked to 1c.		policies and processes in place	Completed (Done)
H2a	Review of the service's management structure and clarity of role and responsibilities	Establish a clear and effective management structure with defined roles and responsibilities that supports consistent, high-quality leadership across the service.	theatres together team	July 2026	Clearly defined management structure. Defined roles and responsibilities.	Arrange a meeting with ECOD for an update on the course that they have written.	Update: The technician and supervisor roles have been defined. ECOD has developed a bespoke training course; however, delivery is currently on hold as staff cannot be released to attend.	In Progress
H2b	Training and support package for current management team. Consider an interim experienced operational manager to work across HSDU and SSU to deliver the capacity and capability required to change the culture and behaviour across the services	Develop leadership skills within the current workforce.	theatres together team	July 2026	a comprehensive training package available for existing and new leaders within the department accessible to all.	Develop a succession planning approach for the department. Service Manager attending HEIW Emerging Leadership Programme. Design and implement departmental development programme.	Update: individual training analysis to be undertaken with the leadership team and support from ECOD sought for training opportunities. to engage with the SCB about temporary support of an experienced manager in HSDU/SSU	In Progress

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
	including applying policies and procedures fairly and equitably.							
H2c	Review supervisor's role and structure. Pause appointing any new supervisors until review is completed. Secondments to be completed and then return to substantive post. Descoped. Close 2c	Clearly defined supervisor role and structure.					Update: Unable to pause recruitment due to staff shortages - this is descoped.	De-Scoped
H2d	Review competencies for supervisors and set clear expectations of the role and manage capability if not fulfilling the role.	to own a set of competencies to compliment the leaders within the department and help support role delivery	theatres together team	July 2026	a set of competencies to support leadership as defined by the job role and portfolio.	develop a set of competencies in conjunction with ECOD colleagues	Update: supervisor competencies will be put in place following individual training needs analysis and in conjunction with job roles and responsibilities.	In Progress
H2e	Improved visibility of the Directorate and Clinical Board Management team within the unit including ad hoc attendance to unit staff meetings.	Strengthen the visibility and presence of the Clinical Board and Directorate across the department		April 2026		Confirm dates for staff to visit department and attend team meetings.	Update: The clinical board, Theatres together project team and chief operating officer have visited the department.	Completed (Done)
H3a	Improved integration and feeling of belonging of HSDU and SSU to the Perioperative Directorate. Explore the opportunity where appropriate for staff to have a greater exposure to theatres and career	To enhance integration, connection, and a sense of belonging for HSDU and SSU staff within the Perioperative Directorate, while creating opportunities for greater	theatres together team	August 2026	Greater staff inclusion, clearer progression pathways, and stronger cross departmental connections	Arrange opportunities for shadowing theatres staff. Consider including the scope room team.	Review underway of whether a rotation can be sought for staff now that recruitment is underway	In Progress

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
	progression across the directorate.	exposure to theatres and career progression across the directorate.						
H3b	Awareness training on the Relationships in Work procedure. Actions taken to ensure adherence to this procedure.	staff aware of their own responsibilities to manage relationships in work	theatres together	April 2026	staff awareness of relationships at work procedure	share policy with staff. include in P&C workshops	policies shared with staff and included in training sessions.	Completed (Done)
H4a	Consider Unit Manager working a later shift once a month to improve communication and engagement with staff working on night duty, across both sites. "	To strengthen communication, visibility, and engagement between management and night duty staff across both sites.	theatres together team	August 2026	Improved communication with night duty staff. Increased leadership visibility on night shifts. Better understanding of night shift needs	Review roles and responsibilities, highlight importance of leadership.	this happens occasionally - new structure will help enforce consistency	In Progress
H4b	Regular team meetings for all staff.	To improve communication and engagement through regular team meetings for all staff.	theatres together team	December 2026	Consistent, timely communication shared across the whole team. Increased staff engagement and opportunities for feedback	Need to confirm that these meetings can take place due to operational pressures.	Update: meetings are taking place need to confirm how regular they are.	In Progress
H5a	Review of rostering practice and introduce Health Roster to improve efficiency, equity and transparency. Consider a 7-day rota pattern to avoid use of overtime.	To improve efficiency, equity, and transparency by reviewing rostering practices and implementing Health Roster.	theatres together team	March 2026	Team Roster on health roster	Engagement with Health Roster team.	roster pro in use	Completed (Done)
H5b	Review all work life balance requests in line with needs of the service and to ensure appropriate cover on all shifts.						Update: all work life balance requests have been completed.	Completed (Done)

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
H5c	Review band 2 role and progression to band 3, explore the possibility of utilising annex 21.			October 2025			Update: staff have been transitioned to a and 3 as part of annex 21 process.	Completed (Done)
H6a	Develop standard operating procedures for how work is distributed including key performance indicators for expected volume of work undertaken and management of non-conformances.	To ensure optimal workload distribution with clear KPIs, and to strengthen non-conformance reporting.		October 2026	SOP produced and agreed with Kpi's Non-conformance process is digitalised.	Map the current non-conformance process to identify gaps, inefficiencies, and variation. Digitalise the non-conformance process to improve usability, reporting accuracy, and timeliness. Share the recommendations and findings with relevant stakeholders to support learning and consistency.	Update: Shaping change to conduct observation work - as per actions	In Progress
H6b	Consider implementation of 'Tendable' to monitor compliance against standards and procedures including use of PPE. This would give more oversight to the directorate and Clinical Board. IPC colleagues, Clinical Board Director of Nursing, Directorate Lead Nurse and Decontamination Lead to support ad hoc patient safety walk arounds and audits against standards.	Use of tenable to give assurance regarding audits.	theatres together team	July 2026	Investigate whether the paper audits can be digitalised. Arrange meeting with Senior Nurse after observation work in 6b.	Investigate whether the paper audits can be digitalised. Arrange meeting with Senior Nurse after observation work in 6b.	support being provided to conduct tendable audits by PDN	In Progress
H6c	Regular training should be carried out to ensure that all staff maintain competencies. This needs to include night staff.	To provide consistent and equitable access to competency-based training for all staff, ensuring skills are maintained	theatres together team	July 2026	Staff are regularly trained optimise training capacity.	Current position: what training is currently provided. What structure is in place.	Individual training needs analysis being undertaken	In Progress

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
		and developed regardless of shift pattern.						
H6d	Share non-conformances' information with supervisors and staff and support additional training if required.	to have a system that allows information on non-conformance to be shared quickly and effectively with relevant teams	theatres together team	August 2026	a system which allows information to be shared across suites		Update this will be covered in 6a.	In Progress
H6e	A senior advisor from people services should be allocated to HSDU to provide consistent advice for the leadership team.							Completed (Done)

Appendix 1 – Theatres together Risks and Issue Management

Risks and issues are recorded by the project team in O365. The full risk log includes a complete audit trail, capturing the date raised, owner, and risk rating. The issue log records the date raised, owner, actions, and current status. Both risks and issues are reviewed monthly at the Theatres Together Project Board meeting.

Risk Log

Title	Description	Cause/Impact	Previous Rating	Current Rating	Mitigation	Update
Limited Capacity Within Clinical and Operational Team	There is a risk that limited capacity across under-established clinical and operational teams may constrain the project's ability to deliver key activities effectively. Resource gaps and competing priorities could impact the pace and quality of implementation.	This could lead to delays in implementation, reduced effectiveness of planned interventions, and potential challenges in achieving project outcomes within the expected timeframe. It may also place additional pressure on existing staff, affecting engagement and sustainability	16 Significant	16 Significant	Capacity assessments will be conducted early across clinical and operational teams to identify resource gaps. This will inform prioritisation and enable targeted resource allocation to support delivery.	Capacity assessments continued. Work aligned where appropriate to facilitate prompt outcomes.
Lack of Secured Funding for Project Initiation and Delivery	The project currently lacks allocated funding, which presents a significant risk to its timely initiation and successful delivery. Without confirmed financial resources, critical activities—including procurement, staffing, and implementation—may be delayed, scaled back, or halted entirely.	There is no allocated funding for this project. The project is dependent on external funding sources, as there is no available budget within the Clinical Board. This financial constraint may result in the non-delivery of some recommendations, thereby compromising the overall scope and intended outcomes of the project.	16 Significant	16 Significant	Initial predicted costs identified, in addition, a framework is being developed to calculate the total funding requirement for the programme. Once complete, funding proposals will be prepared and submitted to the Project Board for review and decision-making, ensuring financial risks are managed proactively.,	Monthly meeting taking place with finance to review each recommendation that has an associated cost and taken to project board for governance.

Open Issues

Title	Description	Cause/Impact	Rating	Actions
Unable to meet HBN Compliance	The existing anaesthetic room does not meet the spatial requirements set out in the Health Planning Note (HBN) standards. Due to the physical constraints of the current building layout, it is not possible to expand or reconfigure the room to achieve compliance within the scope of the project.	As a result, the project will not be able to fully meet HBN standards, which may affect clinical functionality, staff workflow, and patient safety. This non-compliance could also impact regulatory assurance, limit future service development, and reduce the overall effectiveness and credibility of the project outcomes	High	A feasibility report has been developed by the Estates team and reviewed by the Theatres Together project group. The findings and recommendations will be submitted to Welsh Government for consideration and potential funding support.
Infrastructure Limitations Impacting Project Delivery	The age and condition of the existing building infrastructure may limit the ability to implement optimal actions or improvements. Ongoing maintenance issues and structural constraints could restrict the feasibility of certain upgrades or redesigns, potentially compromising the overall effectiveness of project outcomes.	Inability to implement the desired changes may result in reduced functionality, lower operational efficiency, and increased long-term maintenance costs. It could also negatively affect staff satisfaction and limit the project's ability to meet modern standards or compliance requirements.	High	
Staff Retention	Due to ongoing engagement challenges and low staff morale, retention levels within the team are significantly low, with several staff members choosing to leave. This high turnover is creating instability within the workforce, reducing continuity, and weakening the foundation needed to support the delivery of project objectives.	The loss of experienced staff may lead to delays in project delivery, reduced capacity to implement key actions, and difficulty embedding sustainable change. It also undermines efforts to foster a positive workplace culture, which is essential for long-term transformation and staff engagement.	Medium	

Appendix 2 - Theatres Together Governance Framework



Monthly
Project Board

Function:

Strategic oversight and decision-making.

Members:

Senior Responsible Owner (SRO), Theatres Together Triumvirate, Delivery Team and Senior stakeholders.

Responsibilities:

- Review progress and risks.
- Approve major changes.
- Ensure alignment with strategic goals.
- Funding and resource decisions.



Weekly
Scrum

Function :

Operational coordination and agile delivery.

Members:

Theatres Together Triumvirate, Delivery Team and subject matter experts.

Responsibilities:

- Tranche planning and delivery.
- Progress updates from subject matter experts.
- Issue resolution.
- Resource management.



Task and
Finish Groups

Function:

Specialised delivery of recommendations within a tranche.

Members:

Subject matter experts, cross-functional team members.

Responsibilities:

- Delivery of recommendations within a tranche.
- Escalation of risks and issues.
- Problem/solving and decision making.
- Identification of benefits.



Tranche
Checkpoint

Function:

Periodic review of progress across phases or tranches.

Members:

Representatives from all governance layers.

Responsibilities:

- Evaluate outcomes and lessons learned.
- Adjust plans for future tranches.
- Validate benefits realisation and stakeholder satisfaction.
- Closing/launching a tranche.