Theatres Together Improvement Plan

Date:	10th September 2026
Author:	Theatres Together Project Team
Project Exec / SRO:	Paul Bostock
Version No:	1.5
Status:	Issued
Approvals	Theatres Together Triumvirate

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

1. Executive Summary

2. Timeline and Tranche Progress Updates

3. Project Workstream Updates
    a. HSDU Update
    b. Workforce update
    c. WHO Checklist
    d. Theatre Efficiency

4. Project Dashboards
    a. Workforce Metrics
    b. Quality and Safety

5. Theatres Together Project Recommendations
    a. Completed recommendations
    b. Summary of all recommendations

6. Appendix 1 – Project Risk / Issue Log
7. Appendix 2 – Project governance framework

1.0 Executive Summary

Overall, it has been demonstrated that we continue to make sustained and visible improvements across the programme, whilst building momentum to support a positive and long-term cultural shift. Significant progress has been achieved, with the successful completion of the initial Foundation Tranche, providing a strong platform for ongoing development and improvement. We have successfully implemented 43 of the 66 recommendations- 29 recommendations are underway, with only 3 that require initiation.

To maintain pace and maximise impact, subsequent tranches are now being delivered concurrently, enabling key workstreams to progress in parallel and accelerating the implementation of planned improvements. This approach has strengthened collaboration across teams and promoted greater integration of activities, supported by the engagement and commitment of a wide range of multidisciplinary team (MDT) members.

Through shared ownership, collective problem-solving, and a commitment to continuous improvement, we continue to drive meaningful change that is improving processes, strengthening relationships, and embedding a sustainable culture of excellence across the organisation.

In addition, the improved accuracy, quality, and efficacy of the data now being recorded has enabled the development of clear, objective plans in relation to theatre optimisation and utilisation. Enhanced data quality is providing greater visibility of performance, capacity, and operational challenges, allowing for more informed decision-making and targeted improvement activities.

A comprehensive programme of work has been developed to support all relevant workstreams associated with theatre efficiency and utilisation. This programme is focused on maximising available capacity, reducing unwarranted variation and waste, improving patient accessibility and flow, and ensuring the continued delivery of safe, high-quality care. By adopting a collaborative and data-driven approach, the organisation is well positioned to realise sustainable improvements in both operational performance and patient outcomes.

The progress achieved to date provides confidence that the improvements being implemented are not only delivering immediate benefits but are also creating the conditions necessary for lasting and transformative cultural change.

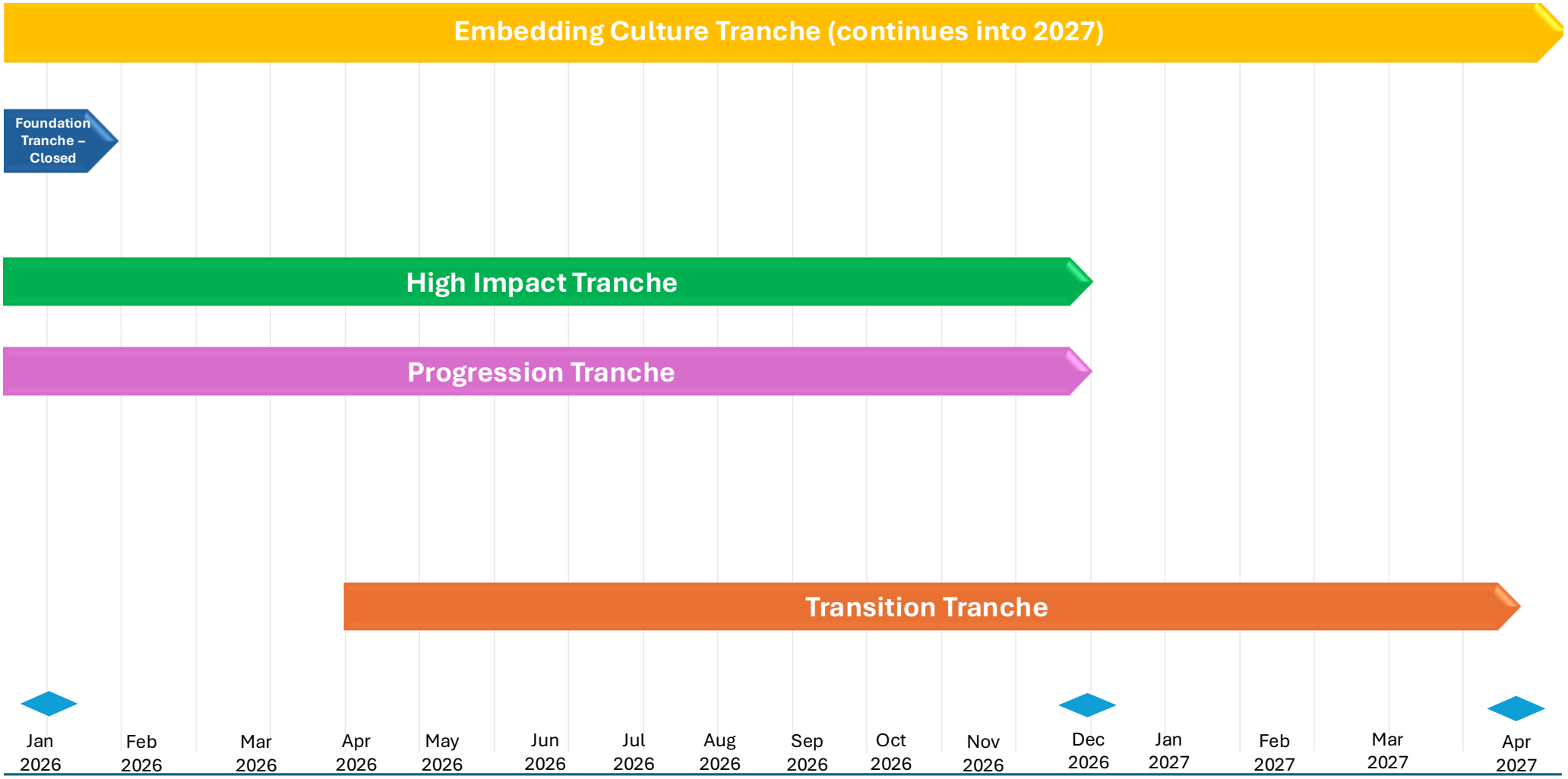
Workforce development remains a central priority. Current workforce plans are focused on training, competency development, and creating a flexible, skilled workforce aligned to service needs. This is reinforced by improvements in workforce metrics, which show a continued and sustained trend, including:

- 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.

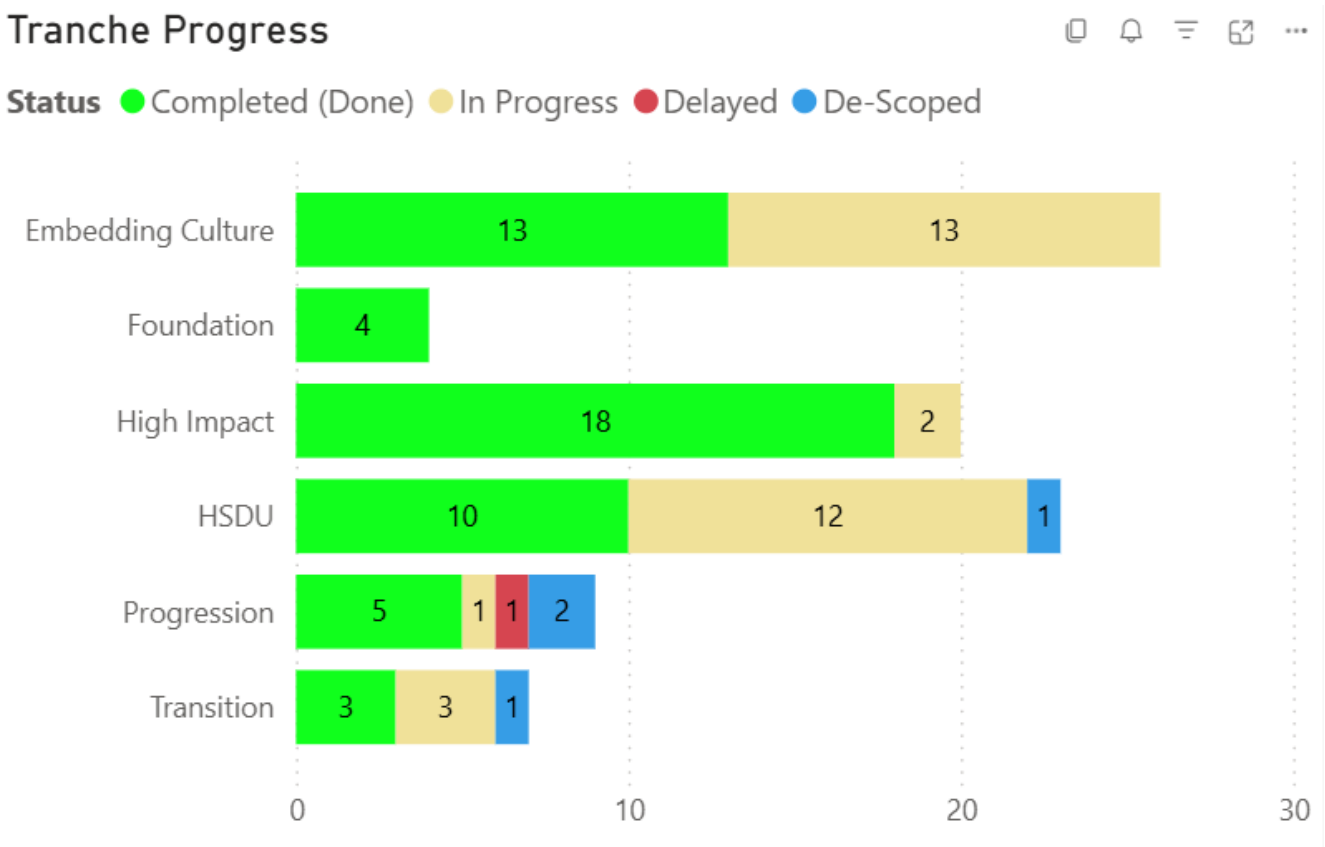
In summary, the programme continues to demonstrate strong delivery, with clear evidence of improving culture, improved safety and evidence towards workforce sustainability, underpinned by a commitment to continuous learning and organisational collaboration.

2.0 Timeline and Tranche Progress Updates



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.



Foundation Tranche Closure Summary

The Foundation Tranche has now been successfully closed since January 2026 following the implementation and completion of four key recommendations. Significant progress has been made to improve both the working environment for staff and the care provided to patients.

The recommendations delivered included:

- The provision of appropriate security measures for staff changing facilities and personal belongings, ensuring a safer and more secure working environment.
- The refurbishment of the staff room, creating a comfortable and welcoming space that supports staff wellbeing during rest periods.
- The procurement of appropriate paediatric equipment and resources to enhance the care and management of children within the theatre environment.
- The refurbishment of the recovery area to ensure it is better equipped and suitable for supporting paediatric patients recovering through the main theatre recovery unit.

As a result of these improvements, the Foundation Tranche recommendations have been successfully closed, demonstrating clear progress against the identified requirements and a commitment to improving both staff experience and patient care.

In addition, two recommendations have transitioned to the High Impact Tranche. These actions are progressing well towards closure following extensive engagement and collaboration with clinical teams. Clear plans are in place, and ongoing work continues to ensure that these remaining recommendations are sustainably embedded and fully delivered.

Embedding Culture Tranche Summary

Good progress continues to be made across the Embedding Culture Tranche, with work advancing against the key themes of leadership, culture, education and theatre efficiency. To date, 50% of the recommendations have been successfully implemented (13 of 26 recommendations), demonstrating sustained momentum and a strong commitment to delivering meaningful and lasting improvements across the service.

A significant focus has been placed on supporting our people and strengthening organisational culture. This has included dedicated support from People and Culture colleagues to address values and behaviours within teams, helping to foster a positive, respectful and accountable working environment. Alongside this, leaders are being supported to identify effective training and development programmes to ensure they have the necessary skills, knowledge and competencies to manage performance, support staff and embed the expected values and behaviours within their teams. This work has contributed to improved compliance with values-based appraisals and strengthened leadership capability across the service.

Considerable effort has also been made to increase the visibility of leaders at all levels. By creating greater opportunities for engagement between staff and senior leaders, confidence and trust have continued to grow, whilst communication and staff engagement have improved. This increased leadership presence has provided staff with greater access to support, clearer lines of communication and enhanced opportunities to raise concerns and contribute to service improvement.

Progress has also been made in supporting education, training and workforce development. The effective utilisation of audit sessions has enabled greater accessibility to mandatory and role-specific training, team meetings and development opportunities. Peer support networks have been strengthened across leadership teams, ensuring leaders are supported within the workplace and able to share learning, experience and best practice. Furthermore, measures have been implemented to provide staff with protected time to access essential training, ensuring skills and competencies are maintained at all levels of the workforce.

Work has also commenced to address the theatre efficiency recommendations within the Tranche. This has included the identification of consistent theatre overruns and the establishment of strengthened governance processes around theatre scheduling. These improvements are supporting more effective workforce planning, staffing deployment and roster management, whilst enabling better oversight of theatre utilisation and productivity.

Looking forward, work continues to build on theatre efficiency initiatives, with a particular focus on demand and capacity modelling, theatre start and finish times, and the optimisation of theatre utilisation. These areas remain critical to the successful delivery of the remaining recommendations and will support the development of a sustainable productivity improvement programme.

A key element of the next phase of work will be to review and define the scope of the education function required to deliver the necessary training and development programmes to support service improvement. In parallel, further work will be undertaken to clearly define the roles and responsibilities of leaders in delivering productivity, efficiency and performance improvements, ensuring accountability and ownership are embedded throughout the organisation. Through continued engagement with clinical and operational teams, this work is progressing well and is expected to further strengthen both organisational culture and operational effectiveness.

High Impact Tranche Recommendations Update

We have now completed 90% of the implementation of the recommendations within the High Impact Tranche, demonstrating significant progress against the agreed improvement plan and maintaining momentum across the service.

Key achievements include the promotion and successful adoption of the Speaking Up for Safety initiative, helping to strengthen a culture where staff feel empowered to raise concerns and contribute to service improvement. This has supported the development of a greater sense of psychological safety, ensuring colleagues feel listened to, respected and valued.

We have also continued to prioritise the recognition and celebration of staff achievements through the introduction and promotion of GREATix, monthly newsletters and dedicated Shout Out Boards. These initiatives have helped improve engagement, reinforce positive behaviours and recognise excellence across the workforce.

A more sustainable approach to the provision of theatre scrubs has been developed and implemented, ensuring arrangements are both cost effective and appropriately balanced against operational demand. This has improved resource utilisation while maintaining staff access and service requirements.

Several recommendations required communication-focused improvements. These have included the introduction of team briefs, regular team meetings across different staffing groups and leadership levels, and improved communication forums to strengthen engagement and information sharing. Support from People Services has also enabled leaders to further develop and embed rostering principles, improving workforce planning, staffing efficiencies and operational effectiveness.

The two remaining recommendations are progressing well:

- Standardisation of cleaning processes is currently in the pilot phase, with evaluation underway ahead of wider implementation across all theatre areas.
- Standardisation of anaesthetic rooms has moved into the scaling phase following successful implementation within the Main Theatre Upper suite and is now being rolled out across the remaining theatre suites.

Overall, substantial progress has been made, with many recommendations fully implemented and embedded. The remaining actions are on track, with clear plans in place to support their completion and ensure the sustainability of improvements achieved to date.

Progression Tranche Summary

The Progression Tranche continues to demonstrate positive momentum, with five recommendations now successfully completed and further areas of work progressing. This reflects the continued commitment of the theatres together team to delivering sustainable improvements while strengthening operational resilience, workforce consistency and staff experience.

Key achievements include substantive appointments to provide greater consistency and stability within the service, alongside improvements to weekend working arrangements. Senior staff availability is now established every weekend, providing greater leadership visibility, support and operational oversight. The tranche has also successfully supported the development of the Anaesthetic Practitioner role and its wider scope of practice, creating further opportunities to strengthen workforce capability and support service delivery.

A further significant achievement has been the successful implementation of a newly refurbished family room within MTU. This provides a valuable and welcoming space for relatives and staff within what is recognised as a particularly busy and demanding clinical environment. Importantly, staff were actively involved in its development, including voting on the name of the room, which has appropriately been named “The Cwtch”, reflecting a sense of comfort, support and belonging.

Work remains actively in progress in relation to Cardiac Theatres, with recent workshops involving the GMC and NMC, alongside engagement with People and Culture and union colleagues. This work is providing specialist support and constructive challenge as the team continues to work towards an improved, supportive and sustainable culture.

The establishment of a working group relating to stock take has been temporarily delayed while the team maintains momentum across a number of competing operational priorities. However, with the appointment of new directorate staff, there is increased capacity and an expectation that this work can be progressed shortly.

Although the original work relating to dual training of ODPs was de-scoped, this remains an area of opportunity rather than a closed action. Over the next six months, the directorate intends to revisit this work, with a particular focus on identifying opportunities to train and develop existing staff to provide greater flexibility and support within daily service delivery.

Overall, the Progression Tranche demonstrates continued and visible progress, with five recommendations completed and tangible improvements already embedded across workforce, leadership, staff support and the clinical environment. Importantly, there is a clear understanding of the outstanding areas of work and a commitment to maintaining momentum, ensuring that improvements are realistic, sustainable and embedded into business-as-usual practice.

Transition Tranche Summary

The Transition Tranche, the final tranche of the improvement programme, commenced in April 2026 and is already demonstrating excellent progress and positive momentum. Of the six recommendations within the tranche, three have now been successfully completed, with a further three actively progressing, demonstrating a strong focus on translating recommendations into sustainable operational improvements.

Significant progress has been made through collaborative working with clinicians to standardise surgical equipment, supporting greater consistency, efficiency and effective use of resources across theatres. This has been further strengthened through the introduction of a new product panel, providing a more structured and consistent approach to the review and introduction of surgical products and equipment.

The successful transition to the Aqua IT system represents another important achievement within the tranche. The new system has enabled easier and more effective access to theatre data, strengthening the team's ability to understand and utilise productivity and efficiency information to support operational decision-making and future improvement work.

The recommendation relating to the disparity between Band 2 and Band 3 Theatre Assistants has also been successfully addressed and completed, supported by the All-Wales banding restructure of the Band 3 role. This has provided greater clarity and consistency in relation to the role and its associated responsibilities.

Work currently underway includes a scoping exercise exploring the dual role of the practitioner, alongside benchmarking of the existing Band 6 roles within theatre teams. This work will provide assurance that roles, responsibilities and expectations remain aligned with current job descriptions, professional requirements and, importantly, the evolving needs of the service.

The recommendation relating to the dual role of Theatre Porter and Theatre Assistant has currently been de-scoped to enable focus to remain on existing operational priorities. However, this remains an area of potential opportunity, with the intention to revisit and progress the work over the coming months as capacity allows.

Overall, despite being the last tranche to commence, the Transition Tranche has established significant momentum within a relatively short period. With 50% of recommendations already completed and the remaining recommendations either progressing or identified for future review, there is clear evidence of continued improvement. The focus remains on ensuring that changes are practical, sustainable and responsive to the needs of both the workforce and the service, while supporting improved productivity, efficiency and consistency across theatres.

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.

Since January 2026, the HSDU Improvement Plan has been incorporated into the Theatres Together programme of work, enabling access to dedicated resources and support to facilitate delivery of the improvement programme. Since this time, the improvement plan has been prioritised to support progression against the identified recommendations. Robust governance arrangements have been established, including weekly scrum meetings and involvement from key stakeholders to provide oversight, accountability and support.

As part of the wider improvement work, ECOD colleagues have been engaging directly with staff to understand perceptions of the current working environment and to develop a structured plan to support staff wellbeing, working relationships and cultural improvement. Senior leaders have undertaken numerous visits to HSDU to provide support, create listening opportunities and ensure staff concerns can be raised directly. In addition, a staff feedback survey was developed and disseminated to enable colleagues to shape the future direction of the service and identify what improvements they would like to see implemented.

Several observational studies have also been commissioned to review processes, pathways and operational practices within the department. Work has been undertaken to identify the future workforce structure required to sustain the service, with plans being developed to strengthen leadership and staffing arrangements. All identified HR matters are either underway or being managed through the most appropriate organisational processes.

Risks and issues to delivery:

- **Refurbishment Impact:**
  HSDU was closed for approximately 10 weeks due to refurbishment works. This needed 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:

- **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.
- **Leadership restructure:**
  Recruitment currently underway to support a leadership restructure to strengthen and support the existing leadership team and ensure there is appropriate capacity, clarity and resilience across the service.
- **Training Roles:**
  Training roles are currently being explored to provide a more structured approach to staff development, ensuring team members have access to the appropriate training, support and opportunities required to develop their skills and contribute toa successful, resilient and sustainable workforce
- **Show case:**
  We are planning to utilise media and communications support to showcase and amplify the fantastic work undertaken by staff within HSDU. Opportunities for filming will be explored to increase visibility of the service, strengthen engagement across the wider perioperative department and provide greater recognition of the valuable contribution made by the HSDU team. Recent visits from the CEO and Chair have also been extremely valuable, providing staff with an opportunity to have their voices heard, share some of the challenges they are currently experiencing and highlight the important work being delivered within the department.

3.0 Workstream updates, Workforce

The Workforce Workstream has been a fundamental component of the Theatres Together Programme since its evolution, recognising from the outset that our people are the most integral part of delivering successful and sustainable change. The workstream contains several recommendations that intertwine across all of the programme tranches, with many being co-dependent on one another to achieve their intended outcomes. This reflects the understanding that workforce cannot be considered in isolation, as it encompasses and influences culture, leadership, productivity, efficiency, education, staff experience and ultimately the delivery of safe, high-quality patient care.

The initial stages of the workforce workstream focused heavily on discovery and engagement. It was important that our existing leaders and wider workforce were invited to become actively involved in shaping the Theatres Together Programme, recognising that this programme is for our staff and needs to be developed with them, rather than simply for them. Both group and individual sessions have been undertaken to understand what an effective workforce looks like, identify existing strengths and challenges, and explore the processes and practices required to develop a strong, skilled, resilient and sustainable workforce.

The discovery phase, supported by benchmarking activity, has enabled us to develop a greater understanding of the size and composition of our workforce, the skills and competencies required within individual roles, and our collective ability to deliver the workforce capacity and capability needed to support patient care. This has provided an important foundation from which we can move from discovery towards the development and implementation of more structured workforce solutions.

Progress to date:

A significant amount of engagement and assessment has already taken place. This has included:

- Individual assessments with current leaders to better understand their existing scope of practice, responsibilities, development needs and any relevant education or training required to support them within their roles.
- Group engagement sessions with staff, providing opportunities for colleagues to describe what they believe is important and relevant to their roles and to contribute directly to how the future workforce should be developed.
- Exploration of current skills, roles and ways of working, helping us identify areas of good practice alongside opportunities for greater consistency and development.
- The introduction of regular meetings and peer support, creating opportunities for shared learning, professional discussion and continued development.
- Greater emphasis on ensuring that staff and leaders have access to continued learning and development opportunities, supporting both individual progression and wider service resilience.

Together, these actions are beginning to provide a clearer picture of where we are now and the areas that require further development to ensure that our workforce is appropriately skilled, supported and prepared for the future.

Next Steps:

The next stage will focus on moving the workstream from discovery and assessment into a more structured programme of workforce development and sustainability.

- A key priority will be to design and implement a competency framework for the wider theatre workforce, providing greater clarity regarding the skills, knowledge and competencies required across roles. This will help identify development needs, support progression and provide a consistent framework through which staff can develop throughout their careers.
- Alongside this, we intend to develop a dedicated competency and development framework for our leaders, supporting the development of strong, confident and resilient leadership. The framework will seek to ensure that leaders have the appropriate skills, education and support to manage increasingly complex operational environments while also positively influencing culture, staff experience and continuous improvement.
- Further collaboration will be required with People and Culture and education and organisational development colleagues to help shape what a robust, appropriately educated and sustainable workforce should look like. Their expertise will be important in supporting the development of career pathways, education, leadership development, competencies and workforce models that are both achievable and sustainable.
- Importantly, the Workforce Workstream will continue to work alongside the Efficiency Programme to ensure that workforce development is aligned with operational requirements. This will help us establish not only the right skills in the right roles, but also the appropriate number and composition of staff required to deliver safe, effective and high-quality patient care.

In Summary:

The Workforce Workstream represents much more than establishing workforce numbers. It is about developing the people, skills, leadership, culture and infrastructure required to sustain the improvements being delivered through Theatres Together. The discovery work undertaken so far has given us a stronger understanding of our current position, while meaningful involvement from staff and leaders has ensured that the workforce remains at the centre of the programme.

As we progress, the focus will increasingly move towards competency, education, leadership development, workforce modelling and sustainability, ensuring that the changes introduced through Theatres Together can be embedded into everyday practice. By developing our people alongside improvements in productivity and efficiency, we aim to create a strong, resilient, appropriately skilled and supported workforce that is equipped to meet both the current and future needs of our patients and services.

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.

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.
- Agreed and accepted WHO checklist that needs to go to print for roll out.

Next steps:

- Roll out the WHO whiteboards into each theatre suite.
- Roll out of The WHO checklist for all theatres to adhere too
- Receive and implement where necessary recommendations form the most recent NWSSP audit.
- Media support to film or practices associated with sign in, sign out, time out stages of the WHO
- Educational videos planned for stop, prep, block and for the collection of patients for theatre.

3.0 Workstream updates, 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
7. Presenting the Cardiff Efficiency Score to P&I at their invitation to explore the possibility of using it nationally.

At present, there is misalignment between what the Health Board's data feeds tell us about utilisation internally, and what the P&I national dashboard is calculating from the same feeds. This issue is being worked through, as the objective is to make sure that national and local data visualisation tell the same story about our efficiency. This issue was unexpected and relates to technical validation issues. It has been escalated to the Theatres Together Efficiency SRO for a decision on how to move forward, and a decision will be made in due course. The organisation has set an internal deadline for a Theatre Efficiency and Productivity dashboard to be fully functional by the 1st of October.

Internally, an in-depth theatre re-baselining and demand and capacity exercise has been carried out. This was supported by ad-hoc advanced data analysis of our theatre activity data, to measure the 2025/2026 delivery and theatre capacity provision, with an evaluation of the current and historical productivity opportunities. The objective of this exercise is to establish a baseline delivery provision that fits within the financial envelope by leveraging on clear allocation rules, scheduling governance, and productivity opportunities, for all specialties and all theatre suites in the organisation.

For this reason, a first set of measures has been calculated to support the re-baselining exercise:

Theatre Efficiency indicators

KPI	26-27-Q1	26-27-Q2
Activity	5444	2585
Lists	1741	805
Sessions	3155	1450
Starting on Time (<15 minutes late)	47.79%	47.08%
Finishing within 30 minutes of finish time	50.55%	47.08%
Capped Utilisation	73.89%	72.43%
Uncapped Utilisation	77.87%	76.41%
% of planned cases completed	91.39%	91.05%
Mean Turnaround less than 20 minutes	68.87%	65.96%
Overruns (> 30 mins late)	23.26%	22.61%
Mean Idle Minutes per List	115.99	121.76
Mean Turnaround Minutes per Turnaround	15.85	18.64
Target = 80%		
CES Score (Capped utilisation)	**66.50%**	**64.72%**
CES Score (Uncapped utilisation)	**67.29%**	**65.52%**

CES score metrics highlighted in yellow

The Shaping Change resource has been allocated to the Theatre Efficiency and Productivity programme and has already started co-producing with the Peri-Operative and Anaesthetics Directorate Teams. Observations and improvement groundwork will start from WC 14/09/2026. Two specialties have been chosen as initial areas of focus in University Hospital of Wales.

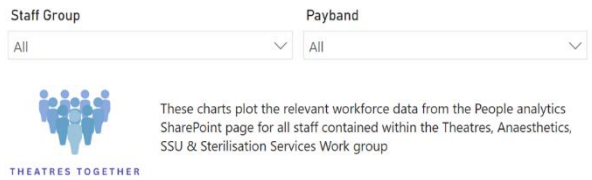
The first improvement workstream has been named: Start Right. It is going to be focused on removing all barriers preventing the theatre teams to start operating on time at the beginning of every list, with particular attention to safety, quality and peri-operative processes, including all aspects that contribute to success but are external to the operating room, such as patients being ready on the wards, and ensuring that patients are brought to the theatre suites in good time.

A review of the 6-4-2 practice has started, led by the Peri-Operative Directorate Management Team, the CDs and the Deputy CDs.

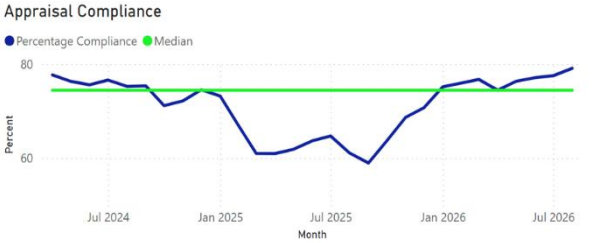
4.0 Project Dashboards - Workforce Metrics

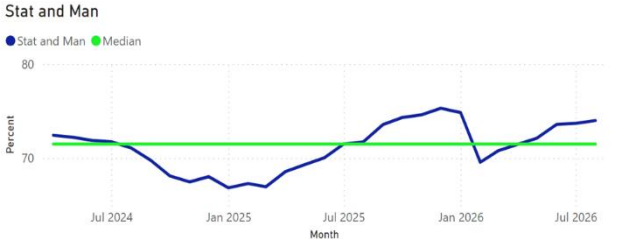
Important caveat

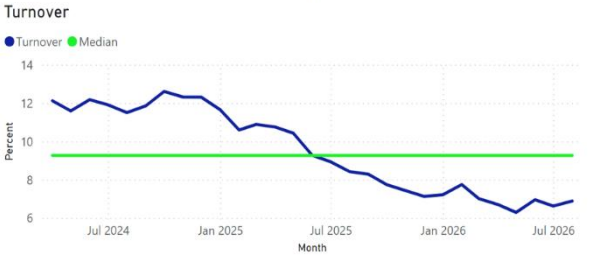
The workforce data reflects the combined position across Theatres, Anaesthetics, SSU, and Sterilisation Services and should therefore be interpreted as indicative rather than programme-specific at this stage

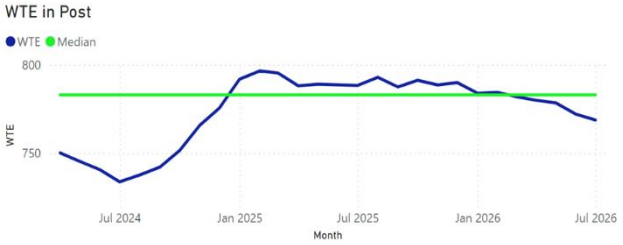












We continue to monitor a range of quantitative workforce measures to provide objective evidence of the health, stability and experience of our workforce and to understand whether the improvements being made are having a positive and sustainable impact.

Metrics relating to staff retention, turnover and recruitment help us understand whether colleagues wish to remain within Cardiff and Vale and whether we continue to be viewed as an attractive place to work. Positive and recurring recruitment, alongside improved retention, provides important assurance that we are able to attract and retain staff and build a stable and sustainable workforce.

We also monitor appraisal compliance to ensure that staff are receiving appropriate and meaningful opportunities to discuss their performance, wellbeing, development and future aspirations. High appraisal rates provide assurance that staff have a formal mechanism through which their voice, career progression and development needs can be heard and supported.

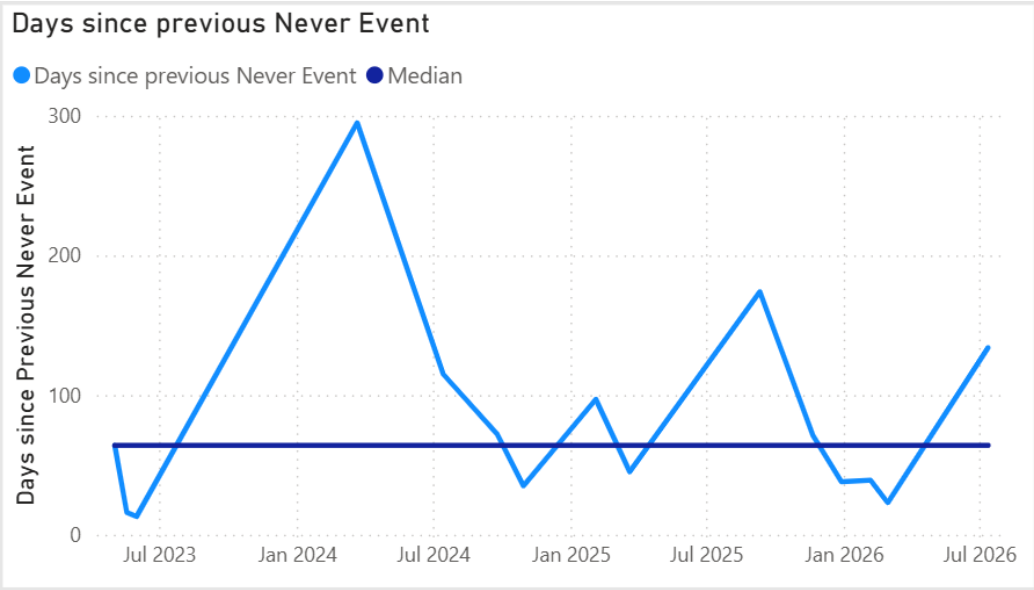
Similarly, sickness absence is monitored as an important workforce indicator. A sustained reduction in sickness absence, considered alongside other measures of staff experience, can provide positive evidence of improved workforce wellbeing, engagement and colleagues feeling able and supported to attend work.

Importantly, these measures are considered collectively rather than in isolation. When improvements in sickness absence, retention, recruitment and appraisal compliance are seen together, they provide a stronger quantitative picture of a workforce that is becoming more stable, engaged, supported and sustainable. These metrics will continue to be monitored alongside qualitative staff feedback to ensure that the staff voice remains central to understanding our culture and measuring the success of our improvement journey.

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 with a slight increase in the summer months.
WTE in post: Relative stability overall, with some variation month to month. We have fallen below the median since approx. April, with recruitment plans in place for newly qualified ODP's and theatre assistant roles in early September.
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.

4.0 Project Dashboards - Quality and Safety Metrics Checking

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



Never Events

Date	Incident	Location
19 May 2023	Wrong site surgery	Children's theaters
01 June 2023	Retained foreign object	Main theatres
22 March 2024	Retained foreign object	Main theatres
15 July 2024	Incompatible prosthesis implant	CAVOC theatres
25 September 2024	Retained foreign object	Children's theatres
30 October 2024	Wrong side block	Main theatres
04 February 2025	Wrong side incision	UHL theatres
21 March 2025	Wrong side block	Main theatres
11 September 2025	Insulin error	Main theatres
21 November 2025	Retained foreign object	Childrens theatres
29 December 2025	Retained foreign object	UHL theatres
06 February 2026	Retained foreign object	Childrens theatres
01 March 2026	Wrong Implant	UHL theatres
13 July 2026	Wrong Implant	UHW Theatres

Days since 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.

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
	8b Review the management of paediatric cases in Mains Upper.	September 2025
	8j Charitable bid to the Staff Lottery Fund to refurbish the staff room	October 2025
Embedding Culture	1a Some individuals' values and behaviours need to be managed via UHB policies and procedures.	September 2025
	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.	December 2026
	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
	4a Support the Clinical Leaders work collaboratively to ensure the safe operation of the department, under the supervision of Mains Theatre Upper Theatre Manager.	July 2026
	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
	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.	March 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
	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	July 2026

Tranche	Recommendation	Date completed
	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

Tranche	Recommendation	Date completed
	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
	8m 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.	April 2026
	9h Review provision and access to computer and printers across the suite to support efficient working	June 2026
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
	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.	July 2026
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
	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.	August 2026
	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.	August 2026
HSDU	Hc1 Some individuals' values and behaviours need to be managed via UHB policies and procedures.	December 2025
	H1d Remind colleagues about the use of social media. Familiarise all staff with the guidance on social media use and ensure adherence to this.	December 2025

Tranche	Recommendation	Date completed
	H1e Support ort colleagues to be aware of the Health Care Support Worker Code of Conduct and ensure adherence to the code.	December 2025
	H1f Adherence to Values and Behaviours, with consequences for those that do not.	April 2026
	H2e Improved visibility of the Directorate and Clinical Board Management team within the unit including ad hoc attendance to unit staff meetings.	April 2026
	Hb3 Awareness training on the Relationships in Work procedure. Actions taken to ensure adherence to this procedure.	April 2026
	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.	March 2026
	H5b Review all work life balance requests in line with needs of the service and to ensure appropriate cover on all shifts.	October 2025
	H6a Review band 2 role and progression to band 3, explore the possibility of utilising annex 21.	October 2025
	H6e A senior advisor from people services should be allocated to HSDU to provide consistent advice for the leadership team.	December 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	Completed	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	March 2027	Improved culture, trust and psychological safety within the department.	Deliver a culture improvement programme, undertake staff engagement activity, review training requirements and establish ongoing assurance processes	A culture survey was completed in February 2026 which demonstrated improved staff engagement and psychological safety. Training requirements across the department are being reviewed and audit arrangements have been established to support ongoing monitoring and improvement. Delivery remains on track through the wider Theatres Together programme	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	Robust governance, policies and procedures are now established across the department. Values and behaviours are regularly reinforced, VBA compliance continues to improve, and staff engagement takes place through a range of forums involving colleagues at all levels. This recommendation is considered complete and embedded within business as usual.	Completed (Done)

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
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	December 2026	Completed review, clarification of roles and responsibilities.	Review leadership structures, clarify responsibilities and benchmark against comparable organisations.	Individual reviews of all departmental leadership roles have been completed. Benchmarking activity with comparable organisations is underway and findings will inform a future workforce plan, including current leadership requirements and longer-term workforce planning.	In Progress
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	December 2026	Leaders received leadership training and support to deliver a measurable change. Process in place to identify on an ongoing basis leadership development programme.	Review leadership structures, clarify responsibilities and benchmark against comparable organisations.	Individual reviews of all departmental leadership roles have been completed. Benchmarking activity with comparable organisations is underway and findings will inform a future workforce plan, including current leadership requirements and longer-term workforce planning.	In Progress

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
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	December 2026	Delivering a band 7 competency for clinical leaders throughout theatre suite.	Review leadership structures, clarify responsibilities and benchmark against comparable organisations.	Individual reviews of all departmental leadership roles have been completed. Benchmarking activity with comparable organisations is underway and findings will inform a future workforce plan, including current leadership requirements and longer-term workforce planning.	In Progress
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	December 2026	Undertake a skills analysis for current Clinical Leaders.	Review leadership structures, clarify responsibilities and benchmark against comparable organisations.	Individual reviews of all departmental leadership roles have been completed. Benchmarking activity with comparable organisations is underway and findings will inform a future workforce plan, including current leadership requirements and longer-term workforce planning.	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.	Informal walk abouts 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)

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
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)
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	December 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.	In Progress

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
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	December 2026	Explore the feasibility of a supervisory clinical leaders' team with clear guidance developed to ensure responsibilities articulated.	Review leadership structures, clarify responsibilities and benchmark against comparable organisations.	Individual reviews of all departmental leadership roles have been completed. Benchmarking activity with comparable organisations is underway and findings will inform a future workforce plan, including current leadership requirements and longer-term workforce planning.	In Progress
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.	December 2026	Develop a workforce structure with clear lines of reporting and responsibility.	Review leadership structures, clarify responsibilities and benchmark against comparable organisations.	Individual reviews of all departmental leadership roles have been completed. Benchmarking activity with comparable organisations is underway and findings will inform a future workforce plan, including current leadership requirements and longer-term workforce planning.	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	December 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
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.	December 2026	Evidence based programme that meets the need of the perioperative team.	Review education structures, educational resources and training provision.	Engagement sessions have been undertaken with the education team to better understand current roles, responsibilities and future requirements. A review of workforce requirements, role alignment and educational provision is underway to support delivery of a consistent education programme across theatres	In Progress

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
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	Theatres together team	July 2026	Regular meetings to allow for consistent and appropriate communication between band 7 within the suite	Improve collaboration and communication between clinical leaders.	Completed. Clinical leadership forums have been established and embedded, strengthening collaboration, shared decision-making and communication across the department.	Completed (Done)
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	December 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 from clinical leaders and evidence of VBA's and skill needs.	Completed (Done)
7a	lore 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	December 2026	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. Deliver the required systems and processes to ensure 100% adherence with the WHO checklist and to provide the correct resources to support adherence. Deliver systems to ensure completion of consent prior to transfer to theatre. Deliver strengthened digital record of theatre activity.		Please see slide in Board report for dedicated update.	In Progress
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)

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
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 team	March 2026	Staff feel psychologically safe in their environment		The cultural survey completed in February 2026 demonstrated increased staff engagement and a greater willingness among staff to speak up and raise concerns. Feedback indicates positive progress in developing an open, supportive and psychologically safe culture across the department, and this recommendation is now considered complete	Completed (Done)
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.	March 2027	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.	A multidisciplinary Task and Finish Group has been established and has commenced observational work within theatres. Data collection is underway, supported by the implementation of a new theatre management system, to inform options for improving productivity and efficiency	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.	Shift patterns within Recovery have been revised to improve staffing capacity and resource allocation, supporting more effective patient flow and operational efficiency across the theatre pathway.	Completed (Done)
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 TDSI access to the main department. Temporary TDSI passes will be provided to visitors following completion of TDSI installation. Cleanse current access list.	Additional TDSI 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. TDSI 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 Anaesthetic 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	Completed (Done)

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
						appreciation and alignment with values	platforms such as Facebook. 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. 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. Star of the month process has been positively received within Anaesthetic Practitioners and discussions are underway to expand this to teams of the month. 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. These are now ongoing and embedded across the directorate	
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	TDSI access for theatre staff Develop clear process and guidance for scrubs Investigate feasibility of scrub machine	Putting TDSI on door in October. Access to Scrubs has now been improved with changes already implemented 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.	Completed (Done)
2h	Sickness panels supported by People and Culture colleagues, to be conducted to ensure consistent approach, with regular attendance	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	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	Regular sickness panels have been established with Theatre Managers, Lead Nurse, DON and Senior People and Culture Business Partner.	Completed (Done)

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
	by clinical leads or deputies.					training/support to Clinical Leaders. Sickness management 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.	Set Clear expectations for engagement and meeting with teams Establish Regular Band 7 Forums Clinical Leaders need supporting to meet regularly with their respective teams. Forums for all staff groups to be planned. Protect Q&S Sessions and changed to all day sessions with rotas arranged to ensure staff have opportunities to attend. 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.	Clear expectations for engagement and meeting with teams have been set by the Theatres Management Team. Regular band 7 forums have been established. Clinical Leaders are supported to meet regularly with their respective teams. Forums for all staff groups are currently being planned. - Q&S Sessions are protected and have been changed to all day sessions with rotas arranged to ensure staff have opportunities to attend. 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.	Completed (Done)

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
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 meeting structures and outcomes.	Theatres Together Delivery Team.	October 2025	General Manager / Lead Nurse drop-in sessions will be reinstated from September monthly.	Meetings to be scheduled until Q1 2026. Dates and time of meeting will be shared via all communication channels.	Regular band 7 forums have been established. All dates are in Calendars	Completed (Done)
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	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	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.	Completed (Done)

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
	SharePoint Site, Viva Engage or Teams channels, instead of relying solely on WhatsApp.					login details. Communication will include promoting the benefit to staff of accessing their email account, including improved communication within the department and the potential additional benefits to the individual staff members, such as access to NHS discount schemes	Education team working on padlet page. All staff now have access and new starters are added.	
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	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
						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 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.	Promote flexible working awareness and training to staff and managers. Share policy and procedure with staff including relevant documentation and appeal processes.	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. Process in place and now followed Promoted in Clinical board newsletter	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.	March 2027	Standardisation of the anaesthetic room layout and design. Implement anaesthetic emergency toolboxes.	Design and co-produce a standardised anaesthetic room with Perioperative workforce. Co-produce with anaesthetics to identify equipment and implement toolboxes.	Standardisation has been successfully implemented within priority theatre areas and work is now focused on rollout across the remaining locations. Funding opportunities and sustainability arrangements are being explored to support full implementation	In Progress
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	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.	Perioperative directorate will develop a timetable of IP&C audits to be undertaken by Clinical Leaders. These audits will be presented at the Perioperative quality and safety and reported by exception at the Surgery Clinical Board Quality and	Audits are completed as per policy with comparable compliance rates. Some work to ensure action items identified by audits and connecting with risk management	Completed (Done)

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
	Decontamination Lead to support ad hoc patient safety walk arounds and audits against standards.					Safety Forums and the UHB IP&C meetings.		
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.	December 2026	Implement Standardised cleaning processes that meet the standards set out in the Perioperative Theatres Cleaning Procedure and national standards. Align cleaning policy with updated CNO All Wales Cleaning policy when this is published.	Co-produced workshops held with staff to review current practices and agree revised protocols. A multidisciplinary Task and Finish Group to be established to oversee implementation. Pilot implementation undertaken to test and refine the proposed approach prior to wider rollout.	Co-produced staff workshops have been completed, resulting in agreement on revised protocols and processes. A Task and Finish Group has been established to oversee delivery, and a pilot has been implemented to inform wider rollout across theatre services. A pilot is currently underway, and early learning is being used to inform wider implementation. planning for full rollout across theatres is progressing, with implementation expected to begin in November 2026.	In Progress
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.	Completed (Done)

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
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.	Computers have been provided for staff.	Completed (Done)

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.	December 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
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)
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 oversight expertise. funding sought and agreed. establishment now in practice.	Completed (Done)
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	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

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
	roles, such as scrub and anaesthetic positions. Conduct benchmarking against other centres to gain insights into the practical application of dual roles.							
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 Safety Officer within the Directorate.	Strengthen the relationship between theatres and clinical engineering.	Theatres Together Delivery Team.	March 2027	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.	Delayed due to insufficient resource to undertake the work. The project team are looking at additional resource.	Delayed
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.	August 2026	Refurbishment of family room.	Develop refurbishment plan for family room. In conjunction with Capital, Estates and Facilities.	Completed.	Completed (Done
9e	Explore how all theatres can work collaboratively to support efficiency including how Children Hospital for Wales is staffed on	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. CHFW weekend working also being explored. we require data that has been unavailable and thus will	De-Scoped

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
	weekends and bank holidays.						continue working with the task and finish group supporting efficiency	

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.	March 2027	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.	In Progress
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	April 2027			This recommendation links significantly with 2a. Completion of 4c will support with achieving deliverable outcomes in 2a.	In Progress
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 in other organisations of similar size and complexity and share the findings with the team.	To understand workforce in other comparable size centres.	Theatres Together Delivery Team.	December 2026	Robust benchmarking data.	Arrange visit.	Initial conversations between centres have taken place. 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.	In Progress
8d	Clinical Directors of each Surgical Specialty to collaborate with Theatres to	Appropriate equipment is available	Theatres Together	August 2026	To standardise and reduce variation in	Set up task and finish group to look at procurement and stock management.	Work underway regarding standardisation of equipment. A new product panel in place - strengthening the governance structure to be	Completed (Done)

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
	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.	when needed.	Delivery Team.		surgical equipment and devices.		implemented with an appropriate stake holder panel at theatre level to ensure oversight.	
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	Completed – Aqua implemented.	Completed (Done)
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 Suzannne' 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	Staff are fully aware of social media policy, - it	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
	with the guidance on social media use and ensure adherence to this.	is shared consistently.						
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 including	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
	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 progression across the directorate.	To enhance integration, connection, and a sense of belonging for HSDU and SSU staff within the Perioperative Directorate, while creating opportunities for greater exposure to theatres and	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
		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)
H5c	Review band 2 role and progression to			October 2025			Update: staff have been transitioned to a and 3 as part of annex 21 process.	Completed (Done)

Rec.	Recommendation	Aim	Owner	Expected Completion. End of	Deliverable Outcome	Key Actions	Updates	Status
	band 3, explore the possibility of utilising annex 21.							
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.

Theatres together 'active' risks

Title	Description	Impact	Current Rating	Mitigation	Update	Status
Project Change Information Not Effectively Shared with Staff	There is a risk that, despite the availability of multiple communication channels, staff may not consistently access, read or engage with information relating to Theatres Together. As a result, important project updates, changes and improvement activities may not be fully understood or embedded within practice, reducing staff awareness and engagement with the programme.	Insufficient engagement with project communications may result in inconsistent understanding of project objectives, changes and improvements across teams. This could lead to reduced staff engagement, misconceptions regarding project activities, lower levels of participation in improvement initiatives and increased resistance to change, potentially affecting the successful delivery and sustainability of project outcomes.	4 (Low)	A range of communication and engagement mechanisms are in place to ensure information is accessible to all staff. These include peri-operative newsletters, local team meetings, visual communication boards, storyboards, social media platforms and other targeted communications. Communication methods will be regularly reviewed to maximise visibility, accessibility and staff engagement, with feedback used to inform future approaches.	Communication activity continues across all theatre areas through established newsletters, storyboards and wider engagement channels. Llandough has recently introduced a newsletter, meaning all theatre areas now have dedicated communication mechanisms. While communication channels are well established, the project team will continue to review how effectively information is being received and acted upon by staff. Risk remains active and under review.	Active
Inequitable Staff Facilities Due to Phased Refurbishment Programme	There is a risk that the refurbishment of only one staff room within the theatre department, owing to limited available funding, may create a perception of inequity amongst staff working across different theatre locations. If further refurbishments are delayed or not progressed, staff may perceive that investment is being applied inconsistently, leading to dissatisfaction amongst teams.	There is no allocated funding for this project. Failure to secure funding for the refurbishment of remaining staff facilities may result in reduced staff morale, engagement and satisfaction. Perceived inequity between teams could negatively affect staff experience and may impact the wider aims of workforce engagement and cultural improvement across the theatre department.	16 (Significant)	A phased refurbishment approach is being adopted, with funding opportunities being explored for the remaining staff facilities. Communication with staff will continue to ensure transparency regarding funding constraints, prioritisation decisions and future refurbishment plans. Opportunities to access charitable and capital funding streams will also be pursued to support further improvements.	Funding options are currently being explored for the refurbishment of Mains Lower staff facilities. Further discussion is required regarding the refurbishment of Llandough staff areas, as no agreed programme or timescale is currently in place. The risk remains active and will be monitored through the Project Board.	Active

Title	Description	Impact	Current Rating	Mitigation	Update	Status
Lack of Funding for Delivery and Sustainability of Project Recommendations	There is a risk that the project will be unable to deliver and sustain recommendations that require financial investment due to the absence of identified funding. Without secured funding, recommendations with associated costs may be delayed, reduced in scope, or not implemented, limiting the overall benefits and outcomes of the project.	The absence of identified funding may prevent the implementation of recommendations that require financial investment, resulting in reduced project benefits, delayed improvements and an inability to fully achieve the project's intended outcomes.	**12 Moderate**	Recommendations with financial implications will be identified and costed to inform financial planning. A funding framework will be developed to establish the overall funding requirement for the programme. Subject to approval, funding proposals will be prepared and submitted through the appropriate governance processes to support the delivery of recommendations and mitigate financial risk.	A funding and costing framework has been developed and recommendations with financial implications have been identified and costed. However, no funding source has yet been confirmed to support implementation. Ongoing discussions are taking place to explore potential funding opportunities and to determine how recommendations requiring investment can be progressed. The risk remains active and under review.	Active
Limited Capacity Within Clinical and Operational Teams	There is a risk that limited capacity and capability across clinical and operational teams may constrain the delivery of outstanding project actions and the successful transition of responsibilities into business as usual. Competing operational priorities, workforce pressures and reliance on key individuals may impact the organisation's ability to sustain momentum and deliver remaining recommendations.	Insufficient capacity or capability may lead to delays in implementing outstanding recommendations, reduced oversight of improvement activities and challenges embedding changes into routine practice. This could affect the sustainability of project benefits, place additional pressure on existing staff and increase the risk that improvements are not fully realised or maintained following project closure.	**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.	Two General Manager posts have now been successfully recruited, reducing some of the operational capacity pressures previously identified. However, the risk remains significant as the programme moves towards transition into business as usual. Particular attention is required to ensure knowledge transfer, clear ownership of outstanding recommendations and sufficient capability within operational teams to sustain improvements and monitor benefits beyond project closure. Risk remains active and under review.	Active

Title	Description	Impact	Current Rating	Mitigation	Update	Status
Non-Delivery of Outstanding Recommendations	There is a risk that recommendations handed over to operational teams following project closure are not fully implemented or completed because they fall outside formal project governance and oversight arrangements.	Failure to deliver outstanding recommendations could result in partial implementation of the Theatres Together programme, reducing the overall benefits realised and limiting the achievement of intended outcomes.	**6 (Moderate)**	A clear owner will be identified for each outstanding recommendation prior to project closure, with responsibilities incorporated into business-as-usual delivery arrangements. Progress will continue to be monitored through established operational governance and reporting structures, and outstanding recommendations will be included within transition planning to ensure ongoing visibility, accountability and oversight.	A review of outstanding recommendations is underway to confirm ownership, delivery timescales and reporting arrangements. Transition planning will ensure recommendations are formally handed over and tracked through business-as-usual governance following programme closure.	Active
Risk to Improve and Sustain Theatre Productivity and Efficiency	There is a risk that planned improvements in theatre productivity and efficiency are not achieved or sustained, resulting in continued operational inefficiencies and reduced realisation of the intended benefits of the Theatres Together programme.	Failure to achieve and sustain improvements in theatre productivity and efficiency may result in reduced utilisation of theatre capacity, ongoing theatre downtime and an inability to meet planned efficiency targets. This could limit the organisation's ability to increase activity, reduce waiting times and realise the anticipated service and financial benefits associated with the improvement programme. Continued operational inefficiencies may also place additional pressure on staff and impact patient flow across the wider system	**16 (Significant)**	The risk will be reviewed and discussed through the Theatre Efficiency Project Team to understand the key barriers affecting productivity and develop targeted actions. Workforce capacity, job planning arrangements, financial constraints and recurring infrastructure issues will be considered as part of this work. Progress against productivity and efficiency measures will continue to be monitored through Theatres Together governance arrangements, with escalation of significant issues where required.	The risk will be reviewed in detail with the Theatre Efficiency Project Team. Further assessment of workforce, financial and infrastructure-related challenges will inform the development of mitigation actions and support ongoing monitoring of theatre productivity and efficiency performance.	Active

Title	Description	Impact	Current Rating	Mitigation	Update	Status
Standardisation of Anaesthetic Rooms - Funding Risk	There is a risk that adequate funding may not be secured to complete all necessary works required to standardise the anaesthetic rooms across Cardiff and Vale in line with the proposed recommendation.	Failure to secure sufficient funding could delay or compromise the delivery of the standardisation works, potentially affecting the quality and consistency of anaesthetic services across the site.	**16 (Significant)**	The Theatres Team is undertaking a review of standardisation opportunities across all anaesthetic rooms to determine what can be achieved within the constraints of the current infrastructure. Cost requirements are being identified across all theatre locations, including areas not previously assessed, while opportunities for low-cost and no-cost standardisation are being explored, such as stock standardisation, consumable management, visual management tools and process alignment. A funding proposal will be developed for any remaining requirements that cannot be achieved through existing resources and submitted through appropriate capital funding routes.	The feasibility work has been completed and submitted to Welsh Government; however, no additional funding has been secured. Costing work is ongoing to establish the investment required to standardise anaesthetic rooms across all theatre locations within current infrastructure constraints. Initial costs have been identified, and a capital funding request is being developed. Opportunities to deliver elements of standardisation without additional funding continue to be explored. Risk remains active	Active
Transition to Business as Usual and Sustainability of Improvement	There is a risk that the benefits, recommendations, outstanding actions and service improvements delivered through the Theatres Together programme are not fully transitioned into operational ownership and embedded within business as usual arrangements following project closure.	Failure to successfully transition ownership may result in a loss of momentum, reduced accountability and incomplete delivery of recommendations. Improvements achieved through the programme may not become fully embedded within routine practice, leading to a deterioration in performance over time, reduced realisation of benefits and a potential return to previous ways of working.	**12 (Moderate)**	Workforce planning is underway and new management posts have been recruited to strengthen operational leadership and oversight. Arrangements for the transfer of ownership of outstanding actions, recommendations and benefits will be agreed before project closure. Governance and reporting structures will continue beyond programme closure to provide ongoing accountability, while performance measures and key indicators will be monitored to support the long-term sustainability of improvements.	Recruitment to key management posts has been completed and workforce planning is progressing. Work is underway to define post-project governance arrangements and establish clear ownership of outstanding actions, recommendations and benefits to ensure a controlled transition into business as usual and support the sustainability of programme outcomes.	Active

Theatres together 'open' issues

Title	Description	Cause/Impact	Rating	Resolution Actions
Inability to Measure and Demonstrate Improvements in Theatre Productivity and Efficiency	The project is currently unable to accurately measure and demonstrate improvements in theatre productivity and efficiency because baseline performance data is not available. Constraints in developing the required data sets and analytical tools mean that a reliable pre-improvement position has not been established, limiting the ability to quantify benefits and assess the impact of improvement initiatives.	The absence of baseline data makes it difficult to objectively measure improvements, demonstrate benefits realisation and provide assurance regarding the effectiveness of productivity and efficiency initiatives. This may reduce confidence in reported outcomes and limit the organisation's ability to evidence the impact of improvement work	High	Discussions are ongoing between the Business Intelligence Service (BIS) and theatre teams to identify a feasible approach to data collection, analysis and reporting. Opportunities to develop the required analytical capability and establish appropriate baseline measures are being explored to support future monitoring and benefits realisation
Medical Devices Management and Safety	The Directorate is required to conduct a full equipment stock take and establish a structured replacement programme, with support from Clinical Engineering. In addition, there is a need to strengthen and further develop the role of the Medical Devices Safety Officer (MDSO) to ensure robust governance and compliance. Progress on both activities has been significantly delayed due to insufficient staffing and resource availability. The lack of dedicated capacity is preventing the stock take from being completed and is limiting the development of the MDSO function.	The absence of a comprehensive and up-to-date inventory of medical equipment limits visibility of current assets and their condition. This makes it difficult to effectively plan and prioritise replacement requirements, reducing assurance that medical devices are being managed within a robust governance framework. As a result, there is an increased risk of operational disruption, non-compliance, and potential patient safety concerns.	High	Resource is being sought to complete a Directorate-wide medical equipment stock take, establish a sustainable replacement programme, and provide additional capacity to strengthen the Medical Device Safety Officer (MDSO) role and associated governance arrangements.

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.