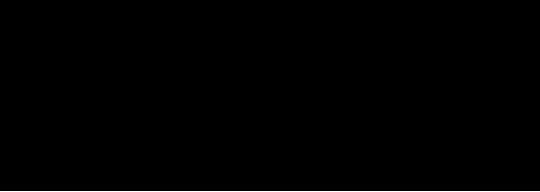


22 March 2022



Dear 

Re: OIA request – Availability of operating theatres

Thank you for your Official Information Act request received on 25 February seeking information from Waitematā District Health Board (DHB) about the availability of operating theatres.

On 3 March, we contacted you to advise that we were interpreting the timeframe as being for the 2021 calendar year. That same day, you confirmed you were happy with this approach.

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā is the largest and one of the most rapidly growing DHBs in the country, serving a population of around 650,000 across the North Shore, Waitakere and Rodney areas. We are the largest employer in the district, employing more than 8,900 people across more than 80 locations.

In addition to providing care to our own resident population, we are the Northern Region provider of forensic mental health services and child rehabilitation services, plus the metro Auckland provider of child community dental services and community alcohol and drug services.

In response to your request, we are able to provide the following information:

1. How many hours per week, on average, are operating theatres undertaking elective planned care and acute procedures, listed elective theatre procedures, acute theatre procedures and both of these two individually as proportions of overall theatre availability?

Waitematā DHB has the following theatre configuration:

- a. 12 operating theatres at North Shore Hospital tower block – approximately six acute (including one caesarean) and six elective
- b. four elective theatres at the Elective Surgery Centre – no acute
- c. four theatres at Waitakere Hospital – one caesarean acute; one gastro/endoscopy; two elective

The elective theatres normally operate from 8am to 5pm Monday-to-Friday. There are a number of additional Saturday elective lists held when staff are available – which adds about 12 to 15 four-hour lists per month.

There are two caesarean acute theatres that are resourced 24 hours per day, seven days-per-week.

There are two acute theatres that are fully resourced 8am to midnight, seven days – with standby facility to operate overnight. The other three acute theatres operate 8:30am to 5pm, five days-per-week.

For the calendar year 2021 (although noting this was a 12-month period severely impacted by the COVID-19 pandemic and corresponding lockdowns, which materially reduced elective list availability), excluding Christmas/New Year weeks and caesarean lists*:

- i. Average weekly elective operating hours – patient in theatre: 364 hours
- ii. Average acute operating hours – patient in theatre: 230 hours
- iii. Average weekly elective procedures: 224
- iv. Average weekly acute procedures: 114

* Caesarean theatres/lists are unique and are, therefore, excluded from the numbers above as acute (emergency) theatres must be kept available 24/7. Therefore, utilisation rates are difficult to accurately establish.

Proportions of ‘overall theatre availability’:

- during 2021, due to COVID-19 and other factors beyond the service’s control, 5,346 of the scheduled 6,262 elective four-hour lists took place (85.4%). Of the lists that did take place, the utilisation rate was 90%
- the utilisation rate of the acute theatres was 84%, including weekend and full-day lists.

2. What percentage of overall available theatre time is currently not used and potentially available for elective planned care procedures listed as a percentage of overall available theatre time?

Within the times available to be resourced, 100% of overall available theatre time is currently scheduled/used, apart from the Christmas/New Year weeks and public holidays. Times available are as noted above. It is not considered that evening/overnight hours, or weekend hours, are normally in scope for elective theatre availability due to theatre staffing resources.

The only potential option to increase theatre time for planned care electives is to relocate the gastro/endoscopy procedures from the theatre being used at Waitakere Hospital. However, endoscopy production is critical to timely patient care and the potential reduction of acute cancers, therefore, this is currently not a viable alternative.

I trust that this information is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely



**Executive Director Hospital Services
Waitematā District Health Board**