



Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 June 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Getting it Right First Time (GIRFT) Outcome Report for Orthopaedics Services
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICERS:	Keith Jones, Director, Secondary Care Stephanie Hire – GM, Scheduled Care

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Getting It Right First Time (GIRFT) Projects Directorate at the Royal National Orthopaedic Hospital (RNOH/GIRFT) was asked to undertake a review of secondary care Orthopaedic services in Wales. Using the GIRFT methodology to develop data packs, services were benchmarked against data from all health boards across Wales and against Hospital Episode Statistics (HES) data in England. The review encompassed orthopaedic services across 6 Health Boards and 21 hospitals in Wales and assessed the extent of variation across the 21 sites and compared clinical practice with data from orthopaedic services in England.

The RNOH/ GIRFT team conducted a programme of data analysis, followed by a virtual “deep dive” engagement session with Health Board staff, delivered by Professor Tim Briggs CBE (GIRFT Programme Chair and National Director of Clinical Improvement for the NHS) on Friday 4th February 2022. The final report was received on 5th May 2022.

Whilst at an operational and planning level it is suggested that progress in implementing the recommendations be monitored by the Operational Planning & Delivery Group, chaired by the Director of Operations, progress reports will also need to be considered via several Board Committees given the range of themes reflected in the recommendations.

Cefndir / Background

GIRFT is a national programme designed to improve patient care, by reducing unwarranted variations in clinical practice. GIRFT helps identify clinical outliers and best practice amongst providers, highlights changes that will improve patient care and outcomes, and delivers efficiencies (such as the reduction of unnecessary procedures) and cost savings. Working to the principle that a patient should expect to receive equally timely and effective investigations, treatment and outcomes wherever care is delivered, irrespective of who delivers that care, GIRFT aims to identify approaches from across the NHS that improve outcomes and patient experience.

Project Objectives

The aim of the review commissioned by the National Planned Care Programme was to identify improvements in Orthopaedics in Wales and to inform transformation plans by:

- Focusing at system and organisation level to take out unwarranted variation in access to care and the outcomes of care:
- driving for 'top decile' GIRFT performance of outcomes, productivity and equity of access, standardising procedure-level clinical pathways agreed across all providers developed by 'expert advisory panels' supported by professional societies
- Informing the potential establishment of a surgical hub for high volume elective procedures, agreeing principles for working across clinical and operational groups e.g. theatre principles
- Leaving a legacy of sustainable quality improvement by working in partnership with clinical, operational and analytical teams

Project Approach

There were three phases to the Programme of work:

1. Webinar with all Orthopaedics Staff across Wales and Health Board leadership.
2. GIRFT review of all secondary care Orthopaedics services in Wales: RNOH/GIRFT virtually met with all orthopaedic services in Wales to highlight unwarranted variation across the system to improve the quality of care. Data packs were prepared for each visit and issued to the relevant providers in advance. When all visits/ virtual meetings were concluded, GIRFT met with the Welsh Government to present their findings and recommendations.
3. Implementation and follow up support: to carry out follow-up visits over 6 months

Asesiad / Assessment

GIRFT Findings and Executive Recommendations listed within the report:

The RNOH/GIRFT review team were impressed by the engagement of Health Board staff with the review and the excellent attendance at the deep dive meeting.

GIRFT identified some impressive areas of practice where the Health Board was deemed to be performing at a high level when compared to others across the UK. A number of examples and exemplar and good practice were highlighted as summarised below:

Exemplar Practice	Good Practice
Fixation methods for elective hip replacements (patients 65 yrs +)	Good 5 year hip revision rates and 90 day mortality rates.
Cemented hip fixations for primary hip replacements (patients 70 yrs +)	Good 5 year knee revision rates and 90 day mortality rates
Excellent return to theatre rates for 2 nd hip procedures within 1 year	Pathway arrangements for shoulder, elbow and ankle replacement surgery.

Excellent LOS for shoulder replacements

Good primary elbow LOS rates

Excellent return to theatre rates for 2nd knee procedures within 1 year

Excellent return to theatre rates for 2nd shoulder procedures within 1 year

However, the review also highlighted some examples of unwarranted variation in the data reviewed (with particular reference to LOS for hip replacements primary ankle replacements at specific sites) which the report suggested may be indicative of a lack of collaboration between individual teams across the Health Board), despite positive reflections on the strength of clinical leadership across the service.

Notwithstanding the above, GIRFT reported that clinical staff morale was found to be low, reflecting frustration regarding the pace at which the Health Board has been able to re-establish elective orthopaedic surgery following the Covid-19 pandemic and the absence, at the time the review was conducted, of an agreed plan for re-commencement.

The GIRFT review also reported that the cessation of elective orthopaedic surgery for an extended period during the pandemic is likely to have increased risks to patient safety. GIRFT found that patients on long waiting lists were deconditioning and their conditions worsening.

Whilst the review identified good practice in respect of systems and processes in place for review of litigation claims, the report also highlighted opportunities for further strengthening of this approach.

Executive Recommendations

The GIRFT review team made 13 Executive recommendations which are summarised below. As these recommendations span a range of themes, those with particular relevance to the Terms of Reference (ToR) of this Committee are highlighted in bold:

1. Health Board Orthopaedic Steering Group - to be established to oversee the implementation of the recommendations and deliver Orthopaedic improvements as one Health Board and not hospital by hospital.
2. **Unwarranted Variation** – the detail of the Orthopaedics Action Plan included at Annex A within the report to be reviewed to address unwarranted variation
3. Leadership – enhanced management support to be provided to the Orthopaedics Clinical Lead to enable Health Board level change at pace and that the Clinical Lead be empowered to provide steer and direction to the Health Board Executive Team on regional models of working with neighbouring Health Boards.
4. Communication - to provide more clarity and regular updates to all staff, and importantly clinicians, about immediate and longer-term plans for recovery. It is imperative that clinicians are an integral part of the “sign off” and delivery of changes.
5. Staff engagement - carry out a staff survey to understand the issues affecting staff morale and how these can be addressed. We consider that improved and open communication with colleagues about the short, medium and long term plans will help to improve staff morale.
6. Elective recovery - an urgent initial plan, which sets out how the Health Board will fully restart orthopaedic surgery to be in place, no later than the end of March 2022. Any barriers or risks to delivery of this plan need to be urgently resolved.
7. Pre-Admission Assessment - patients for elective surgery to be assessed as part of the pre-admission process and any equipment that may be required be delivered to the patient’s home prior to admission. For emergency admissions (e.g. fracture neck of femur), these should be assessed early on during their admission to agree their likely support package.
8. **PROMS** - carry out a review of PROMS data collection and usage and the processes used to ensure data accuracy and consistency.
9. **Litigation Claims** – the focus of reviews currently in place to be broadened to include detailed consideration of expert witness statements, panel firm reports and counsel advice as well as medical records to determine where patient care or documentation could be improved. Claims should be discussed in clinical governance meetings to share the learning; junior doctors should also be involved in these review meetings. Claims should be triangulated with learning themes from complaints, inquests and serious untoward incidents (SUI) and where a claim has not already been reviewed as a SUI we would recommend that this is carried out to ensure no opportunity for learning is missed.
10. **SSI Rates** - Each hospital site must keep accurate robust data around their SSI rates for all procedures, especially arthroplasty of both upper and lower limbs. Hub sites should aim for deep infection rates of 0.5% or less. Regular

reviews of infected cases should be undertaken for learning and SSI rates should be reported to the Executive Team.

11. Outsourcing / External Commissioning - as part of the medium and longer term orthopaedic planning, all outsourcing and external commissioning of services should be reviewed. The aim should be to deliver all outsourced activity to the same level and standard e.g. the minimum number of knee revisions by one consultant.

12. Ring-fencing of Elective Capacity - short term elective recovery plans will require the “ring fencing” of sufficient elective surgery beds at pace, using an effective demand and capacity methodology to ensure waiting lists reduce every month and the development of green pathways which are resilient for 12 months of the year. It will need better relationships with all other Health Boards and provision of mutual aid.

NB As reflected in the review report, this recommendation is supported by 15 separate sub-recommendations spanning a range of issues including daily reporting at a local, regional and national level, observations re opportunities for strategic reconfiguration of existing pathways between sites, enhanced post-operative support, demand and capacity planning, utilisation and productivity, workforce development and discharge planning.

13. Workforce Planning – create and implement a workforce plan, both short, medium and long term, which supports the Health Board plans and identifies resource gaps and risks which may affect plans for recovery.

Immediate Actions:

Since the review was undertaken in February 2022, elective inpatient orthopaedic surgery has recommenced at Prince Philip Hospital (PPH) and Bronglais General Hospital (BGH) via ring-fenced ward capacity. Short-stay elective orthopaedic procedures are undertaken at Withybush General Hospital (WGH) along with day case surgery at each of the above sites.

Next Steps:

In line with the Executive recommendations reflected in the report, it is proposed that an Orthopaedic Steering Group will be established to oversee and progress actions in respect of recommendations highlighted which, it is suggested, report through the Operational Planning & Delivery Group structure. The ToRs to support the work of the Steering Group are currently being developed.

Argymhelliad / Recommendation

The Quality and Safety Committee is requested to consider the finding and recommendations outlined within the GIRFT report and note the establishment of an Orthopaedic Steering Group to oversee and progress actions in respect of recommendations highlighted, to be reported via the Operational Planning & Delivery Group structure.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.7 Provide assurance on the delivery of action plans arising from investigation reports and the work of external regulators.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk Register 1009
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	5A_22 NHS Wales Delivery Framework Targets
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Getting It Right First Time (GIRFT) Projects Directorate at the Royal National Orthopaedic Hospital (RNOH/GIRFT)
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofïod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A

Ansawdd / Gofal Claf: Quality / Patient Care:	Noted within the report
Gweithlu: Workforce:	Noted within the report
Risg: Risk:	Noted within the report
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	<ul style="list-style-type: none"> • Has EqIA screening been undertaken? No (if yes, please supply copy, if no please state reason) • Has a full EqIA been undertaken? /No (if yes please supply copy, if no please state reason) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906