

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 April 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Getting it Right First Time (GIRFT) Report on General Surgery
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr. Mark Henwood – Interim Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Mrs. Caroline Lewis – Service Delivery Manager for General Surgery, Ears, Nose and Throat (ENT) and Breast Services Mr. Andrew Deans – Clinical Lead for General Surgery

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Over the last twelve months, changes have been made in the general surgery and colorectal services to improve efficiency, standardise practice and implement clear clinical pathways for patients. This is following the GIRFT recommendations which came to light following a GIRFT review of the services and report. We have been asked to present on our progress against the recommendations provided as a result of the GIRFT visit, analysis of Pedw data and practice.

We have been requested to provide an update to Quality, Safety and Experience Committee (QSEC) on the 9 April 2024 to demonstrate the improvements that have been made to ensure the delivery of safe and effective services, and also in terms of data collection and improved governance processes on complaints and litigation to ensure lessons learned.

Cefndir / Background

Getting it right first time (GIRFT) was an all Wales directive, which was commissioned by Welsh Government to carry out a review of general surgery services (including colorectal) across Wales. Contact was made with Hywel Dda Health Board on the 28 May 2022.

The review of secondary care General Surgery across Wales was carried out by Mark Cheetham (GIRFT General Surgery National Clinical Lead, Consultant in general and colorectal surgery at Shrewsbury and Telford NHS Hospital Trust (SaTH)).

The aim of the review was to identify improvements opportunities within General Surgery in Wales in order to inform short, medium and long term transformation plans. This was undertaken by:

- Identifying system and organisation level unwarranted variation in access to and outcomes from care being delivered.
- Driving for 'top decile' GIRFT performance of outcomes, productivity and equity of access.

- Standardising procedure-level clinical pathways to be agreed across all providers developed by 'expert advisory panels' supported by professional societies.
- Informing the decision making process on the potential establishment of surgical hubs 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 the clinical, operational and analytical teams so that the health board can continue the implementation and tracking progress at the end of the review.

In November 2022, a multidisciplinary face to face meeting was arranged. During this meeting the relevant data and information was presented by the general surgery clinical lead and service delivery manager to the GIRFT team. As a result of this meeting, the GIRFT report and recommendations were produced and received by the health board.

In June 2023, an away day for the general surgery/colorectal consultants, operational management team, Director of Scheduled Care and other key stakeholders was arranged. The purpose of this meeting was to review the GIRFT recommendations and discuss a plan on how the directorate would progress these.

This was followed by monthly GIRFT update meetings with all health boards in Wales and the NHS executives where each health board reported on their progress in meeting their recommendations. We also have this on the agenda of our monthly clinical business meetings.

Asesiad / Assessment

From the GIRFT review of general surgery/colorectal in Hywel Dda, there were 22 recommendations. These have been included below along with updates on progress.

Number	Recommendation	Original Completion date	Revised Completion date	Progress updates
1.	Set Up Task and Finish Group to develop an action plan to implement the GIRFT recommendations and allocate responsibilities.	Jun-23	Complete	01/06/2023 - Underway - Team includes: Ken Harries, Mark Henwood, Caroline Lewis, Andrew Deans, Andrew Burns and Sammy Mohammed 06/09/2023 - Implementation was discussed in the surgical away on 08/06/2023. Action plan shared with all of the above, we are progressing through the action and it is now an agenda item on our monthly business meetings.
2.	H DUHB to establish a robust mechanism for capturing procedure level data of impatient day case and outpatient procedures.	Jul-23	May-24	01/06/2023 - Communication underway with Clinical Coding Team and Head of Informatics 06/09/2023 - Data received, to be analysed and discussed in the joint business meeting on 05/10/2023 20/11/2023 - Meeting has had to be rescheduled due to availability (date to be confirmed).

				<p>20/01/2024 - Clinical lead is analysing data to simplify coding methods in our specialties, follow up meeting to take place in February to agree on final list of clinical codes. Clinical Coding team have access to a weekly catch up with service management and the clinical lead, for any issues that arise in relation to coding.</p> <p>12/03/2024 - Clinical lead now has list and is working on breaking down the codes into useable list. A meeting is to be scheduled in April 2024.</p>
3.	HDUHB to develop a relationship between clinical coders and consultants to improve data collation.	Jul-23	Complete	<p>01/06/2023 - Communication underway with Clinical Coding Team and Head of Informatics</p> <p>06/09/2023 - Data received, to be analysed and discussed in the joint business meeting on 05/10/2023</p> <p>20/11/2023 - Meeting has had to be rescheduled due to availability (date to be confirmed).</p> <p>20/01/2024 - Clinical lead is analysing data to simplify coding methods in our specialties, follow up meeting to take place in February to agree on final list of clinical codes. Clinical Coding team have access to a weekly catch up with service management and the clinical lead, for any issues that arise in relation to coding.</p> <p>12/03/2024 - Managers know that they have the option now to attend the regular meetings where information can be provided and discussion can be held.</p>
4.	HDUHB to embed the GIRFT Clinically Led General Surgery Outpatient Guidance for General Surgery Services to maximize efficiency and reduce waiting times.	Jun-23	Complete	<p>01/06/2023 - Communication with consultants to review clinic templates complete, changes are currently being made, all agreed with the Clinical Lead</p> <p>27/09/2023 - Clinic templates have been reviewed and updated across the HB in general surgery and colorectal.</p>
5.	WGH to review emergency appendicectomy minimal access rates and develop an improvement strategy.	Jun-23	May-24	<p>06/09/2023 - Mr Harries to discuss audit process with consultants, SCP to lead on the Audit at WGH and has started. Andrew Burns and Dawn Davies are collecting the data.</p> <p>20/11/2023 - Ongoing audits being presented in quarterly joint</p>

				<p>business meeting. Data presented at first meeting.</p> <p>Recommendations from next meeting in January to be reviewed.</p> <p>20/01/2024 - Next set presentation is to be presented at the next joint business meeting on 25/01/2024. Audits are to be ongoing.</p> <p>12/03/2024 - Findings have been presented by Mr Harries and Andrew Burns. The completed review gives a baseline from which improvements can be made (NELA audit). Clinical input will be needed to address some of the details in the improvement planning to address the 2nd part of this recommendation. Measurements for clinical audits will be required. Improvements are generally made following the presentation given every 3 month. Clarify in next business meeting next steps with these audits.</p>
6.	GGH to review emergency readmission within 30 days following emergency appendicectomy and develop an improvement strategy.	Jul-23	May-24	<p>06/09/2023 - Mr Harries to discuss audit process with consultants, ANP's to lead on the Audit at GGH and have started collecting the data.</p> <p>20/11/2023 - Ongoing audits being presented in quarterly joint business meeting. Data presented at first meeting.</p> <p>Recommendations from next meeting in January to be reviewed.</p> <p>20/01/2024 - Next set presentation is to be presented at the next joint business meeting on 25/01/2024</p> <p>12/03/2024 - Clarify in next business meeting next steps with these audits.</p>
7.	BGH to review their Emergency laparotomy pathway in order to improve length of stay rates.	Jul-23	May-24	<p>06/09/2023 - Mr Harries to discuss audit process with consultants, Mr Soare to lead on the Audit at BGH</p> <p>20/11/2023 - Ongoing audits being presented in quarterly joint business meeting. Data presented at first meeting.</p> <p>Recommendations from next meeting in January to be reviewed.</p> <p>20/01/2024 - This has been delayed. Audit data is being collected by the team but it has been rejected by the clinical audit</p>

				<p>team. This has been escalated to the clinical director for scheduled care.</p> <p>12/03/2024 - Clarify in next business meeting next steps with these audits.</p>
8.	<p>HB to review the care of patients having emergency laparotomy at WGH at this site is an outlier on the NELA data with an extremely high 30-day mortality rate</p>	Jul-23	May-24	<p>20/11/2023 - Ongoing audits being presented in quarterly joint business meeting. Data presented at first meeting.</p> <p>Recommendations from next meeting in January to be reviewed.</p> <p>20/01/2024 - Next set presentation is to be presented at the next joint business meeting on 25/01/2024. Audit will be ongoing.</p> <p>12/03/2024 - Clarify in next business meeting next steps with these audits.</p>
9.	<p>HB should develop plans to implement and staff dedicated surgical SDEC on is acute sites</p>	Aug-23	Oct-24	<p>06/09/2023 - Meeting being arranged with the Glangwili General Hospital site triumvirate, scheduled care triumvirate team and the General Surgery Clinical Lead/Management team. Due to conflicting pressures, this meeting has been difficult to arrange and we will pursue this for September. It is high on our agenda as an action. Meeting was planned for September but has been delayed, due to the WGH position.</p> <p>20/11/2023 - Delayed due to RAAC/bed issues in WGH.</p> <p>20/01/2024- Meetings have commenced between clinical leads, scheduled care management and unscheduled care management at GGH. Two meeting have taken place in December 2023. Unscheduled care pressures and industrial action have delayed further meetings. Further meeting to be arranged for February 2024.</p> <p>12/03/2024 - Due to emergency pressures, there are currently not sufficient beds. Meeting with site leads to implement this and included in annual plan.</p>

10	HB should review pathway of care for patients having elective colorectal cancer surgery with the aim of reintroducing Enhanced Recovery	Sep-23	Nov-24	01/06/2023 - Meeting to be arranged with Rachel Lewis for implementation of ERAS. Mr Rao and GS Management team 06/09/2023 - First meeting has taken place for implementation of ERAS. The documentation has been presented and approved by the documentation group meeting. Mr Simone Sebastiani is taking the lead on this and will present at the joint business meeting on 05/10/2023. 20/11/2023 - Working group to introduce pathway now going ahead following initial review and further meeting.
11.	HB should review Case load of each site and surgeon providing elective colorectal cancer surgery to ensure than annual volumes are sufficient to develop and maintain expertise while complying with national guidance.	Jun-23	Complete	01/06/2023 - Consultants have been informed of the number of patients expected to be booked (Major and Minor Cases for each theatre list). Monitoring is via the theatre scheduling meeting 06/09/2023 - Complete with ongoing monitoring. Consultants have been informed of the number of patients expected to be booked (Major and Minor Cases for each theatre list). Monitoring is via the theatre scheduling meeting on a weekly basis.
12.	HB should develop both the pelvic floor service and concentrate elective IBD surgery in the hands of fewer surgeons to develop and maintain expertise.	Aug-23	Dec-24	01/06/2023 - Conversations are underway - meeting with SBUHB to look at regional pathway 06/09/2023 - Hywel Dda has a health board IBD and functional LGI lead. Meeting with SBUHB to look at regional pathway in September, after summer holidays 20/11/2023- Initial meeting with Bladder and Bowel Service held. The meeting has shown this to be a complex pathway that requires a longer timescale for completion. 12/03/2024 - Identified certain surgeons to carry out procedures but pathway yet to be developed. Clinical input is required to develop this in various stages. Referral guidelines/route to be developed as next stage.
13.	HB to standardize HVLC pathways.	May-23	Complete	01/06/2023 - Meeting arranged to discuss Clinical Pathways and Clinic Template Review

				06/09/2023 - Discussed at the general surgery away day on 8th June. Clinical pathways agreed and circulated to all consultants on 9th June. Monitoring will be done through validation of the waiting lists. Clinical pathways will be on the agenda for our HB wide business meeting scheduled for 5th October.
14.	HB to review their internal criteria for day surgery and benchmark them against this outlined in the National Day Surgery Delivery Pack.	Jun-23	Jul-24	01/06/2023 - Meeting being arranged with relevant Portfolio teams to discuss Day Surgery criteria / Pre-Assessment 06/09/2023 - First meeting has taken place with relevant Portfolio teams to discuss Day Surgery criteria / Pre-Assessment. A follow up meeting needs to be arranged once we have had the discussion in our joint business meeting on 05/10/2023. 20/11/2023 - Ongoing work which is quite complex due to multiple factors (e.g. number of people involved across multiple disciplines) 12/03/2024 - Task and finish group in place to review the pre-assessment process and Anaesthetic criteria.
15.	HB to increase day case rates for HVLC pathways paraumbilical hernia and laparoscopic cholecystectomy by reviewing criteria for day surgery and defaulting patients having these procedures to day surgery.	May-23	Complete	01/06/2023 - Meeting being arranged with relevant Portfolio teams to discuss Day Surgery criteria / Pre-Assessment 06/09/2023 - First meeting has taken place with relevant Portfolio teams to discuss Day Surgery criteria / Pre-Assessment. A follow up meeting needs to be arranged once we have had the discussion in our joint business meeting on 05/10/2023. 20/11/2023 - This is now in place.
16.	HB to standardize HVLC pathways in elective inguinal hernia, periumbilical and gallbladder surgery.	May-23	Complete	01/06/2023 - Meeting being arranged with relevant Portfolio teams to discuss Day Surgery criteria / Pre-Assessment 06/09/2023 - First meeting has taken place with relevant Portfolio teams to discuss Day Surgery criteria / Pre-Assessment. A follow up meeting needs to be arranged once we have had the discussion in our joint business meeting on

				05/10/2023. 20/11/2023 - This is now in place.
17.	BGH to review laparoscopic cholecystectomy pathway to reduce routine outpatient attendance within 90 days of Surgery.	May-23	Complete	01/06/2023 - As part of the clinical pathway review / clinic template review.
18.	HB should conduct a review of the preoperative assessment system and take action to implement the Guidance from CPOC of Pre-Operative assessment and optimization.	May-23	Jul-24	01/06/2023 - Picked up alongside recommendations 14,15 & 16 20/11/2023 - Recs 15 and 16 now completed. See update for Rec 14.
19.	HB to review pathway for patients with diabetes and to consider developing a preoperative diabetes team led by nurse specialists.	May-23	Jul-24	01/06/2023 - Picked up alongside recommendations 14,15 & 16 20/11/2023 - Recs 15 and 16 now completed. See update for Rec 14.
20.	Action Plan to increase operating capacity to above pre-Covid levels in order to deal with the backlog of patients waiting for surgery.	Jul-23	Jun-24	01/06/2023 - Strategic Group underway to discuss additional capacity on the Glangwili Hospital site for the complex upper GI patients 06/09/2023 - Strategic Group underway to discuss additional theatre and bed capacity on the Glangwili Hospital site for the complex upper GI patients. This is dependent on unscheduled care patient flow pressures. 20/11/2023 - Delayed due to RAAC plank/bed issues. 12/03/2024 - Operating capacity has increased in colorectal to above pre-covid level. In General Surgery this is not yet the case, although other improvements have been made to make the sessions that are happening more efficient. These efficiencies may gradually offset this reduced number of sessions. The backlog will gradually be reduced in this way.
21.	HB should set up a Pan-Specialty working group to improve the on the day processes in operating theatres with the	Jun-23	Complete	01/06/2023 - Already in place via Theatre Scheduling weekly meeting/monitoring and

	aim of reaching 85% capped utilization of elective lists.			escalation to clinical lead/clinical director
22.	HB to review the current processes for obtaining and documenting patients consent for Surgery.	Aug-23	External	01/06/2023 - Conversations underway within the Health Board and Welsh Government in relation to E-Consent 06/09/2023 - There is a national programme underway in relation to E-Consent 18/01/2024 - Recommendation is currently outside the gift of the Health Board as it is reliant on the rollout of a national E-consent programme.

Of the 22 GIRFT recommendations, there are 10 complete, 1 external and awaiting national agreement on E-consent and 11 outstanding.

The 11 outstanding recommendations are as follows:

1 coding – Currently working with the coding manager and clinical lead to develop standardised clinical codes for surgical procedures.

4 audits – These are all in relation to National Emergency Laparotomy Audit (NELA) audit data, they are presented in the joint quarterly general surgery clinical business meeting for all sites. The first cycle of audits have been completed and presented. These will be ongoing in line with the audit process.

BGH – Mr Cristian Soare and Mr Samy Mohamed
WGH – Mr Andrew Burns and Dawn Davies (SCP)
GGH – Meinir Jones (ANP)

1 SDEC at GGH – An SBAR has been shared with the GGH site team explaining the requirement for a surgical SDEC on the site. It has also been included in the scheduled care annual plan and the GGH site annual plan. Progress on this has been delayed, due to the unscheduled care pressures on site, we are working closely with the site team to resolve this. A further meeting is scheduled to take place in April 2024 to establish this.

1 Pelvic floor pathway – ?? Need update from Andrew Deans and Ken Harries on Monday.

3 linked to pre-assessment and anaesthetic day surgery criteria – This is being discussed in a task and finish group, that is set up weekly and is chaired by Mr Ken Harries, clinical director.

1 Pre-covid levels capacity - Operating capacity has increased in colorectal to above pre-covid level. In General Surgery this is not yet the case, although other improvements have been made to make the sessions that are happening more efficient. These efficiencies may gradually offset this reduced number of sessions. The backlog will gradually be reduced in this way.

[Argymhelliad / Recommendations](#)

The Committee are asked to take assurance from the actions identified in the GIRFT report to ensure improved patient experience.

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:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 3. Effective 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	3. Data to knowledge 4. Learning, improvement and research 5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termiau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofïod:	

Parties / Committees consulted prior to Quality, Safety and Experience Committee:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Contained within the body of the report
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Contained within the body of the report
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable