Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	09 April 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Getting It Right First Time (GIRFT) report on Orthopaedics – updated action plan and assessment underpinned by the Quality Standards and Safe, Timely, Effective and Efficient, Equitable and Person Centred (STEEP) Principles
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mr Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: **REPORTING OFFICER:**	Ms Stephanie Hire, General Manager, Scheduled Care Mr Keith Jones, Director of Secondary 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 Committee is requested to consider the updated GIRFT action report which has been reviewed using the six Domains of Quality and STEEP principles, and to be assured that the actions are adequate and timely. Please refer to reports attached.

Cefndir / Background

The 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 six 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 5 May 2022.

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 deliver efficiencies (such as the reduction of unnecessary procedures) and enable cost savings. Working to the principle that a patient should expect to receive timely and effective investigations, and appropriate treatment which result in desired outcomes wherever care is delivered, GIRFT aims to identify approaches from across the NHS that improve outcomes and patient experience.

The final version of the GIRFT Orthopaedic Recommendations Report was received by the Health Board in May 2022. The updated action tracker aligned to the recommendations is attached for reference.

Asesiad / Assessment

Health and Care Quality Standards

The Standards comprise of the six domains of quality and six quality enablers. Each of these will be addressed in turn.

SAFE – Hywel Dda University Health Board's (HDUHB) Orthopaedic Service aims to offer a quality, highly reliable and safe system that avoids preventative harm, maximising the things that go right and learning from when things go wrong to prevent recurrence. The health, safety and welfare of our population are actively promoted and protected. Where risks are identified they are monitored, mitigated (where possible), and reported accordingly to ensure safety.

A key recommendation from the report advocates improvement strategies for patients with a high body mass index (BMI) that need surgery. The starting point for this is to conduct a review of patients identified with a high BMI, and the creation of pathways to weight management services, or other appropriate means of managing these patients safely. One such initiative within Hywel Dda is the Trauma and Orthopaedic (T&O) Prehabilitation Service. This service encourages and supports health optimisation with tailored input/advice to patients. Programmes include physical exercise sessions, advice on the self-management of symptoms, healthy life-style advice, nutritional advice, home safety advice and support to improve mood and wellbeing. The objective is to improve peri-operative and longer-term health outcomes and patient experience.

TIMELY – HDUHB Orthopaedic Service aims to provide care to patients in a safely, efficient timely manner in the right place at the right time.

The key recommendations have undergone the following actions:

- **Virtual fracture clinics** and follow up elective clinics. These are regularly reviewed by the service leads to assess efficiency against clinical need and national guidance.
- **See On Symptoms (SOS) and Patient Initiated Follow up (PIFU)** as of the 31 March 2023, a total of 14,455 patients were on either an SOS or PIFU pathway for trauma and orthopaedic (SOS = n.12,187 / PIFU = n.2268). In March alone, 756 patients were added to a SOS or PIFU pathway. T&O remain the biggest user of SOS/PIFU within the organisation.
- **Patient Reported Outcome Measures (PROMS)** is collected for all arthroplasty patients at prehabilitation stage (since February 2022). It captures patient specific data that is used for comparative purposes later in their pathway, and identification of service need

and at one year post-surgery. Currently reviewing further collection at joint school (approx 3 months before surgery). The consultant body are undergoing a review of the validity of the data collection as there is evidence that it does not add any benefits.

EFFECTIVE - HDUHB Orthopaedic Services aim to ensure decision-making, care and treatment reflects evidence based best practise, and to ensure that people receive the right care to achieve the optimal outcomes possible for them.

As part of a recommendation from the report, HDUHB were to ensure the most effective and efficient way to treat as many patients successfully as possible. The local challenges include:

- Theatre staffing and anaesthetist shortfalls (which would provide dedicated and consistent workforce to support flow in theatre environment).
- 'Treat in turn' and the clinical urgency of patients has contributed to not routinely achieving 2 joints per theatre session in BGH and PPH (only sites where joints are carried out). The 'Perfect Month' initiative in March is proving to increase compliance with this, and monitoring where challenges prevail.
- List loading for General Anaesthesia (AG) and Local Anaesthesia (LA) theatre sessions has been standardised across all sites/consultants and to maximise throughput and efficiency adopting High Volume Low Complexity (HVLC) programme and GIRFT principles. Maintaining these standards is assured via the weekly Theatre User Groups and Theatre Scheduling meetings and further identification of service change from the 'Perfect Month' exercise will reinforce robust capacity improvement.
- Waiting List Support Service (WLSS) has consistently contacted all inpatients who will have waited > 36 weeks for treatment. Patients have been offered a pre-habilitation online package and support to maximise fitness whilst they wait. Patients raising concerns about deterioration are contacted by the team, which is multidisciplinary and encompasses nurses and therapists, to identify issues and signpost patients accordingly, or refer to the Consultant.
- Unscheduled admissions provide bed capacity challenges. Board rounds and ward-based MDT meetings enables the early identification of emergency admission patients to services who will require involvement in discharge planning. The ethos is that support packages are arranged as early as possible, but it is acknowledged that can be affected by staffing challenges within Occupational Therapy (OT) and social services.

EFFICIENT – HDUHB Orthopaedic Services, aim to make the most effective and efficient use of resources. Treatments are targeted at those likely to gain the most benefit, ensuring any interventions represent the best value that will improve outcomes for people.

GIRFT makes a strong recommendation to restart an elective recovery plan. To achieve this, 'ring fencing' of sufficient elective surgery beds, using an effective demand and capacity methodology, is required to realise a reduction in waiting lists. The 2024/25 Orthopaedic Delivery Plan has been endorsed by the Board within the scheduled care annual plan, which aims to address this. The service collates a Submit Your Daily Situation Report (SITREP) which is scrutinised weekly at Watchtower alongside the Specialty Capacity and Demand tool.

The SITREP provides a breakdown of all specialties by stage and wait time (36 weeks / 52 weeks / 102 weeks) and can be filtered by site, consultant, clinical condition, and urgency. This is scrutinised to ensure all patients are managed in accordance with ministerial targets and urgency. Resources are utilised appropriately to address the lists, ensuring appropriate used of theatre and outpatient capacity. The South West Wales Regional Orthopaedic Board regionally monitors capacity and demand, including the appropriate use of HVLC (high volume, low complexity) and LVHC (low volume, high complexity) pathways.

PERSON CENTRED – The Orthopaedic Service within HDUHB aim to meet people's needs and ensures that their preferences, needs and values guide decision making that is made, in partnership between individuals and the workforce.

Recommendations from the report includes the need for a communication and engagement plan with all patients to ensure they fully understand the timetable for their surgery. In response, the T&O Management team and service work closely with the Value Based Health Care (VBHC) team in the implementation and collection of PROMS. Since February 2022, PROMS have been collected for all arthroplasty patients at both the prehabilitation and at one year post-surgery. PROMS are also used for upper limb patients, and consideration is being given to implementation in other subspecialties.

LEADERSHIP – The Orthopaedic Service within Hywel Dda University Health Board, aim to ensure a visible and focused leadership at all levels, with its activities driven by the organisations vision and values for quality.

A recommendation was to provide more clarity and regular updates to all staff, and importantly clinicians, about immediate and longer-term plans.

The Consultant Clinical Lead for Orthopaedics is supported by the Service Delivery Manager, Service Manager, and Senior Nurse Manager for the service – the triumvirate. The triumvirate meet weekly to discuss operational management, governance, finance, staffing and the clinical strategy. This ensures our governance, leadership and accountability is effective in sustainably delivering care. The Clinical Lead is involved in strategic and operational decisions within the health board as well as being engaged with the regional and national agenda for orthopaedics. There are limitation to the direct influence on elements of the pathway that are outside of the triumvirates control, for example, ring fencing of beds, anaesthetic provision, allocation of theatre capacity, or pre-assessment services.

The longer-term strategy for orthopaedic provision at a regional level is overseen by the SW Wales Regional Orthopaedic Board (Chaired by the Director of Operations). The Clinical Lead is party to all decisions and actions made by the Board and subgroups. The 2024/25 Orthopaedic Delivery is reflected in the scheduled care annual plan.

WORKFORCE – The Orthopaedic service within Hywel Dda University Health Board recruits, retains, develops, and extends roles to ensure there is sufficient confident, knowledgeable, competent and capable staff available to deliver safe care. The GIRFT report recommends the upskilling and empowerment of therapy staff to undertake greater roles. The actions taken to achieve this include:

- The provision of maintenance programmes and support for patients currently on orthopaedic waiting lists or pending surgery.
- Optimising patients ready for surgery to get the best outcomes post operatively.
- Increasing capacity – there have been numerous business cases developed for numerous developments to enhance orthopaedic pathways.
- Role re-design
- Strategic engagement and influence
- Research
- Direct therapy engagement in the trial of the use of the "Robot" in Prince Philip Hosital (PPH)
- Prehabilitation element has been developed for inclusion in the "My Pathway" app for testing

Capacity remains below pre-pandemic levels at PPH, however during 'Perfect Month' the session base increased to 20 sessions per week which reflects pre-Covid activity. The plan is to maintain

this level of activity from the end of April 2024. A Phased expansion towards 3-day sessions and 6-day working will be dependent on workforce recruitment and agreement of an appropriate resource plan. The orthopaedic triumvirate support these expansions.

CULTURE – Hywel Dda University Health Board Orthopaedic Service aims to create the right climate and culture to nurture and encourage quality and safety. GIRFT recommended that a staff survey be undertaken.

In June 2022, a survey of nursing was led by Swansea University. Based on the issues identified from the survey, a supportive framework was developed by the cultural team within the health board. Reports are regularly provided into the health board by the culture and workforce team, which are inclusive of staff feedback. The findings indicate that morale has naturally improved as services are re-established post Covid. A Staff Discovery Action Plan outlines the learning gained from several staff surveys and progress against relevant actions.

Following the 'Perfect Month' the service will conduct a staff feedback survey for any and all staff involved in any part of the programme. Data will be collated and fed back as part of the evaluation.

INFORMATION - Hywel Dda University Health Board Orthopaedic Services aim for information to be available and shared appropriately to all who can learn from shared experience and improvements.

LEARNING, IMPROVEMENT AND RESEARCH – The Orthopaedic Service aims to create and promote conditions and capacity for a system-wide approach to continuous learning, with a focus on quality improvement and innovation. There is a robust, minuted directorate governance quality, safety and experience (QSE) meeting, which reports to the Operational Quality, Safety and Experience Sub Committee as relevant.

All complaints, serious incidents and 'never events' are reviewed and responded to by those involved in the cases and the service triumvirate management team, as well as the directorate triumvirate management team who provide the overall sign off. A 'Learning From Event' presentation is produced by the consultant involved in the case and presented at the Trauma and Orthopaedic Departmental meeting, and the directorate QSE meeting. The portfolio management team meet weekly with the concerns team to ensure timely responses are maintained.

WHOLE SYSTEMS PERSPECTIVE – The Orthopaedic Service aims to ensure that safety in the healthcare goes beyond individual patient safety.

The orthopaedic service is fully engaged in the Regional Orthopaedic Network Board (the Memorandum of Understanding of which has been accepted by the Board) to plan on a Regional basis as agreed by the Arch Recovery Group. The SW Wales Regional Orthopaedic Board was convened in September 2023. As a result, the establishment of a local Orthopaedic Steering Group was not progressed.

Argymhelliad / Recommendation

The Committee is requested to consider the SBAR and updated action plan which has been reviewed using the Health and Safety Quality standards. The Committee is asked to take assurance that progress is being achieved against the recommendations, and further work is in development.

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)	7. All apply Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services 4. The best health and wellbeing for our individuals, families and communities 5. Safe sustainable, accessible and kind care Choose an item.
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	

Reference Number	Date of report	Report Title	Lead Officer	Lead Director	Recommendation	Management Response	Recommendation Owner	Original Completion Date	Revised Completion Date	Status (Red- behind schedule, Amber- on schedule, Green- complete)	Recommendation Response
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R1. The swift establishment of a Health Board Orthopaedic Steering Group to oversee the implementation of our recommendations and deliver Orthopaedic improvements as oneHealth Board and not hospital by hospital.	June 2022 - Recommendation was accepted by HDUHB. GIRFT findings and recommendations to be presented to the Quality Safety and Assurance Committee for consideration and agrement for a Steering Group to be convened	Lydia Davies	Jun-22	N/A	Green	The decision was made not to proceed with the establishment of an Orthopaedic Steering Group as it was more favourable to proceed with the proposed Regional Orthoapedic Network Board (the Memoradum of Understanding of which has been accepted by the Board) to plan on a Regional basis as agreed by the Arch Recovery Group. The SW Wales Regional Orthopaedic Board was conveened in September 2023
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R2. Review the detail of the Orthopaedics Action Plan at Annex A which includes recommendations about identified unwarranted variation	June 2022 - Recommendation was accepted by HDUHB - the proposed Orthopaedic Steering Group and any sub groups created will review Annex A and implement improvement	Lydia Davies	Jun-22	Mar-24	Green	18/03/2024 - Annex A Action plan has been reviewed and updated by the Service, as necessary
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R3. There is currently an appointed Orthopaedics Health Board Clinical Lead (CL). This is a key strength of the Hywel Dda Orthopaedic service, which is lacking in some of the other Health boards that have multiple silo Orthopaedic units. The CL clearly projects a unified voice from the 3 Orthopaedic units in Hywel Dda despite their geographical distance. We are concerned however that the CL is not supported by the HB in making the essential operational and strategic changes required. We recommend that through enhanced management support, the Orthopaedics Clinical Lead role is enabled to instigate Health Board level change at pace and empowered to provide steer and direction to the Health Board executive team on regional models of working with neighbouring Health Boards.	June 2022 - Recommendation was accepted by HDUHB - the proposed Orthopaedic Steering Group and any sub groups created will review and implement change as required	Lydia Davies	Jun-22	N/A	Green	The Clinical Lead is supported by a Service Delivery Manager (SDM), Service Manager and Service Support Manager for the Specialty and a Senior Nurse Manager (SNM). The CL, SDM and SNM form the trimvirate for the specialty. The specialty management team meet weekly with the CL to discuss operational, governance, financial, staffing and clinical stategy. The CL is involved in strategic and operational decisions within the organisation and fully involved in the Regional and National agenda for Orthopaedics. He and the Consultant body are fully involved in all aspects of the Perfect Month also. The CL is however unable to directly influence parts of that pathway that are outside his remit, e.g. availability of ring fenced beds, anaesthetic provision, allocation of theatre capacity or POAC.
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R4. HDUHB leadership to provide more clarity and regular updates to all staff, and importantly clinicians, about immediate and longer-term plans. There is an urgent need to re-engage with clinicians to rebuild trust and ensure that they are listened to and involved at each stage of restart and change proposals. It is imperative that clinicians are an integral part of the "sign off" and delivery of changes.	June 2022 - Recommendation was accepted by HDUHB - the proposed Orthopaedic Steering Group and any sub groups created will review and implement change as required	Lydia Davies	Jun-22	N/A	green	SDM, Service Manager and Service Support Manager meets with the Clinical Lead on a weekly basis to discuss and agree, action and escalate, as required, specialty strategic and operational issues at local, Regional and national level. This is cascaded to clinicians on all sites via the Local clinical leads and via the monthly Departmental meeting, as appropriate. The longer term strategy for orthopaedic provision at a Regional level is overseen by the SW Wales Regional Orthopaedic Board (Chaired by Andrew Carruthers). The Clinical Lead is party to all decisions and actions made by the Board and sub groups. 2024/25 Orthopaedic Delivery is reflected in the Annual Plan.
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R5. Carry out a staff survey without delay 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. We do recognise, that there are a number of recent factors affecting staff morale.	June 2022 - Recommendation was accepted by HDUHB - the proposed Orthopaedic Steering Group and any sub groups created will review and implement change as required	Lydia Davies	Jul-22	N/A	Green	A Staff Discovery Action Plan outlines the learning gained from several staff surveys and progress against relevant actions. June 2022 - There was a nursing survey led by Swansea University and the Health Board linked with it's cultural workforce specialists to draw up a supportive framework to address these issues particularly for wider team . In March 2024, the Orthopaedic service supported by the NHS Executive undertook the 'Perfect Month'. In PPH Main theatre, Orthopaedic inpatient (arthroplasty) allocation was returned to pre-covid capacity (20 sessions pw) and maximised at all other sites, within human resource. Head of Culture and Workforce Experience reports into HB with regular feedback obtained from staff. Morale has naturally improved as services reestablished themselves in line with pre-covid and job plans.
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R6. Implement elective recovery at pace. We are aware that capital investment is currently limited. However, most of our recommendations rely on better use of existing assets and on using revenue budgets and resources more efficiently. We expect that 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. The plan should include a communication and engagement plan with all patients so that patients fully understand the timetable for their surgery.	June 2022 - Recommendation was accepted by HDUHB - the proposed Orthopaedic Steering Group and any sub groups created will review and implement change as required	Lydia Davies	Jul-22	N/A	Green	The 2023/24 Orthopaedic Delivery Plan has been endorsed by the Board within the Annual Plan. Capacity remains below pre-pandemic levels at PPH, however this increased to 20 sessions pw (pre Covid volumes) during the 'Perfect Month' in March 2024 and is planned to return permanently to 20 sessions pw from end April 2024. This facility will be used for arthroplasty and inpatient cases. Orthopaedic elective theatre capacity has returned to pre-covid levels at Bronglais and Withybush DSU. Seven of the 11 sessions per week has returned at WGH Main theatre complex. All activity at WGH is currently day case but discussions to provide a short stay Scheduled care facility are in progress. PPH DS Unit currently provides 5 of the 10 sessions planned for Orthoapedics. All capacity shortfalls are due to anaesthetic and theatre staffing deficits but robust recruitment is on going. The Health Board is forecating circa 1900 inpatent breaches waiting > 104 weeks at 31st March 2024.
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R7. 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, which can be tweaked if the patient's condition changes. Currently, a Social Services assessment of patients does not start until the patient has been fully optimised and ready for discharge. This is significantly delaying patient discharge and resulting in inefficient use of valuable beds, thereby reducing elective surgical admissions. We need a risk share between the hospitals and Social Services as elective patients are disadvantaged due to lack of bed availability.	June 2022 - Recommendation was accepted by HDUHB - the proposed Orthopaedic Steering Group and any sub groups created will review and implement change as required	Lydia Davies	Jul-22	Mar-24	Amber	Elective patients - All elective patients are pre-assessed and equipment is delivered and installed to elective patient's home prior to discharge is in place. Risk share with social services to be reviewed. The Pre-assesment service is being reviewed nationally. Unscheduled admissions - Board rounds and ward-based MDT meetings enables the early identification of emergency admission patients to services who will require involvement in discharge planning. The ethos is that support packages are arranged as early as possible, but it is acknowledged that can be affected by staffing challenges within OT and social services.
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R8. Carry out a review of PROMS data collection and usage and the processes used to ensure data accuracy. We found inconsistencies in the way PROMS data is recorded and used across all Health Boards.	June 2022 - Recommendation was accepted by HDUHB - the proposed Orthopaedic Steering Group and any sub groups created will review and implement change as required	Lydia Davies	Jun-22	N/A	Green	The T&O Management team and service work very closely with the VBHC (Value Based Health and Care) team in the implementation and collection of PROMS (Patient Reported Outcome Measures). PROMS is collected for all arthroplasty patients at prehabilitation stage (since February 2022) and at one year post-surgery. PROMS is also used for upper limb patients and roll out to other subspecialties to be considered
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R9. We recognise that the Health Board do review litigation claims, which we are pleased to see. They should, however, broaden this to a programme which ensures that litigation claims are regularly reviewed in detail including 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. Note that we did find some good practice in reviewing litigation claims but we think it could still be improved.	June 2022 - Recommendation was accepted by HDUHB - the proposed Orthopaedic Steering Group and any sub groups created will review and implement change as required	Lydia Davies	Jun-22	N/A	Green	There is a robust minuted Directorate governance meeting which feeds into OpsQSE as needed All complaints, SUIs, Never Events etc are reviewed by those involved in the cases and the Portfolio triumvurate management team sign off all responses and actions needed to address shortafalls in service delivery. A Learning From Event presentation is produced by the consultant involved in the case and presented at the Trauma and Orthopaedic Departmental meeting. This meeting is attended by all disciplines associated with the care of Trauma and Orthopaedic patients. Portfolio management meet weekly with the Concerns Team to ensure timely responses are maintained.
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R10. 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.	June 2022 - Recommendation was accepted by HDUHB - the proposed Orthopaedic Steering Group and any sub groups created will review and implement change as required	Lydia Davies	Jun-22	N/A	Green	SSI rates have been capatured for **all** joint replacement surgery within the Health board since March 2022. Rates are below recommended levels Further consideration is being given to the collection of SSI rates for non arthroplasty procedures

RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R11. 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.	June 2022 - Recommendation was accepted by HDUHB - the proposed Orthopaedic Steering Group and any sub groups created will review and implement change as required	Lydia Davies	Jun-22	N/A	Green	This is completed as part of the governance process which is built in as part of EOI (Expressions of Interest) and the tender process. The Directorate meet regularly with external providers to discuss these reports.
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R12a. Set out a short term elective recovery restart plan which identifies the most effective and efficient way to treat as many patients successfully as possible. This 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. CEOs of the Health Boards must meet and ensure that immediate changes are put in place collaboratively at pace to start to reduce waiting lists. **The plans should consider the following: Carry out full demand and capacity planning and do this across the Health Board and in collaboration with neighbouring Health Boards and other providers who can serve HDUHB.**	June 2022 - Recommendation was accepted by HDUHB - the proposed Orthopaedic Steering Group and any sub groups created will review and implement change as required	Lydia Davies	Jun-22	N/A	Green	The 2024/25 Orthopaedic Delivery Plan has been endorsed by the Board within the Annual Plan. The SW Wales Regional Orthopaedic Board monitors progress in capacity against demand across Hywel Dda and Swansea Bay Health Boards. Capacity remains slightly below pre-pandemic levels across Hywel Dda, however at PPH, this increased to 20 sessions pw (pre Covid volumes) during the 'Perfect Month' in March 2024 and is planned to return permanently to 20 sessions pw from end April 2024. This facility will be used for arthroplasty and inpatient cases. Orthopaedic elective theatre capacity has returned to pre-covid levels at Bronglais and Withybush DSU. Seven of the 11 sessions per week has returned at WGH Main theatre complex. All activity at WGH is currently day case but discussions to provide a short stay Scheduled care facility are in progress. PPH DS Unit currently provides 5 of the 10 sessions planned for Orthoapedics. All capacity shortfalls are due to anaesthetic and theatre staffing deficits but robust recruitment is on going. The Health Board is forecating circa 1900 inpatent breaches waiting > 104 weeks at 31st March 2024.
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R12b. Set out a short term elective recovery restart plan which identifies the most effective and efficient way to treat as many patients successfully as possible. This 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. CEOs of the Health Boards must meet and ensure that immediate changes are put in place collaboratively at pace to start to reduce waiting lists. The plans should consider the following: Set up a weekly sitrep specifically focused on elective recovery with the Executive.This should include all patients waiting for elective orthopaedic surgery and sub categorised by: ASA score; time on waiting list; both expected and actual operations carried out on a weekly basis and reasons, if underperformance. There needs to be close scrutiny of forward projections to reduce waiting lists with robust targets set. These should also include adoption of the HVLC pathways and ensure 90% of those cases are Day Case. We suggest that to gain optimum momentum in elective recovery that the sitrep should cover all elective surgery and not just orthopaedics. In our report to the Welsh Government, we will be recommending that these sitreps are provided weekly until Elective	June 2022 - Recommendation was accepted by HDUHB - the proposed Orthopaedic Steering Group and any sub groups created will review and implement change as required	Lydia Davies	Jun-22	N/A	Green	The service collates a SITREP which is scrutinised weekly at Watchtower alongside the Specialty Capacity and Demand tool. The SITREP provides a break down of all specialties by stage and wait time (36 week;52 week;102 week)and can be filtered by site, consultant, clinical condition, urgency. This is scutinised to ensure all patients are managed in accordance with ministerial targets and urgency and alongside theatre and outpatient capacity, resources are utilised appropriately to address. Capacity and Demand including the appropriate use of HVLC and LVHC pathways is also monitored regionally by the SW Wales Regional Orthopaedic Board.
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R12c. Set out a short term elective recovery restart plan which identifies the most effective and efficient way to treat as many patients successfully as possible. This 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. CEOs of the Health Boards must meet and ensure that immediate changes are put in place collaboratively at pace to start to reduce waiting lists. **The plans should consider the following: Establish a delivery model to restart elective recovery. This needs to be established at pace. RNOH/GIRFT supports the development of Prince Philip Hospital (PPH) as the designated HVLC centre for the HB and as a centre for more complex LVHC work. There is also an opportunity to develop PPH as a regional LVHC centre in collaboration with SBU. Centralisation of trauma services to a single site in the South of Hywel Dda at Glangwili General hospital (GGH) would provide additional capacity at the Withybush General Hospital (WGH) site creating additional capacity for ambulatory trauma and short stay elective workload. Increased elective capacity at the BGH site would provide additional regional capacity for South Gwynedd (RCH) and West Powys. Ensure this unit is**	June 2022 - Recommendation was accepted by HDUHB - the proposed Orthopaedic Steering Group and any sub groups created will review and implement change as required	Lydia Davies	Jun-22	N/A	Green	May 2023 - The short term elective recovery restart plan is reflected within the Orthopeadic Inpatient Delivery Plan within the Annual Plan and has endorsed by the Board. The establishment of the Regional Orthopaedic Board will produce the longer term delivery plan. March 2024 - Collaboration with SBUHB via the SW Wales Regional Orthopaedics Board is overseeing regional plans for HVLC and LCHV centres. The return of 20 theatre sessions pw at PPH main theatres (returning to pre-covid capacity) during the 'Perfect Month' in March, which is planned to become a permanent change to capacity from April establishes PPH as the designated LVHC centre for HD - the capacity of which is being shared with SBUHB . The plan for recovery adopts the GIRFT recommendations. There is no planned change to the current configuration of trauma services at Glangwili Hospital . .
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R12d. Set out a short term elective recovery restart plan which identifies the most effective and efficient way to treat as many patients successfully as possible. This 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. CEOs of the Health Boards must meet and ensure that immediate changes are put in place collaboratively at pace to start to reduce waiting lists. **The plans should consider the following: Develop a recovery plan of how to effectively utilise Glanwilli (Trauma Centre)Bronglais and Withybush Hospitals.**	June 2022- Recommendation was accepted by HDUHB - the proposed Orthopaedic Steering Group and any sub groups created will review and implement change as identified through the develoment of a recovery plan of how to effectively utilise Glanwilli (Trauma Centre)Bronglais and Withybush Hospitals.	Lydia Davies	Jun-22	N/A	Green	Recovery plan referenced in update for Rec 12c above.
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R12e. Set out a short term elective recovery restart plan which identifies the most effective and efficient way to treat as many patients successfully as possible. This 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. CEOs of the Health Boards must meet and ensure that immediate changes are put in place collaboratively at pace to start to reduce waiting lists. **The plans should consider the following: Develop a strategy to release some of the unscheduled care beds to re-establish this as an orthopaedic pathway.**	June 2022 - Recommendation was accepted by HDUHB - the proposed Orthopaedic Steering Group and any sub groups created will review and implement change as identified within the Health Board's Transforming Urgent and Emergency Care Programme	Lydia Davies	Jul-22	N/A	Green	Health Board Transforming Urgent & Emergency Care Programme launched June 2022. This work is on-going. Regional collaboration is considering all options to reinvigorate elective capacity

RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R12f. Set out a short term elective recovery restart plan which identifies the most effective and efficient way to treat as many patients successfully as possible. This 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. CEOs of the Health Boards must meet and ensure that immediate changes are put in place collaboratively at pace to start to reduce waiting lists. **The plans should consider the following: Develop an enhanced recovery unit operated 24 hours a day, seven days a week, that allows upskilled nurses to provide care and assessment to the sickest and most vulnerable patients. The service is to be delivered by experienced critical care trained nurses and led by an advanced nurse practitioner.**	June 2022 - Recommendation was accepted by HDUHB. Consider an enhanced recovery unit operated 24 hours a day, seven days a week, that allows upskilled nurses to provide care and assessment to the sickest and most vulnerable patients. The service is to be delivered by experienced critical care trained nurses and led by an advanced nurse practitioner.	Lydia Davies	Jun-22	N/A	Green	Demand for post operative intensive support is low in Orthopaedic elective treatments and therefore plans for an enhanced recovery unit have not currently been prioritised. This issue will be revisited in the development of Regional Plans for Orthopaedic provision
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R12g. Set out a short term elective recovery restart plan which identifies the most effective and efficient way to treat as many patients successfully as possible. This 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. CEOs of the Health Boards must meet and ensure that immediate changes are put in place collaboratively at pace to start to reduce waiting lists. **The plans should consider the following: Upskill and empower therapy staff to undertake greater roles.**	June 2022 - Recommendation was accepted by HDUHB - to consider Upskilling and empowering therapy staff to undertake greater roles.	Lydia Davies	Jun-22	NH/A	Green	The upskilling and empowerment of therapy staff has included: - Maintenance programmes and support to patients currently on an orthopaedic waiting list or pending surgery. - Supporting patients ready for surgery to optimise outcomes - Building capacity- numerous business cases developed for numerous developments to enhance orthopaedic pathways - Role redesign - Strategic engagement and influence - Research 1. Direct therapy engagement in the trial of the use of the "Robot" in PPH 2. Prehabilitation element has been developed for inclusion in the "My Pathway" app for testing
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R12h. Set out a short term elective recovery restart plan which identifies the most effective and efficient way to treat as many patients successfully as possible. This 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. CEOs of the Health Boards must meet and ensure that immediate changes are put in place collaboratively at pace to start to reduce waiting lists. **The plans should consider the following: Ensure plans include 3 session days and 6 day working across orthopaedic surgery and all supporting services e.g. physiotherapy.**	June 2022 - Recommendation was accepted by HDUHB - Ensure plans include 3 session days and 6 day working across orthopaedic surgery and all supporting services e.g. physiotherapy.	Lydia Davies	Jun-22		Amber	Phased expansion towards 3 day sessions and 6 day working will be dependent on workforce recruitment and agreement of an appropriate resource plan. (Refer to Update for Rec 7). The Orthopaedic Portfolio Management team and CL are fully supportive of such expansions
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R12i. Set out a short term elective recovery restart plan which identifies the most effective and efficient way to treat as many patients successfully as possible. This 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. CEOs of the Health Boards must meet and ensure that immediate changes are put in place collaboratively at pace to start to reduce waiting lists. **The plans should consider the following: Patients admitted for elective surgery should have their assessment undertaken prior to admission to ensure all equipment and needs are in place prior to admission. In the case of emergency admissions, assessments by physiotherapists, occupational therapists and social services should happen early in the pathway to ensure early mobilisation and discharge. Waiting until patients are fully optimised before this process begins adds significant delays to discharge planning. Risk share in this space is essential.**	June 2022 - Recommendation was accepted by HDUHB - Patients admitted for elective surgery should have their assessment undertaken prior to admission to ensure all equipment and needs are in place prior to admission. In the case of emergency admissions, assessments by physiotherapists, occupational therapists and social services should happen early in the pathway to ensure early mobilisation and discharge. Waiting until patients are fully optimised before this process begins adds significant delays to discharge planning. Risk share in this space is essential.	Lydia Davies	N/K		Amber	Elective patients - All elective patients are pre-assessed and equipment is delivered and installed to elective patient's home prior to discharge is in place. Risk share with social services to be reviewed. Unscheduled admissions - Board rounds and ward-based MDT (multidisciplinary team) meetings enables the early identification of emergency admission patients to services who will require involvement in discharge planning. The ethos is that support packages are arranged as early as possible, but it is acknowledged that this can be affected by staffing challenges within OT and social services.
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R12j. Set out a short term elective recovery restart plan which identifies the most effective and efficient way to treat as many patients successfully as possible. This 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. CEOs of the Health Boards must meet and ensure that immediate changes are put in place collaboratively at pace to start to reduce waiting lists. **The plans should consider the following: Ensure pre-operative assessment is as efficient as possible to ensure lists are filled and to reduce cancellation on the day**	June 2022 - Recommendation was accepted by HDUHB - Ensure pre-operative assessment is as efficient as possible to ensure lists are filled and to reduce cancellation on the day	Lydia Davies	Jun-22		Amber	Pre-operative assessment pathways are subject to current review in line with NHS Wales IP&C guidance and is being undertaken through an EQuIP project. This is not a rate limiter for Orthopaedics
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R12k. Set out a short term elective recovery restart plan which identifies the most effective and efficient way to treat as many patients successfully as possible. This 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. CEOs of the Health Boards must meet and ensure that immediate changes are put in place collaboratively at pace to start to reduce waiting lists. **The plans should consider the following: Utilise day surgery wherever possible adopting the HVLC programme, the 11 pathways for orthopaedics, ensuring "top decile" outcomes and using the GIRFT theatre principles and expected productivity as a steer.**	June 2022 - Recommendation was accepted by HDUHB - Utilise day surgery wherever possible adopting the HVLC programme, the 11 pathways for orthopaedics, ensuring "top decile" outcomes and using the GIRFT theatre principles and expected productivity as a steer.	Lydia Davies	Jun-22		Amber	Service delivery planned in accordance with HVLC programme principles. Clinicians from HB fully involved and integrated with Welsh Orthopaedic and Regional Network CRG's to deliver changes to pathways and ensure improved efficiency and productivity Theatre staffing and anaesthetist shortfalls (which would provide dedicated and consistent workforce to support flow in theatre environment), treat in turn and the clinical urgency of patients have contributed to not routinely achieving 2 joints per theatre session across BGH and PPH (only sites where joints are carried out). This situation is being monitored during March through the 'Perfect Month' so compliance can be achieved whenever possible and lessons learned for on-going improvement. List loading for GA and LA theatre sessions has been standardised across all sites/consultants and to maximise throughput and efficiency adopting HVLC programme and GIRFT principles. Maintaining thees standards is assured via the weekly Theatre User Groups and Theatre Scheduling meetings and further identification of service change from the 'Perfect Month' exercise will reinforce robust capacity improvements

RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R12l. Set out a short term elective recovery restart plan which identifies the most effective and efficient way to treat as many patients successfully as possible. This 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. CEOs of the Health Boards must meet and ensure that immediate changes are put in place collaboratively at pace to start to reduce waiting lists. The plans should consider the following: **Where there is recognised "good practice" in other Health Boards this must be adopted at pace rather than trying to reinvent the wheel. Learning and collaboration from others will be essential.**	June 2022 - Recommendation was accepted by HDUHB - Where there is recognised "good practice" in other Health Boards this must be adopted at pace rather than trying to reinvent the wheel. Learning and collaboration from others will be essential.	Lydia Davies	Jun-22	N/A	Green	Health Board is fully engaged with NHS Wales Planned Care Programme. Regional collaboration will identify and adopt good practice and standardisation of both clinical and operational practice
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R12m. Set out a short term elective recovery restart plan which identifies the most effective and efficient way to treat as many patients successfully as possible. This 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. CEOs of the Health Boards must meet and ensure that immediate changes are put in place collaboratively at pace to start to reduce waiting lists. **The plans should consider the following: Review emergency and urgent pathways to improve patient flow.**	Review emergency and urgent pathways to improve patient flow.	Lydia Davies	Jun-22	N/A	Green	Health Board Transforming Urgent & Emergency Care Programme launched June 2022.
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R12n. Set out a short term elective recovery restart plan which identifies the most effective and efficient way to treat as many patients successfully as possible. This 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. CEOs of the Health Boards must meet and ensure that immediate changes are put in place collaboratively at pace to start to reduce waiting lists. **The plans should consider the following: Review patients that are deconditioning on the waiting list and identify patientsthat require urgent care.**	June 2022 - Recommendation was accepted by HDUHB - Review patients that are deconditioning on the waiting list and identify patientsthat require urgent care.	Lydia Davies	Jun-22	N/A	Green	The WLSS (Waiting List Support Service) has consistently contacted all inpatients who will have waited > 36 weeks for treatment. Hip and knee replacement Patients have been offered a pre-habilitation online package and support to maximise fitness whilst they wait. Patients raising concerns about deterioration have been contacted by the team which includes nurses, physios, and OTs to identify issues and have signposted patients accordingly or referred to the Consultant- as considered appropriate for F2F clinic review.
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R12o. Set out a short term elective recovery restart plan which identifies the most effective and efficient way to treat as many patients successfully as possible. This 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. CEOs of the Health Boards must meet and ensure that immediate changes are put in place collaboratively at pace to start to reduce waiting lists. **The plans should consider the following: Determine effective and efficient follow up plans, which should be carried outvirtually if possible.**	June 2022 - Recommendation was accepted by HDUHB - Determine effective and efficient follow up plans, which should be carried outvirtually if possible.	Lydia Davies	Jun-22	N/A	Green	Virtual fracture clinics and follow up elective clinics are regularly reviewed by the Clinical Lead to assess efficiency against clinical need and national guidance. SOS/PIFU - At 31.3.23 - Total 14,455 patients on either a SOS or PIFU pathway across trauma and orthopaedic pathways (SOS= 12,187/PIFU 2268) In March alone T&O added 756 to a SOS or PIFU pathway. T&O remain the biggest user of SOS/PIFU within the organisation. PROMS is collected for all arthroplasty patients at prehabilitation stage (since February 2022) to capture early data on the patient for comparative purposes later in their pathway and identification of service need and at one year post-surgery. Currently reviewing further collection at joint school (approx 3 months before surgery). Consultant views also being sought, following GIRFT suggestion, as to the validity of continuing with collection and review at 1 year post operatively for arthroplasty patients as surgical outcomes suggest this is not required. Further roll out of PROMS to other subspecialties to be considered
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R12p. Set out a short term elective recovery restart plan which identifies the most effective and efficient way to treat as many patients successfully as possible. This 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. CEOs of the Health Boards must meet and ensure that immediate changes are put in place collaboratively at pace to start to reduce waiting lists. **The plans should consider the following: Review patients with high BMI and weight management services and identify improvement strategies and how to best respond to patients wanting surgery with high BMI.**	June 2022 - Recommendation was accepted by HDUHB - Review patients with high BMI and weight management services and identify improvement strategies and how to best respond to patients wanting surgery with high BMI.	Lydia Davies	Jun-22	N/A	Green	The Screening service contacted all patients where there was a plan to treat by 31/3/22 to make initial health assessments before the patients attends full surgical preassessment in advance of surgery. The T&O Prehabilitation Service support health optimisation and tailored input/advice to patients by providing a programme that includes physical exercise sessions, advice on the self-management of symptoms, healthy life-style advice, nutritional advice, home safety advice and advice on mood and wellbeing, to improve post-operative and longer-term health outcomes and patient experience.
RNOH_GIRFTOR_0522	May-22	Getting It Right First Time (GIRFT) Orthopaedic Review	Lydia Davies	Director of Operations	R13. 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. Where immediate resource shortfalls exist, innovative workforce solutions should be developed to ensure that workforce gaps don't become the main risk to reducing waiting lists and to the success of future change plans. Improved workforce planning (including recruitment and retention strategies) must be in place urgently. The NCSOS will be providing a detailed consultant workforce review and also recommendations for a wider programme review the whole MSK workforce, we fully support this approach.	June 2022 - Recommendation was accepted by HDUHB - 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.	Lydia Davies			Amber	The 2023/24 Orthopaedic Delivery Plan has been endorsed by the Board within the Annual Plan. Capacity remains below pre-pandemic levels. The Regional Network Board will prioritiss plans for the longer term and identify associated workforce across SW Wales

Annex A: Orthopaedics Action Plan

Activity/ Metric	Meeting outputs	Agreed actions / Recommendations	Position Statement as at (May 2023)
Elective hip replacement			
Fixation method for elective hip replacements (%) − Patients 65+ yea	**Exemplar practice identified:** Hywel Dda University Health Board (HDUHB) predominantly use cemented hip fixations for patients over 65+ years, demonstrating good practice guidance is being followed.	**RNOH/GIRFT recommends:** This recommendation is being achieved at HDUHB. At least 80% of patients over 70 years of age should be receiving a fully cemented or hybrid hip replacement. This is compliant with the standardised Hip replacement in HVLC (High Volume Low Complexity) endorsed by the BOA.	**HDUHB already has high usage of cemented THR (best in Wales) which we need to maintain. Currently 2 different systems being utilised within the HB which could be rationalised to a single system.** March 2024 update Implant supply position is unchanged. Hywel Dda are the exemplar in Wales and provide the benchmark for a recent National program on procurement and potential cost savings in other HB's
5 and 10-Year Revision Rate Hip Primary	**Good practice identified:** Good 5-year elective hip revision rates, this is likely due to using cemented hip fixations, evidence shows using cemented hip fixations in patients over 65+years have better outcomes. Good 90-day mortality rates.	**RNOH/GIRFT recommends:** HDUHB to require annual peer review of Surgeon Level Reports from the NJR which should be noted in the appraisal documentation.	**HDUHB has 2 very high volume revision surgeons for both TKR and THR who deal with the majority of revision workload HB wide. There are 2 very low volume revision surgeons who cannot maintain sufficient volumes moving forward. Concentrating volumes within a cohort of 3 surgeons at present demand levels**

			would be most appropriate as there are service sustainability issues for acute revisions and peri-prosthetic fractures at times of leave etc. This will be addressed during upcoming job planning discussions **March 2024 update** **Revision surgery is now concentrated to 2 surgeons within the HB. Other low volume procedures e.g unicondylar knee joint replacement, patella-femoral joint replacement are also being addressed. Additional efforts to address revision, complex and low volume arthroplasty are being take forward through National and Regional workstreams. Hywel Dda will advertise for 2 further lower limb arthroplasty surgeons in the next 3-4 weeks and SBU have recently appointed 3 substantive lower limb arthroplasty surgeons that will contribute to a regional network to address longstanding concerns regarding quality and safety and sustainability.**

Elective knee replacement			
5 and10-Year Revision Rate Elective Knee	Glangwili Hospital no longer carries out elective knee revisions, this service has been centralised and is now carried out at the Trauma Centre. **Good practice identified:** HDUHB have good 5-year elective knee revision rates. Excellent elective knee revision rates at Prince Philip Hospital – 2 standard deviations below the mean. Good 90-day mortality rates.	**RNOH/GIRFT recommends:** to rationalise hip and knee prostheses across the Health Board to improve services. This will result in better familiarisation of the kit, and in improved theatre efficiencies, helping to reduce waiting lists and costs to the NHS. **RNOH/GIRFT recommends**: All revisions and primary patellafemoral, elbow and ankle replacement cases to be discussed in appropriate MDT's prior to surgical intervention.	**HDUHB already has one of the lowest variation of implant usage in Wales. Clinically driven rationalisation will be undertaken collaboratively. See above comments for THR revision in relation to TKR revision.** **Complex lower limb arthroplasty MDT being set up.** **Low volume arthroplasty e.g TER, TAR, PFJR to be discussed via National clinical networks within WON and specialty specific CRG's to avoid duplication.** **March 2024 update** **See comment above**
Elective joint procedure for adults – PEDW			
Hip Procedures Knee Procedures Shoulder Procedures	HDUHB have low hip and knee revision activity, this indicates consultants at Prince Philip Hospital and Withybush Hospital are	**RNOH/GIRFT recommends:** to undertake a review of arthroscopy and ankle activity data to identify the correct volumes and develop	**There are major clinical coding issues identified within all HB's.**

Elbow Procedures Hand and Wrist Procedures Ankle Procedures	performing primary operations to a high standard. Arthroscopy data looks to be underreported - generally the arthroscopy data is poor. Patients that need a shoulder replacement after significant trauma will have this carried out at Prince Philip Hospital. As part of the National Strategy Programme, an all Wales pathway is currently being developed. High shoulder subacromial decompression activity at Prince Philip. All cases go through the appropriate pathway including physiotherapy before being offered surgery. Ankle arthrodesis (fusion) and complex reconstruction foot procedures are carried out at two sites (Prince Philip and Withybush). HDUHB are currently working towards centralising foot and ankle activity at one hospital. High volumes of ankle replacements in comparison to ankle fusions. This is likely to be a coding error. Good practice identified: - Shoulder replacement surgery has been centralised and carried out at Prince Philip Hospital. (The data shows 2 x shoulder replacements were carried out at Glangwili Hospital, these were identified as trauma cases)	an improvement strategy to improve reporting of this data. This will be developed through the NCSOS project foot and ankle subspecialty and final reports. **RNOH/GIRFT recommends:** to review NHS shoulder subacromial decompression activity ensuring evidence is being used and these patients have gone through the appropriate pathway including physiotherapy before being offered surgery. **RNOH/GIRFT recommends:** to reconfigure foot and ankle procedure surgery to be carried out at one hospital. **RNOH/GIRFT recommends:** to review ankle replacements and ankle fusion data to understand if this a coding error.	**NCSOS/WON are working with the Delivery unit to develop an appropriate and clinically relevant dashboard to allow weekly sit rep to highlight variation in activity. Clinical Lead has met with Clinical Coding lead and waiting list teams to provide a simplified coding process to more accurately capture cases being listed locally. This is likely to be further amended once specialty specific CRG's within WON report back with their outputs in terms of standardised coding Nationally.** **All SAD's are provided with exhaustive non operative treatment according to GIRFT and BESS pathway.** **F+A CRG within WON will further develop principles of ankle arthritis clinical network to ensure appropriate MDT as above** **Shoulder revision surgery and complex primary undertaken as dual consultant procedures.**

	- Elbow and ankle replacements are carried out at Prince Philip Hospital. Single surgeon practice. - All shoulder subacromial decompression cases go through appropriate pathway including physiotherapy before being offered surgery - HDUHB are planning to centralise foot and ankle activity to be carried out at one hospital.		**Total elbow replacement volumes very low with a single surgeon undertaking. S+E CRG within WON to further advise on clinical network and requirements necessary with likely rationalisation to 1 or 2 centres in Wales or clinical network of visiting surgeon to ensure dual consultant operating.** March 2024 update No further update-Wales Orthopaedic Network have met with planned care associate lead and lead for DHCW to take forward issue of coding Nationally.
Elective joint replacement length of stay (days) PEDW			
Primary hip replacement Revision hip replacement Primary knee replacement Revision knee replacement Primary shoulder replacement Revision shoulder replacement Primary elbow replacement	Variation in length of stay rates across the hospitals in HDUHB. Withybush has longer length of stay rates than the national average for patients receiving hip replacement. There are high hip and knee revision length of stay rates. TWRB: Centralise hip and knee revision activity to reduce length of stay rates. Primary ankle replacement length of stay is longer than the national average.	**RNOH/GIRFT recommends:** HDUHB to undertake a review of hip and knee primary and revision length of stay rates and develop an improvement strategy. **Opportunity for learning best practice** A fully integrated 'discharge to assess' system for returning patients home safely from hospital has been implemented in Swindon. NHS England – Swindon's discharge to assess model.	**In patient surgery now centralised in a single unit leading to reduction in LOS overall.** **LOS for primary TKR, THR and TSR remains low.** **Challenges of moving to day case arthroplasty as a result of patient cohort and medical complexity but**

Revision elbow replacement Wrist replacement Primary ankle replacement Revision ankle replacement Knee ligament reconstruction Shoulder sub acromial decompression Shoulder rotator cuff Wrist arthrodesis (fusion) Ankle arthrodesis (fusion)	**<u>Good practice identified:</u>** Good primary elbow length of stay rates.	**RNOH/GIRFT recommends:** to review ankle replacement length of stay rates and establish an improvement strategy. **RNOH/GIRFT recommends:** to consider whether hip and knee day case surgery could be more broadly used for some patient groups. National day Surgery Delivery Pack can be found via the following link: Best Practice library – day surgery – Getting It Right First Time - GIRFT	**principles of process agreed within T+O and actively engaging with anaesthetic colleagues.** **TAR LOS likely to be affected by low volumes/clinical coding errors and currently not impacting upon bed utilisation-further scrutiny required.** March 2024 update No further update at this stage. Perfect month likely to provide valuable insight into the predominant issues affecting patient flow and LOS
Primary Hip			
Elective primary hip replacement with cemented fixation for patients 70+ Years	**Exemplar practice identified:** Excellent usage of cemented hip fixations being used for patients over 70+ years.	**RNOH/GIRFT recommends:** to cement THR in patients over 70 years old provides best outcomes	**See comments above**
Average length of stay for patients receiving elective primary hip replacement (days)	Length of stay is in line with the national average, there is room for improvement.	**RNOH/GIRFT recommends:** to consider measuring in hours opposed to days	**See comments above**
Return for another hip procedure (on the same side) within 1 year for patients 60+ years	**Exemplar practice identified:** Excellent return to theatre dates for another hip procedure within 1 year.	**RNOH/GIRFT recommends:** to consider post-operative follow ups to be carried out virtually.	**Adoption of best practice pathways as per GIRFT and NCSOS needs to be formally agreed. Most FUP arthroplasty activity is already virtual and APP**

			delivered e.g arthroplasty practitioner (Band 7/8). **No further action required at this stage** March 2024 No further update
Primary Knee			
Elective knee replacement for patients 60+ years average length of stay	Length of stay is in line with the national average, there is room for improvement.	**RNOH/GIRFT recommends:** to consider whether hip and knee day case surgery could be more broadly used for some patient groups. National day Surgery Delivery Pack can be found via the following link: Best practice library - day surgery - Getting It Right First Time - GIRFT	**See comments above**
Return admission within 1 year for another knee procedure on the same knee for patients 60+ years following primary knee replacement	**Good practice identified:** Excellent return to theatre rates for another knee procedure within 1 year.	**RNOH/GIRFT recommends:** to consider post-operative follow ups to be carried out virtually.	**See comments above**
Elective knee replacement for patients 60+ years who had an arthroscopy less than 1 year previously	Noted: the data for this metric will not currently a true reflection of the activity as many of the pts are still on the w/list over 1yr.	**RNOH/GIRFT recommends:** HDUHB to undertake regular peer arthroplasty reviews of surgeon level data also reviewing low volume activity.	**See comments above**
Primary Shoulder			
Elective shoulder replacement for patients 60+ years average length of stay	**Exemplar practice identified:** Excellent length of stay rates for patients receiving a shoulder replacement.		**See comments above**
Return for another shoulder procedure (on same side) within 1 year, for patients 60+ years	**Good practice identified:** Excellent return to theatre rates for another shoulder procedure within 1 year.		**See comments above**
Surgeon Data			

Number of surgeons assigned to providers over three-year period	Low volume surgery identified in primary hip, hip revision, knee primary and knee revision. HDUHB: This data looks incorrect as primary hip replacements are not carried out at Glangwili Hospital. All arthroplasty surgeons carry out at least one hip or knee replacement per week. There is some low volume hip and knee revision surgery carried out.	**RNOH/GIRFT recommends:** HDUHB to undertake a review of low volume surgeons across the totality of their practice. Surgeons delivering less than 10 hip and knee revisions over three years should no longer be performing this surgery. Operations delivered by surgeons who perform a very low volume of that surgery type are associated with increased lengths of stay, complications and cost.	**See comments above.** **This will be reviewed at job planning and discussed with individuals.** **March 2024 update** **See notes in other sections**
Procedures with adverse events - % of procedures with an adverse event			
2020 (1 year) National Joint Registry (NJR) Data Hip Knee	Good adverse event rates for hip and knee across the Health Board. Slightly high hip adverse event rates at Prince Philip Hospital. **<u>Bronglais</u>** Hip Primary: 0.00% Knee Primary: 0.00% **<u>Glangwili:</u>** Hip Primary: 0.00% Knee Primary: 0.00% **<u>Prince Philip</u>** Hip Primary: 1.29% Knee Primary: 0.00% **<u>Withybush</u>** Hip Primary: 1.12% Knee Primary: 0.00% **<u>HDUHB</u>** Hip Primary: 0.98% Knee Primary: 0.00%	**RNOH/GIRFT recommends**: to review adverse events for primary hip at Prince Philip Hospital. A review of the theatre adverse events/ NJR data to be carried out annually.	**Adverse events reviewed immediately within monthly Dept meeting to ensure learning rapidly disseminated.** **March 2024** **Clinical lead has requested that lower limb arthroplasty surgeons set up a dedicated governance group to discuss these issues, as well as form a including anonymised individual practice review of NJR, SSI data, patient related outcomes, clinical MDT and arthroplasty planning sessions on a regular basis, to be recognised within DCC time and supported in principle by Medical Director, CEO and COO.**
PROMs – Average health gain – Case-mix adjusted Oxford hip/knee score			

<table>
<tr>
<td>2019/20 (1 year)
Hip replacement – Inpatient
Hip replacement – Inpatient and Readm.
Knee replacement – Inpatient
Knee replacement – Inpatient and Readm.</td>
<td>
<table>
<tr><th>Bronglais</th><th>Glangwili</th><th>Prince Philip</th><th>Withybush</th></tr>
<tr><td>0</td><td>N/A</td><td>0.44</td><td></td></tr>
<tr><td>0</td><td></td><td>0</td><td></td></tr>
<tr><td>0</td><td></td><td>0.22</td><td></td></tr>
<tr><td>0</td><td></td><td>0</td><td></td></tr>
</table>
</td>
<td>RNOH/GIRFT recommends: to discuss and review PROMs score internally on an annual basis.</td>
<td>PROMS “data dump” and analysis requested. Proposal of an annual arthroplasty outcomes/NJR review session involving all orthopaedic clinicians as part of arthroplasty MDT

March 2024
See updates in other sections</td>
</tr>
<tr><td colspan="4">Surveillance of surgical site infection (SSI) – orthopaedics – percentage of procedures with an infection – elective procedures</td></tr>
<tr>
<td>2019/20 (1 year)
Hip replacement - Inpatient
Hip replacement - Inpatient and Readm.
Knee replacement - Inpatient
Knee replacement - Inpatient and Readm.</td>
<td>
<table>
<tr><th>Metric</th><th colspan="2">Bronglais General Hospital</th><th>Glangwili General Hospital</th><th colspan="2">Prince Phillip Hospital</th></tr>
<tr><td>Hip replacement</td><td>2019
0</td><td>2020
0</td><td>N/A</td><td>2019
0</td><td>2020
0</td></tr>
<tr><td></td><td></td><td></td><td></td><td>0.44</td><td>0</td></tr>
<tr><td>Hip replacement - Inpatient and Readmission</td><td>0</td><td>0</td><td></td><td>0</td><td>0</td></tr>
<tr><td>Knee replacement – Inpatient</td><td>0</td><td>0</td><td></td><td>0.22</td><td>0</td></tr>
<tr><td>Knee replacement - Inpatient and Readmission</td><td></td><td></td><td></td><td>N/A</td><td></td></tr>
</table>
</td>
<td>RNOH/GIRFT recommends: 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 review of infected cases should be undertaken for learning.</td>
<td>SSI data collected for all joint replacements across the HB since the centralisation of inpatients procedures at BGH and PPH – March 2022.

March 2024
Updated SSI report awaited but data collection and retrospective review noted be most thorough and robust in Wales. Hywel dda practice being used as an exemplar in other HB’s and regions.</td>
</tr>
<tr><td colspan="4">Litigation</td></tr>
<tr>
<td>Total number of Claims T&O Claims

The total costs involved for T&O</td>
<td>Number of claims: 112

Total costs of claims : £5,968,469.43</td>
<td>RNOH/GIRFT recommends: HDUHB to regularly review the claims in detail including 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 triangulated with learning themes from complaints, inquests and serious untoward incidents (SUI) and where a claim</td>
<td>Claims are discussed openly and transparently in an anonymised “no blame” manner within Dept monthly meetings so that learning can be provided quickly. Further progress of claims are shared periodically including expert evidence</td>
</tr>
</table>

		has not already been reviewed as a SUI we would recommend that this is carried out to ensure no opportunity for learning is missed.	**and additional learning points.** **No further action required.** **March 2024** **No change**