



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	10 August 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Clinical Audit Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing
SWYDDOG ADRODD: REPORTING OFFICER:	Ian Bebb, Clinical Audit Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report provides a position statement to the Quality, Safety and Experience Committee (QSEC) on clinical audit activity.

Cefndir / Background

The Health Board develops an annual Clinical Audit Programme which is carried out by the Services. This programme consists of a list of key clinical audit projects that have been prioritised in line with Health Board (service-specific or otherwise) aims and objectives. This programme also includes all projects mandated by Welsh Government (NCAORP*) and other national bodies. National benchmarking will also be possible through this mechanism.

Due to the COVID-19 pandemic the decision was made to extend the 2019/20 programme by another year. The 2019/21 programme would be finalised in 2021 and the next annual programme for 2021/22 would be developed.

National Clinical Audit

On the 19th March 2020 the Deputy Chief Medical Officer wrote to Health Boards, indicating that all clinical audit data collection would be suspended. Welsh Government arrived at this decision in consultation with the Healthcare Quality Improvement Partnership (HQIP) which runs the National programme. This has not resulted in an outright ban on audit data collection and those wishing to continue have been allowed to do so. There is also no expectation that data collection will be completed retrospectively after the crisis has abated. The Health Board has maintained a number of projects during this time period.

* National Clinical Audit and Outcome Review Programme

Asesiad / Assessment

During the COVID-19 pandemic there has been a significant reduction in the demand for clinical audit activity.

Resource for Clinical Audit

Resource for clinical audit within the Health Board remains variable within the specialties. Some specialties have been significantly impacted by the pandemic and as a result have been unable to contribute to some of the national and local audits.

A new Clinical Director for Clinical Audit, Dr Angeliki Karatasiou was appointed in February 2021. The new Director will work with the Clinical Audit Manager and the Clinical Teams to build a stronger clinical audit programme, as well as to consider the processes and governance around clinical audit projects. The new Clinical Director will also Chair the Clinical Audit Scrutiny Panel and represent Clinical Audit at other forums.

National Clinical Audit Update

Welsh Government is currently trying to determine the best approach to reinstating the national programme. The programme remains suspended for the time being, but it is expected that it will resume in the near future.

Clinical Audit Programme 2019/21

The Clinical Audit Department has been working with the Services to conclude the 2019/21 programme. A number of projects were delayed as a result of the pandemic and some others were deprioritised, given the situation. There still remain a number of projects in progress and this includes some new additions to the programme throughout this time period.

The Clinical Audit Department will continue to work with the Services to see these projects through to completion. An annual report will be produced and presented at various forums, given the close of the 2019/21 programme.

Clinical Audit Programme 2021/22

The Clinical Audit Department has also been working to develop the 2021/22 programme. The Audit Team has been liaising with senior quality and governance forums representing the Services to develop this, and has also reached out to Clinical Leads and Nursing forums. Progress has been slow as the Health Board is still not at full functionality, although a number of projects have been submitted.

The Clinical Audit Department is now finalising the programme but will continue to work with the Services to develop their programmes throughout the year. The Department will also expand the programme to other forums and engage with other specialties to ensure that the programme is representative of the whole Health Board.

The new programme will seek to focus on the recovery from COVID-19, reflecting audits that assess care during and after, and provide evidence for effective new ways of working, service redesign or areas that have been identified as a risk during the pandemic.

Clinical Audit Scrutiny Panel

The Panel continues to meet and is now under the direction of the new Chair and Clinical Director for Clinical Audit. At the most recent meeting the Panel discussed some of the participation concerns relating to some of the national audits, and will invite service representatives to attend future meetings to discuss these. Although primarily these projects still remain non-mandatory, it is the Health Board's intention to ensure full participation where possible.

Shared Learning

The Clinical Audit Department has resumed its programme of Whole Hospital Audit meetings (WHAM) for 2021 in line with pre-COVID plans. Four dates have been agreed for 2021 and

WHAMs will be conducted simultaneously on each of the four acute sites to allow for a Health Board-wide forum when appropriate, as well as to reduce the impact of these sessions on clinical time.

The first of these was held on 10th March 2021. A digital platform was used, and a total of 10 presentations were given across the Health Board, with additional sessions on Governance held at some sites. The second session was held on the 24th June 2021 with a further 10 presentations. The Clinical Audit Department will continue to utilise and build on this format for the remainder of the year. Attendance at the sessions was very good, despite the current pressures.

The next session will be held on the 29th September 2021 and will be chaired by the Clinical Director for Clinical Audit. It will be a Health Board-wide event and an external speaker will attend to discuss the new Medical Examiner Office.

Argymhelliad / Recommendation

The Quality, Safety, Experience and Assurance Committee is asked to:

- Note the continued decision from Welsh Government to suspend all audit data collection;
- Note the continued reduction in clinical audit activity during the COVID-19 outbreak;
- Note the decision from some clinical teams to maintain data collection;
- Note the continuation and commencement of a number of local audit projects;
- Note the appointment of a new Clinical Director for Clinical Audit;
- Note the re-commencement of WHAM;
- Note the work around the 2019/21 and 2021/22 clinical audit programmes.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.17 Approve the annual clinical audit plan, ensuring that internally commissioned audits are aligned with strategic priorities.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Nursing Quality and Patient Experience (NQPE 275)
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 3.3 Quality Improvement, Research and Innovation 3.4 Information Governance and Communications Technology 3.5 Record Keeping
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	All Quality Improvement Goals Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives:	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Welsh Health Circular 2019 006: National Clinical Audit Annual Plan Letter from DCMO 19.03.2020 Letter from HQIP 20.03.2020
Rhestr Termiau: Glossary of Terms:	Explanation of terms is included in the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiad: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Mandy Rayani, Director of Nursing, Quality and Patient Experience

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	None.
Ansawdd / Gofal Claf: Quality / Patient Care:	<p>Failure to participate in clinical audit and to conduct audits effectively could lead to concerns not being identified and subsequent improvements in services not being made.</p> <p>During the COVID-19 pandemic participation in audit activity will divert resource away from clinical areas and as a result would negatively impact on the Health Board's ability to respond to the outbreak.</p>
Gweithlu: Workforce:	During the pandemic much of the relevant workforce for clinical audit was deployed elsewhere or are focusing on clinical priorities. This remains the case in some specialties.
Risg: Risk:	<p>There is a risk that services cannot provide quality assurance or focus on quality improvement. This is balanced against the need to respond to the continued crisis. The impact of this is also limited due to the reduction in patient samples (e.g. elective surgery).</p> <p>The risk to clinical services is minimised by not diverting resources to clinical audit projects.</p>
Cyfreithiol: Legal:	None.
Enw Da: Reputational:	There is little risk to reputational impact during this pandemic as Welsh Government has suspended audit data collection and assurance reports.
Gyfrinachedd: Privacy:	Not Applicable

Cydraddoldeb: Equality:	There is variability in participation for national audit across the organisation which means that practice cannot be compared locally or nationally and inequality of care may not be identified. This does not have a direct impact on equality - only that it is more difficult to measure.
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Clinical Audit Update

NJR

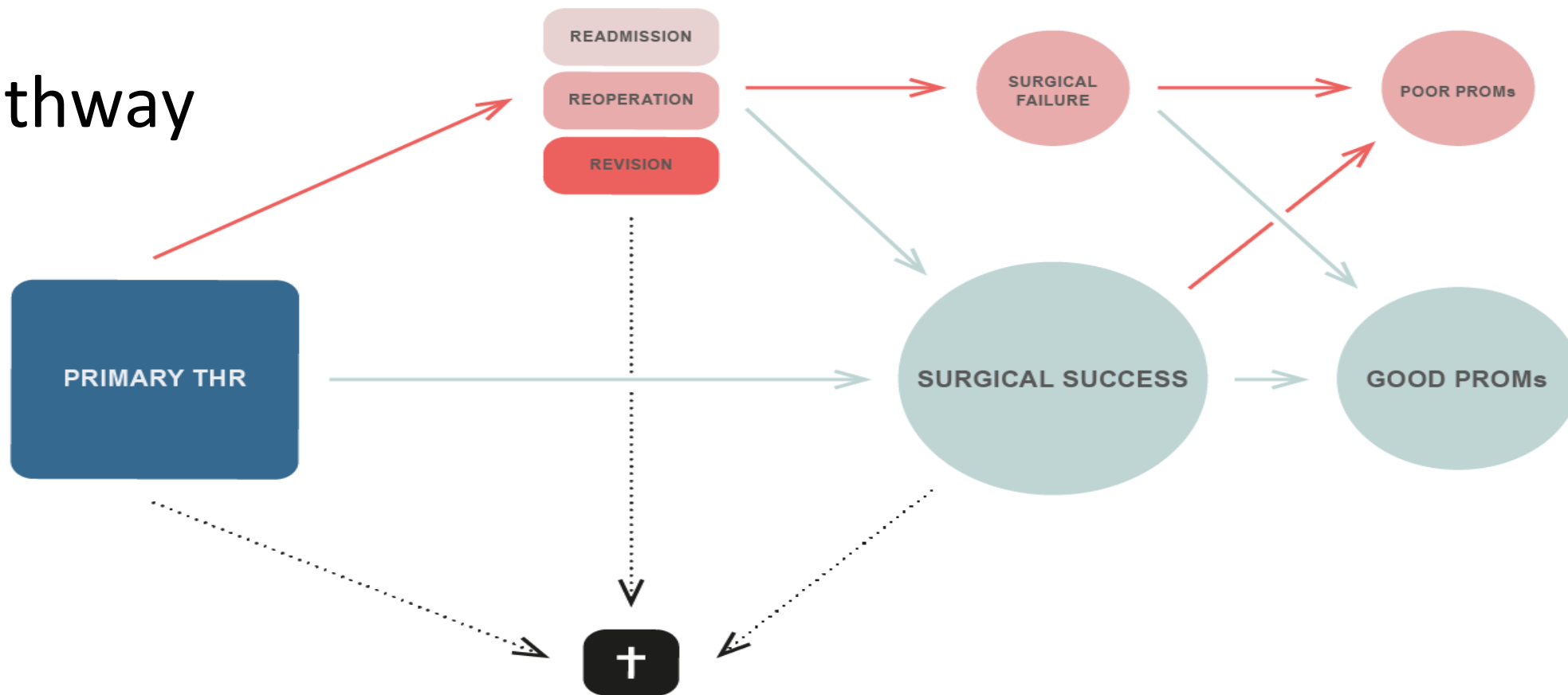
Dr P.H.J. Cnudde, M.D., PhD.

hello my name is..



Situation

Pathway





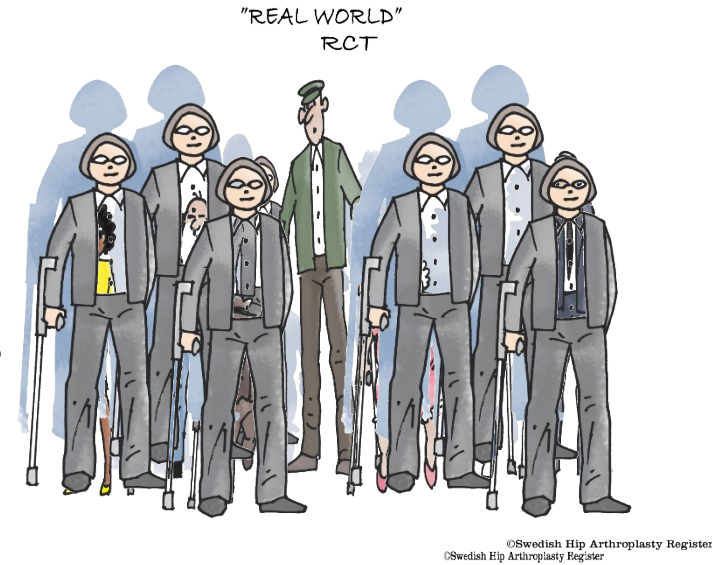
Joint Registries

- Codman
 - “the end result idea”
 - “if not, why not”
- Charnley, the Mayo Clinic (1969), the Harris Register (1972)
- National registries:
 - Sweden: SKR (1976), SHAR (1978)
 - Norway, Finland, Denmark, AOANJRR, NJR
 - Holland, USA
- Collaboration of registries:
 - NARA, ISAR



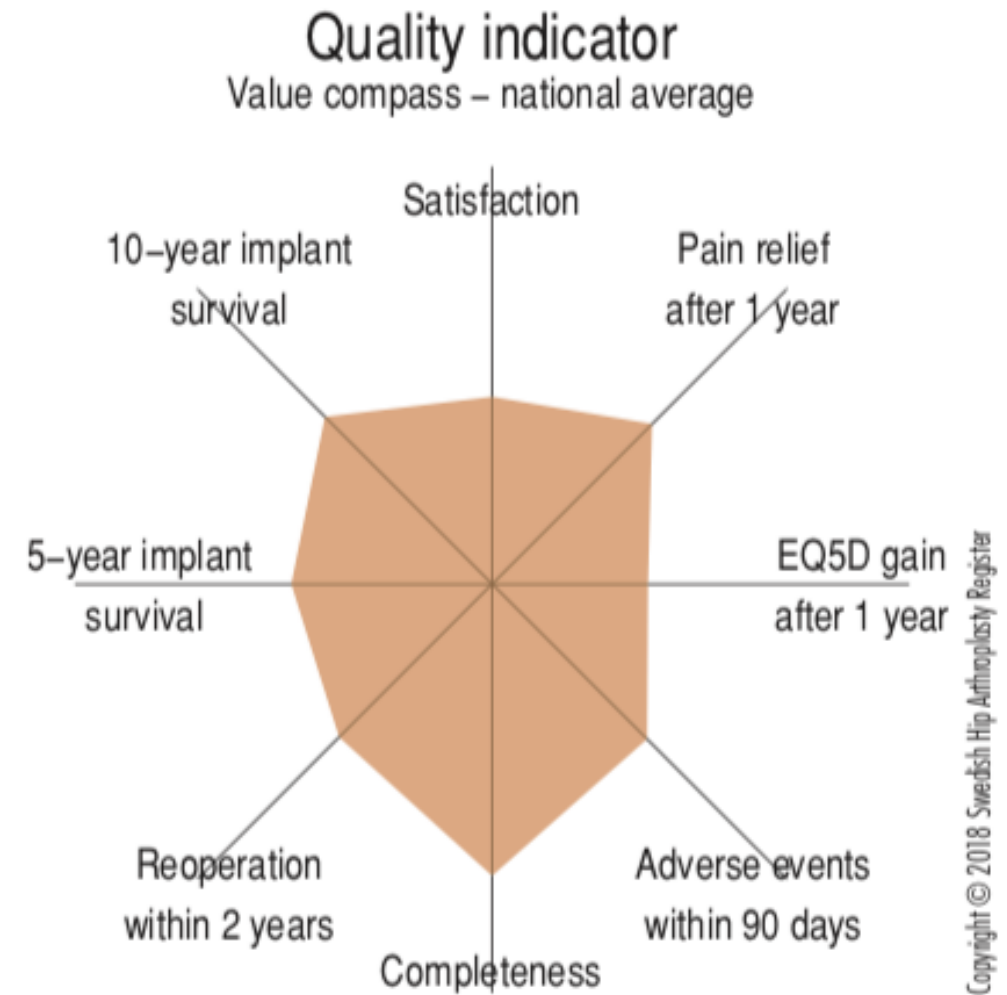
Aim

- Analyzing Health Care Institutions and their activities
- Stimulating continuous clinical Quality Improvement
- Research
- Post market surveillance



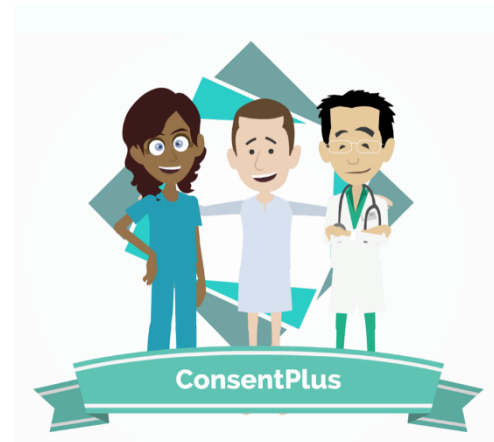
Who is it for?

- Patient
- Surgeon
- Department
- HB
- Country
- International community



Patient

- Find out about the surgeon/hospital
- Consent plus
- SDM-tool based on variables (sex/age/approach/type of operation/...)



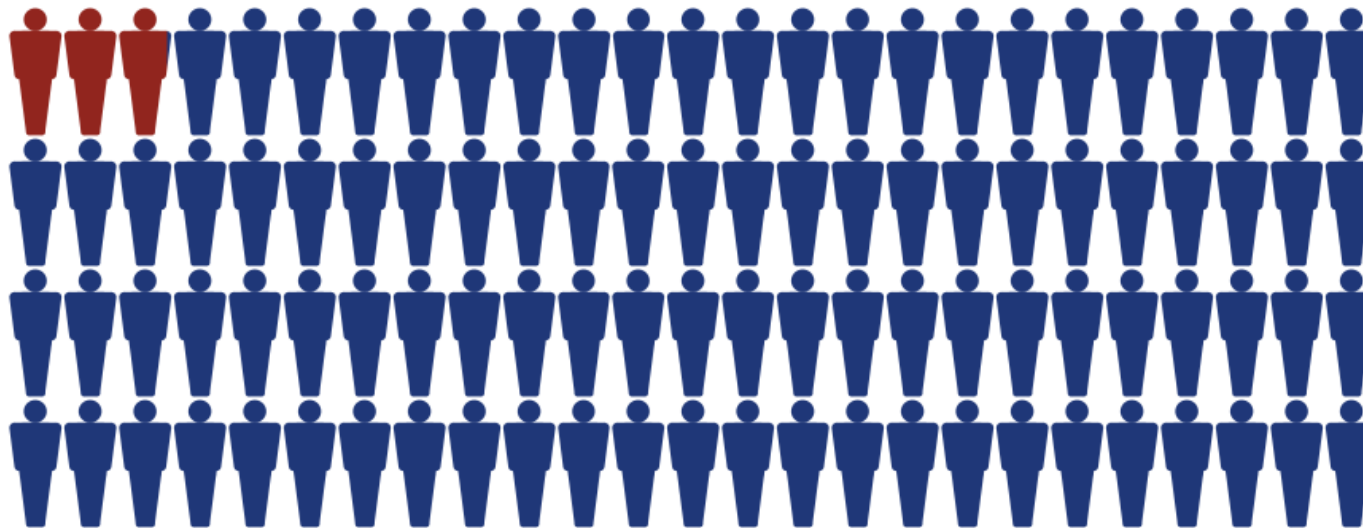
How much better will I be after surgery?

1 in 34 (2.9%) people like you will undergo a repeat operation within 10 years

What does this mean?

Your personal 10 year re-operation risk score is 2.9%. This means that approximately 1 in 34 operations on people similar to you will need redoing over the following 10 years.

B



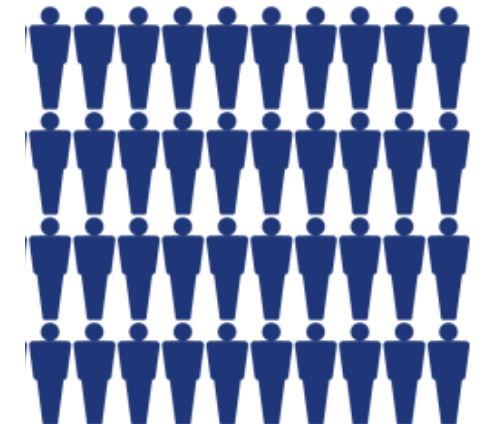
What does this mean?

We have calculated your Oxford hip score that interferes with activity and sleep on the hip. We estimate that by 6 months after your operation, you will have no limitation of regular activities, either

in a year after operation

1 in 34 (2.9%) people like you, who do not have an operation, die within a year

people with similar personal characteristics to you risk of death for someone of your age and sex in the next 10 years. Your personal risk of death within a year after



Surgeon



- NEVER events
- Profiling
 - Patient characteristics
 - Implant choices
 - Numbers
- Outcomes
 - Mortality
 - Revision rates
 - (re-)revision rates
 - Individual patient details
- Outlier status

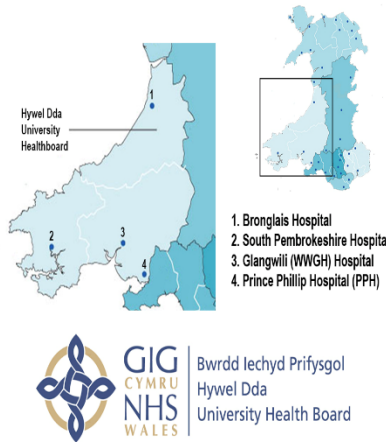
Hospital



- NEVER events
- Profiling
 - Patient characteristics
 - Implant choices
 - Numbers
- Outcomes
 - Mortality
 - Revision rates
 - (re-)revision rates
- Outlier status

Healthboard

- Data quality&time frame
 - Do the numbers add up
 - Coding
- Implant information
 - Numbers
 - Cost
 - Outcomes
- Outcomes
- GIRFT
- Health Economics
- Planning
- Research (Data is power)



Country

- Patient characteristics
- Implant choices
- Revision/reoperation rates
- PROMs
- Early Warning Signs
- GIRFT
- Health Economics
- Planning
- Research (Data is power)

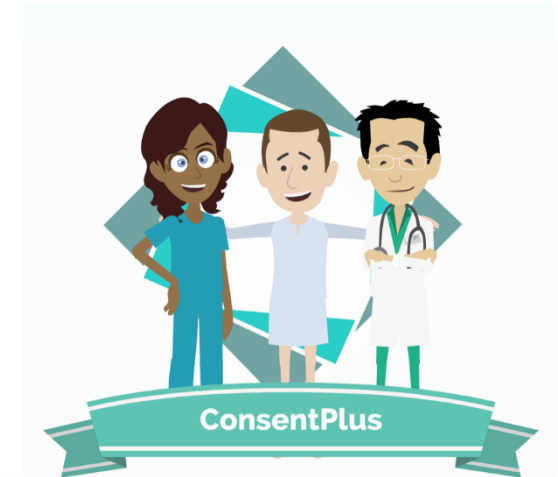


Risks and Mitigation

How are we managing and mitigating the risks in order to provide an assurance that these are being reviewed and updated?

@ Patient level:

1. Consenting?
2. Shared-Decision Making?



Risks and Mitigation

How are we managing and mitigating the risks in order to provide an assurance that these are being reviewed and updated?

@ Surgeon level:

1. Outcomes review?
 1. Mortality
 2. Revision rates
 3. Implant choices
2. Discussion with peers
3. Appraisal
4. Outlier status?



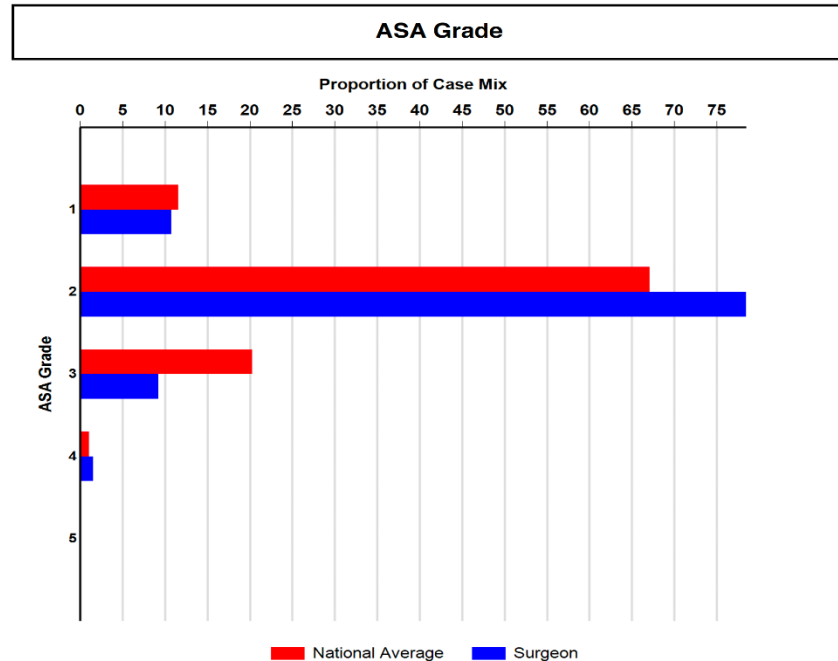
Consultant Level Report for:

Mr Peter Cnudde
GMC Number: 4449175
NJR Number: 2618

For the Period to 31 March 2021

36 month activity: for the period 1 Apr 2018 – 31 Mar 2021

Organisation Type	Unit	Hip	Knee	Ankle	Elbow	Shoulder	Total	% of activity
Independent Sector	BMI Werndale Hospital	145	43	0	0	0	188	23%
NHS	Prince Philip Hospital	390	238	0	0	0	628	76%
NHS	West Wales General Hospital	10	1	0	0	0	11	1%
Total		545	282	0	0	0	827	



BMI

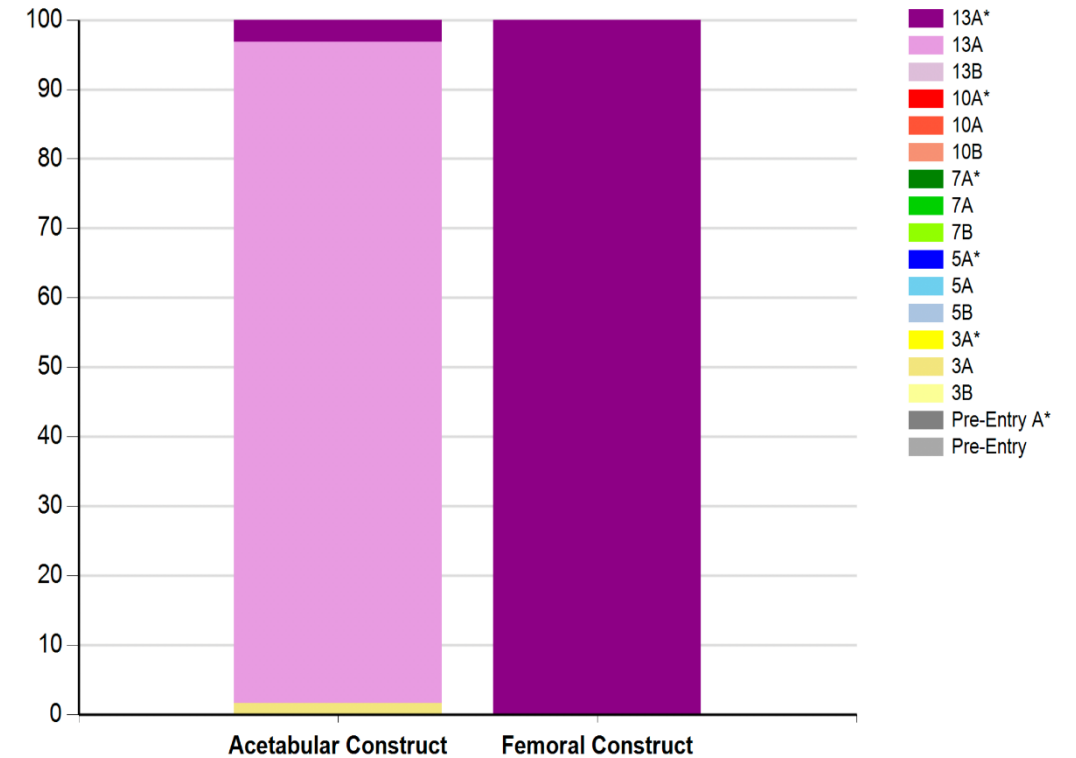
	Patient Median BMI
National	28.00
Surgeon	28.00

AGE

	Patient Mean Age
National	68.47
Surgeon	71.42



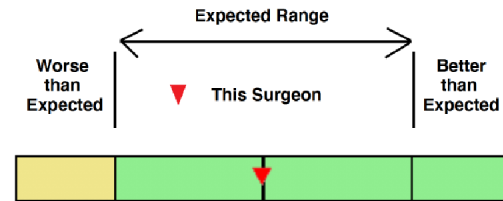
Implant Usage by ODEP Rating for period 1 April 2020 – 31 March 2021



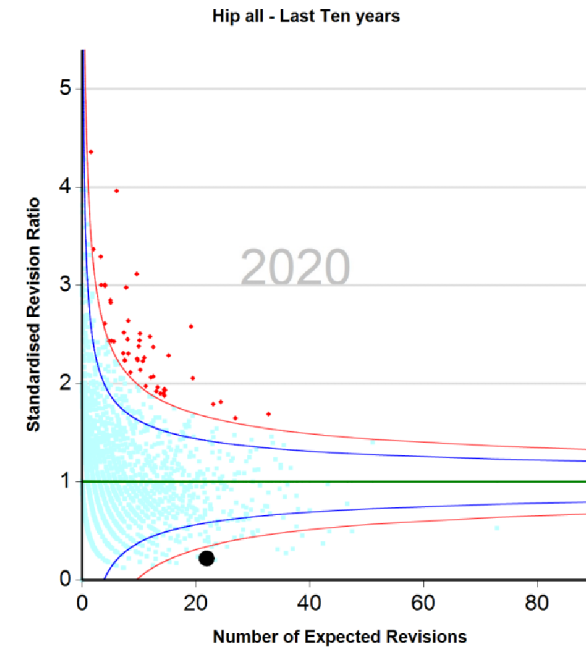
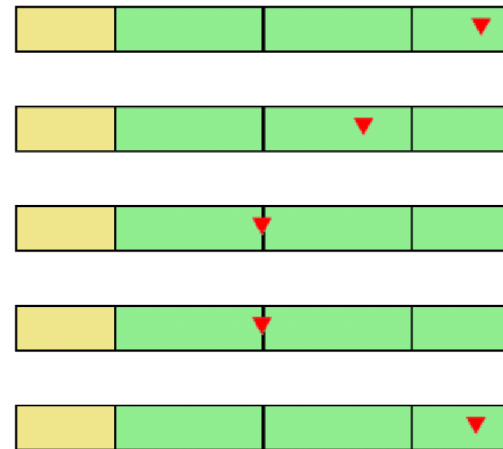
Outcomes



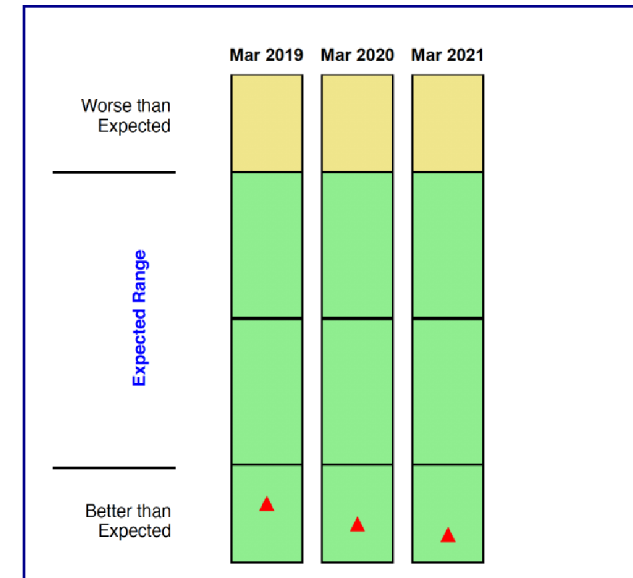
Indicator Set	Indicator	Linkable Primaries	Expected Events	Observed Events
Mortality	Primary Hip – Last Five Years	749	1.55	1



Revision	Hip All - Last Ten Years	1385	21.87	4
Revision	Hip All - Last Five Years	767	7.49	2
Revision	Cemented Hip Procedures - Last Ten Years	5	0.12	0
Revision	Cementless Hip Procedures - Last Ten Years	2	0.08	0
Revision	Hybrid Hip Procedures - Last Ten Years	1358	21.28	4



● Data
 — Upper 99.8%
 — Upper 95%
 — Lower 95%
 — Lower 99.8%
 ● Outlier
 ● Mar 2021
 ● Mar 2020



Risks and Mitigation

How are we managing and mitigating the risks in order to provide an assurance that these are being reviewed and updated?

@ Hospital/healthboard level:

1. NEVER events?
 1. Wrong side implant
 2. Implant mismatch
2. Profiling?
 1. Patients
 2. Implants
 3. Numbers/surgeon
3. Outcomes
4. Outlier status

Hywel Dda Health Board

Annual Clinical Report

For the Financial Year 2019/20

PPH THA



Outcome of Primary Hip

ConsultantID	Last 5 Years			Last 10 Years		
	Implanted	Revised	Expected	Implanted	Revised	Expected
2618	656	2	6.7	1178	5	19.7
3891	489	3	5.6	498	3	5.7
2617	252	2	2.7	495	3	8.0
4750	158	0	1.4	158	0	1.4
1741	50	1	0.6	126	2	2.4
1018	14	1	0.2	198	4	4.5
2320	11	0	0.1	43	0	0.9
3329*	86	0	1.1	175	5	3.2
3018*	1	0	0.0	4	1	0.1
3225*	1	0	0.0	1	0	0.0
2690*				75	5	1.7

* Consultant has no activity recorded over the past 12 months

Reason for Revision	Last 5 Years			Last 10 Years		
	Revised	Expected	p value	Revised	Expected	p value
Infection	4	5.3	0.83	7	10.7	0.35
Dislocation / Subluxation	0	5.3	0.013	2	11.5	0.002
Periprosthetic Fracture Stem	1	3.5	0.28	3	8.5	0.057
Aseptic Loosening - Stem	0	1.6	0.42	2	6.0	0.14
Aseptic Loosening - Socket	1	1.1	1	8	4.3	0.082
Malalignment Socket	2	0.9	0.24	5	2.5	0.11
Malalignment Stem	2	0.7	0.15	2	1.6	0.67
Unexplained Pain	0	0.6	1	5	3.8	0.44
Periprosthetic Fracture Socket	1	0.4	0.35	1	1.0	0.62
Wear Of Acetabular Component	0	0.4	1	0	1.4	0.65
Dissociation of Liner	0	0.3	1	0	0.9	1
Adverse Soft Tissue Reaction	0	0.2	1	0	1.8	0.27
Implant Fracture Socket	0	0.2	1	0	0.7	1
Implant Fracture Stem	0	0.2	1	0	0.8	1
Lysis Stem	0	0.1	1	0	0.7	1
Lysis Socket	0	0.1	1	1	0.7	0.5
Implant Fracture Head	0	0.1	1	0	0.2	1
Other	1	1.2	1	5	3.4	0.4
Total Revised	9	19.2	0.015	28	49.2	0.002

Significantly better $p < 0.001$
Significantly better $p < 0.05$
Significantly worse $p < 0.05$
Significantly worse $p < 0.001$



PPH TKA



Outcome of Primary All Knees

ConsultantID	Last 5 Years			Last 10 Years		
	Implanted	Revised	Expected	Implanted	Revised	Expected
3891	480	2	6.0	490	2	6.2
2618	495	1	5.8	915	8	19.7
1741	264	3	4.0	491	12	12.8
2617	336	2	3.8	648	10	13.3
4750	129	1	1.0	129	1	1.0
2320	36	0	0.5	92	3	2.9
1018	21	1	0.4	243	18	6.9
6675	54	0	0.2	54	0	0.2
3901	1	0	0.0	1	0	0.0
3329*	121	3	1.8	249	8	5.9
3225*	1	0	0.0	1	0	0.0
2690*				96	7	3.5
3018*				13	0	0.5
4507*				1	0	0.1
1017*				1	0	0.0

* Consultant has no activity recorded over the past 12 months

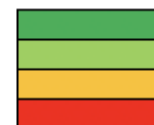
Reason for Revision	Last 5 Years			Last 10 Years		
	Revised	Expected	p value	Revised	Expected	p value
Infection	5	7.0	0.57	15	16.3	0.9
Instability	3	3.5	1	14	10.5	0.28
Progressive Arthritis Remaining	1	3.1	0.39	6	11.8	0.11
Aseptic Loosening Tibia	0	2.8	0.13	8	11.1	0.45
Unexplained Pain	5	2.5	0.11	14	10.2	0.27
Malalignment	0	1.9	0.27	5	5.5	1
Stiffness	0	1.9	0.27	3	5.2	0.51
Aseptic Loosening Femur	0	1.1	0.63	5	5.0	1
Dislocation / Subluxation	0	1.1	0.63	2	2.8	1
Periprosthetic Fracture	0	1.0	1	6	2.6	0.049
Lysis - Tibia	0	0.5	1	1	2.3	0.73
Aseptic Loosening Patella	0	0.4	1	3	2.1	0.47
Wear of Polyethylene Component	1	0.3	0.28	4	2.0	0.14
Component Dissociation	0	0.3	1	0	0.9	1
Lysis - Femur	0	0.3	1	1	1.2	1
Implant Fracture	0	0.1	1	0	0.3	1
Other	0	2.2	0.18	5	7.4	0.46
Total Revised	13	23.7	0.023	69	73.3	0.68

Significantly better $p < 0.001$

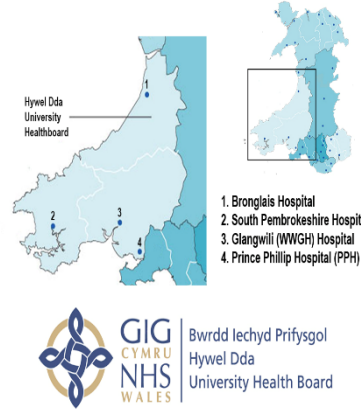
Significantly better $p < 0.05$

Significantly worse $p < 0.05$

Significantly worse $p < 0.001$



Data quality and review



Name	Activity			Downloaded Consultant Report?	Declaration Confirmed?
Andrew Morgan			E S	N	N
Anil Anirudh Arvind Gadgil	H	K	A	N	N
Anwar Ahmad Abdel-Salam	H	K		N	N
Chellaton Nambiar	H	K		N	N
Dafydd Alun Evans	H	K		Y	Y
Daniel Alexandru Guta	H	K		N	N
Dylan Jewell	H	K		N	N
Mohamed Omar	H	K		N	N
Mohammed Yaqoob	H	K		N	N
Mostafa Hassan Elabbadi	H	K		N	N
Nitin Deshmukh	H	K		Y	Y
Owain Ennis	H		S	N	N
Peter Cnudde	H	K		Y	N
Raju Gudar Uppala	H	K		Y	N
Rhodri Llywelyn Williams	H	K		N	N
Robert Yate	H	K		N	N
Sanjay Sonanis	H	K		N	N
Stefan Bajada		K		Y	Y
Stefan Isopescu	H	K		N	N
Vellchami Sadai Appan	H	K		N	N

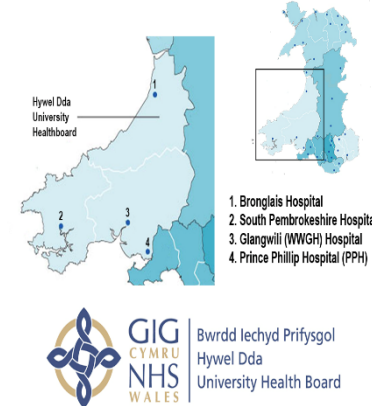
7. Data Quality Audit

The tables show the number of primary and revision procedures submitted to the NJR for the latest three completed data quality audit years. The procedures shown as being submitted over 400 days after the operation are those that were identified as either missing or incorrect during the audit. All records should be submitted within 30 days of the procedure taking place.

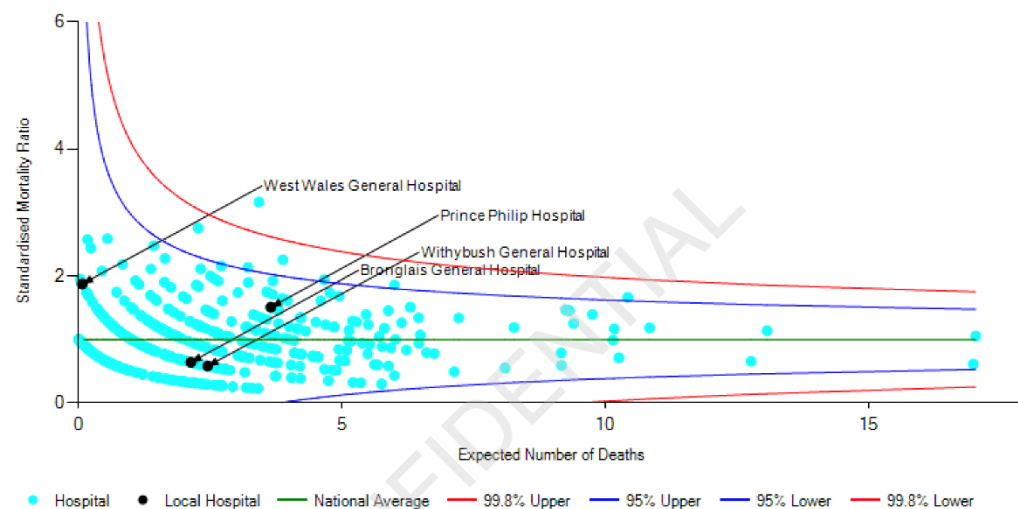
Hip Audit Results

Audit Year	Hospital	Total Primary For Audit Year	Total Primary Submitted Over 400 Days Late	Percent Of Primary Submitted Over 400 Days Late	Total Revision For Audit Year	Total Revision Submitted Over 400 Days Late	Percent Of Revision Submitted Over 400 Days Late
2015/2016	Bronglais General Hospital	129	8	6%	1	0	0%
	Prince Philip Hospital	302	39	13%	43	8	19%
	West Wales General Hospital	32	26	81%	21	17	81%
	Withybush General Hospital	215	13	6%	2	0	0%
	Trust/Group	678	86	13%	67	25	37%
2016/2017	Bronglais General Hospital	152	11	7%	0	0	0%
	Prince Philip Hospital	343	19	6%	25	4	16%
	West Wales General Hospital	23	6	26%	12	3	25%
	Withybush General Hospital	221	5	2%	1	0	0%
	Trust/Group	739	41	6%	38	7	18%
2017/2018	Bronglais General Hospital	104	22	21%	0	0	0%
	Prince Philip Hospital	331	120	36%	32	6	19%
	West Wales General Hospital	28	24	86%	10	10	100%
	Withybush General Hospital	208	4	2%	1	0	0%
	Trust/Group	671	170	25%	43	16	37%

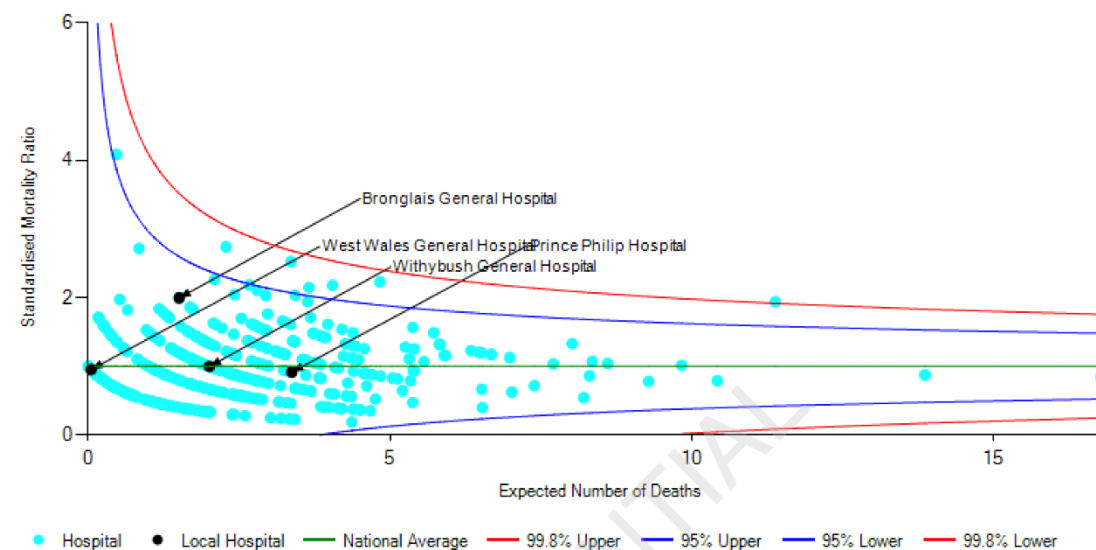
Mortality



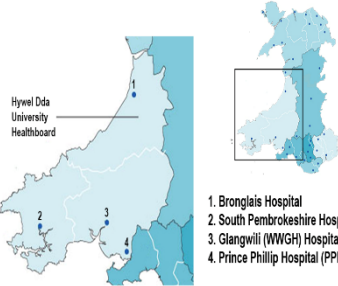
(i) SMR - Hips – last 5 year 90 day all-cause mortality (excluding trauma and malignancy). (Expected mortality: 0.26%)



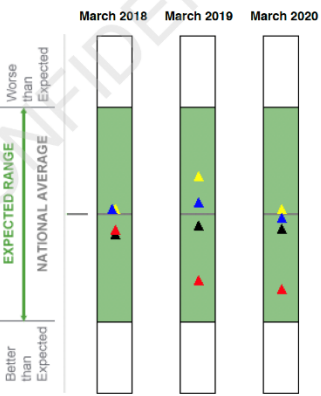
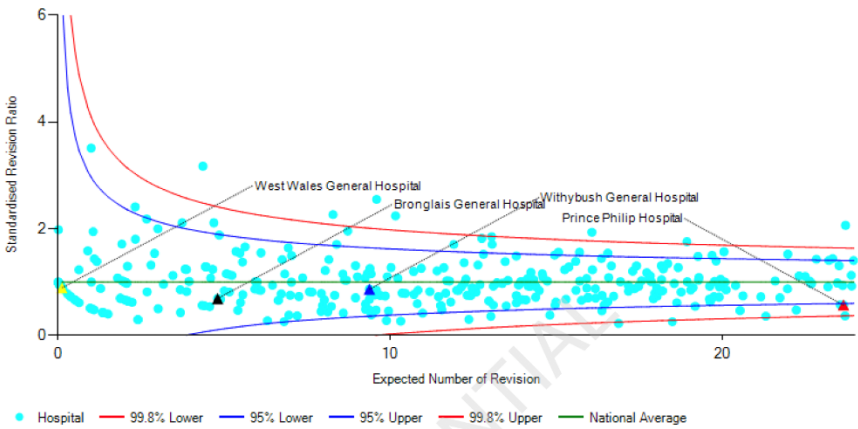
(ii) SMR - Knees – last 5 year 90 day all-cause mortality (excluding trauma and malignancy). (Expected mortality: 0.20%)



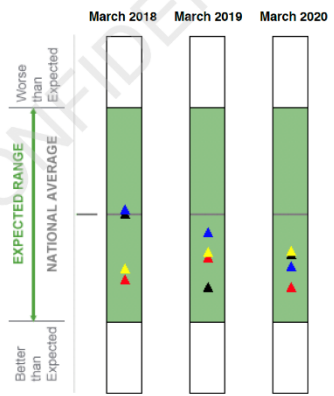
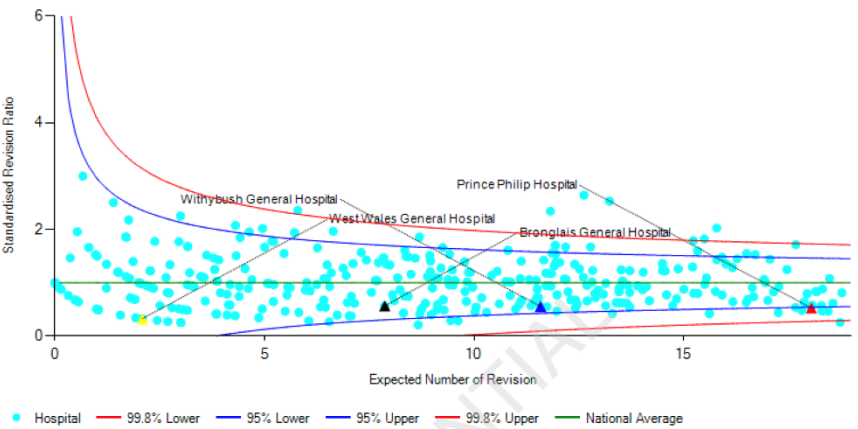
Revision rate (per hospital)



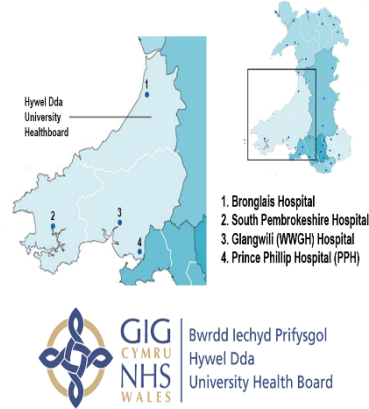
(iv) Hospital SRR - Knees (latest 5 years)



(ii) Hospital SRR - Hips (latest 5 years)

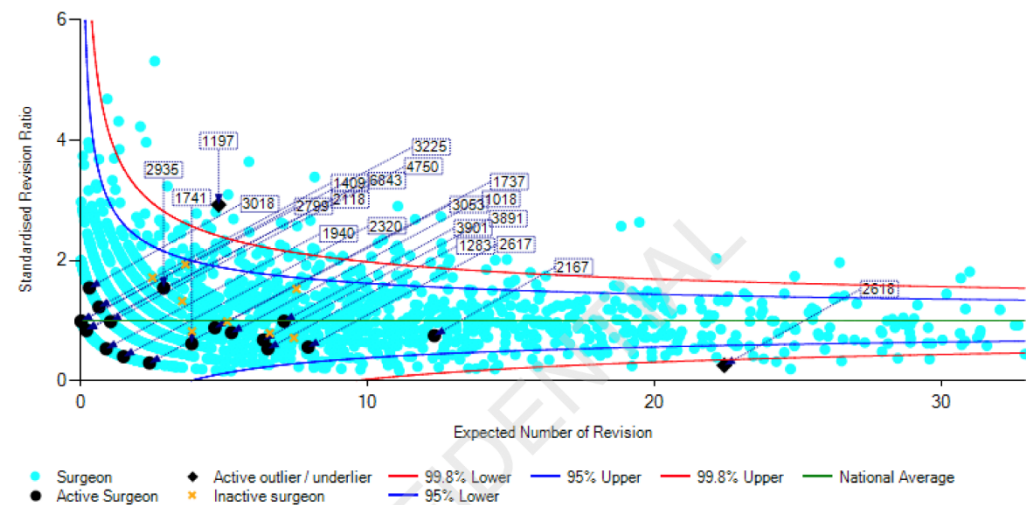


Revision rate (per surgeon)



(v) Hip Surgeon - all procedures (latest 10 years) (Expected PTIR : 0.39)

Consultant In Charge

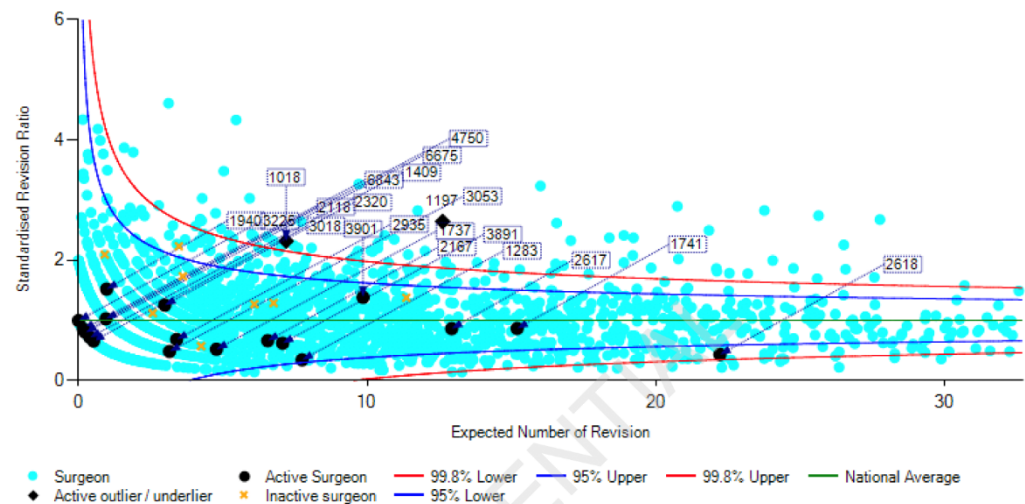


Hospitals at which a surgeon's data indicates potential outlier performance			
Hospital Name		Active Consultants Outlier	Inactive Consultants Outlier
Withybush General Hospital		1	0
Hywel Dda Health Board		1	0

Note: A surgeon may be associated with multiple units, and will be listed for each unit against which they have activity.
If a closed hospital is showing an active outlier this is because they are still active within the trust.

(x) Knee Surgeon - all procedures (latest 10 years) (Expected PTIR : 0.48)

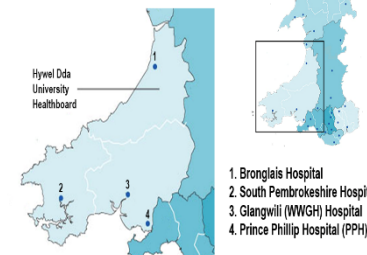
Consultant In Charge



Hospitals at which a surgeon's data indicates potential outlier performance			
Hospital Name		Active Consultants Outlier	Inactive Consultants Outlier
Prince Philip Hospital		1	0
West Wales General Hospital		1	0
Withybush General Hospital		1	0
Hywel Dda Health Board		2	0

Note: A surgeon may be associated with multiple units, and will be listed for each unit against which they have activity.
If a closed hospital is showing an active outlier this is because they are still active within the trust.

Tables (others)



Shoulder Replacement Data collection started April 2012

	1 year			3 years			5 years			7 years			10 years		
	Linkable cases	Revisions	Revision Rate	Linkable cases	Revisions	Revision Rate	Linkable cases	Revisions	Revision Rate	Linkable cases	Revisions	Revision Rate	Linkable cases	Revisions	Revision Rate
Bronglais General Hospital			0%			0%			0%			0%			0%
Prince Philip Hospital	161	2	1.24%	100	6	6%	62	5	8.06%	23	2	8.7%	0	0	0%
West Wales General Hospital	15	0	0%	10	0	0%	4	1	25%	2	1	50%	0	0	0%
Withybush General Hospital			0%			0%			0%			0%			0%
Hywel Dda Health Board	176	2	1.14%	110	6	5.45%	66	6	9.09%	25	3	12%	0	0	0%
Whole NJR	40,874	535	1.31%	26,491	871	3.29%	13,719	621	4.53%	3,556	213	5.99%	0	0	0%

Elbow Replacement Data collection started April 2012

	1 year			3 years			5 years			7 years			10 years		
	Linkable cases	Revisions	Revision Rate	Linkable cases	Revisions	Revision Rate	Linkable cases	Revisions	Revision Rate	Linkable cases	Revisions	Revision Rate	Linkable cases	Revisions	Revision Rate
Bronglais General Hospital			0%			0%			0%			0%			0%
Prince Philip Hospital	18	0	0%	9	0	0%	8	0	0%	2	0	0%	0	0	0%
West Wales General Hospital	8	0	0%	8	0	0%	2	0	0%	0	0	0%	0	0	0%
Withybush General Hospital			0%			0%			0%			0%			0%
Hywel Dda Health Board	26	0	0%	17	0	0%	10	0	0%	2	0	0%	0	0	0%
Whole NJR	3,883	42	1.08%	2,498	94	3.76%	1,309	75	5.73%	345	22	6.38%	0	0	0%

Ankle Replacement Data collection started April 2010

	1 year			3 years			5 years			7 years			10 years		
	Linkable cases	Revisions	Revision Rate	Linkable cases	Revisions	Revision Rate	Linkable cases	Revisions	Revision Rate	Linkable cases	Revisions	Revision Rate	Linkable cases	Revisions	Revision Rate
Bronglais General Hospital			0%			0%			0%			0%			0%
Prince Philip Hospital	53	1	1.89%	44	1	2.27%	28	1	3.57%	15	1	6.67%	0	0	0%
West Wales General Hospital			0%			0%			0%			0%			0%
Withybush General Hospital	9	0	0%	9	0	0%	8	0	0%	7	0	0%	0	0	0%
Hywel Dda Health Board	62	1	1.61%	53	1	1.89%	36	1	2.76%	22	1	4.55%	0	0	0%
Whole NJR	5,918	40	0.68%	4,171	158	3.79%	2,760	184	6.67%	1,629	115	7.06%	0	0	0%

Hip Replacements Data collection started April 2003

	1 year			3 years			5 years			7 years			10 years		
	Linkable cases	Revisions	Revision Rate	Linkable cases	Revisions	Revision Rate	Linkable cases	Revisions	Revision Rate	Linkable cases	Revisions	Revision Rate	Linkable cases	Revisions	Revision Rate
Bronglais General Hospital	1,742	3	0.17%	1,548	19	1.23%	1,267	29	2.29%	1,075	31	2.88%	763	24	3.15%
Prince Philip Hospital	3,651	12	0.33%	2,896	18	0.62%	2,252	22	0.98%	1,803	24	1.33%	1,016	21	2.07%
West Wales General Hospital	426	1	0.23%	379	2	0.53%	327	4	1.22%	260	6	2.31%	166	7	4.22%
Withybush General Hospital	2,668	23	0.86%	2,268	34	1.5%	1,838	49	2.67%	1,519	53	3.49%	936	58	6.2%
Hywel Dda Health Board	8,487	39	0.46%	7,091	73	1.03%	5,684	104	1.83%	4,657	114	2.45%	2,881	110	3.82%
Whole NJR	1,138,286	8,857	0.78%	940,714	14,040	1.49%	749,096	16,624	2.22%	573,435	18,100	3.16%	347,522	17,279	4.97%

Recommendation

For QSEAC to take an assurance from the presentation provided.

1. SDM tool - consent plus
2. Part of appraisal
3. Data quality and timeliness
4. Recognition
5. Discuss at departmental level (NJR-dedicated meeting)
6. VBHC
7. Strategy
8. MDT meetings

