



AGENDA ITEM

3.2.12

QUALITY & SAFETY COMMITTEE

**GIRFT REVIEW OF CWM TAF MORGANNWG UNIVERSITY HEALTH
BOARD FEBRUARY 2022**

Date of meeting	24/05/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Dr Esther Flavell, AMD Quality & Clinical Effectiveness
Presented by	Dr Dom Hurford, Medical Director
Approving Executive Sponsor	Executive Medical Director
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

GIRFT	Getting It Right First Time
PROMS	Patient Reported Outcome Measures
PCH	Prince Charles Hospital
CTMUHB	Cwm Taf Morgannwg University Health Board
RGH	Royal Glamorgan Hospital
POW	Princess of Wales Hospital

OT

Occupational Therapy

1. SITUATION/BACKGROUND

- 1.1 The 'getting it right first time'(GIRFT) masterclass has been established across the UK to improve services.
- 1.2 The aim of GIRFT is to 'tackle unwarranted variation to improve quality of patient care while also identifying significant savings'
- 1.3 It involves reviewing different specialties and giving peer to peer review to support local changes. Specialty reviews take a structured approach starting with data gathering followed by a 'deep dive' where direct clinical engagement occurs between clinical teams and health board teams. The following steps involves reporting and support to deliver the outcomes discussed alongside best practice guidance. The orthopaedic deep dive took place in February 2022.
- 1.4 A specific enabler from GIRFT is the high-volume low complexity programme aiming to help tackle waiting lists and reduce backlog to deliver excellence in outcomes and work quickly to address backlog.
- 1.5 The GIRFT deep dive looked at demographics for the hospitals within the health board including workforce numbers, surveys, and employment.
- 1.6 Figures were given for the hospitals provision of beds per site, number of lamina r flow theatres, ring fenced beds, inpatient surveys and number of low volume procedures done.
- 1.7 The factors include PROMS (patient reported outcomes), litigation and deep infection rates. Hospitals are asked for ways to keep length of stay low, scrutinize therapeutic arthroscopies in patients over 60.
- 1.8 Theatre teams and productivity are also reviewed alongside waiting lists.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 There are between 15 and 0 ring-fenced beds per site and 2-3 laminar flow theatres at each site for elective orthopaedic work. Laminar theatres are vital for joint replacements.
- 2.2 PROMS are collected at each site but meaningful data was not available for all sites (only PCH).
- 2.3 Measures such as joint school, enhanced recovery and therapy support were set up at each site but since Covid 19 these have not been fully re-established.
- 2.4 All sites have experienced issues with recruitment due to lack of elective lists and training and availability.
- 2.5 Cases per session are between 1.78 and 2.01

- 2.6 Turnaround time varies between 16 and 31 minutes across sites. Drivers for inefficiency are sited as old theatres, old working models, late starts, lack of beds, late order changes, ward delays and communication.
- 2.7 There are no elective beds in the health board. Waiting times are 149-188 weeks and numbers on the lists vary between 1359 and 2185 patients per hospital.
- 2.8 CTMUHB has high rates of uncemented arthroplasties when compared to Wales and the UK. Length of stay is higher within CTMUHB with stays of 6.63 for a hip replacement (vs 4.4 for Wales) and 5.8 for knee replacement (vs 4.4 for Wales)
- 2.9 Numbers of procedures per surgeon across 3 years were high with 124 for hips and 122 for knees, both higher than the Wales average. Adverse events were also low and comparable with other Welsh hospitals.

RECOMMENDATION

The findings from the deep dive will be incorporated into the national audit of Orthopaedic services in Wales for the Welsh Government.

Themes are consistent with other areas and include:

- Lack of provision of ring-fenced beds
- Lack of green site to deliver consistent joint replacement lists not affected by covid pathways and emergency patients
- High length of stay due to several factors such as therapy support
- Standardising procedures especially regarding the use of uncemented prostheses at one site

The health board group as detailed above has listed the following as key issues:

- Protecting the 19 inpatient beds
- Continue external contracts and look to increase these if NPT cases reduce
- Re-establish day surgery
- Consider cross site working
- Set up a central booking team with a job planned senior clinician for input
- Aim for 6 day physio and OT support to allow flow at weekends

Acknowledge and prepare for increased radiology requirements for recent scans

- Allocate radiographer for elective cases not shared with trauma
- Improve theatre efficiency

- Develop dashboard of planned vs actual activity
- Target a waiting time of < 52 weeks within 2023

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 A central elective recovery group was formed to respond to the findings. The aim of this group was to maximize elective inpatient and day case capacity. There has been input from the clinical service groups and Grant Thornton.

3.2 Current capacity available elective beds has been identified as;

- RGH 15
- POW 4
- PCH 8
- Spire 30/month
- Nuffield 20/month
- Neath Port Talbot 64

3.3 There are no arrangements in place for 3 session days.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Timely Care If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Yes If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications /	Yes (Include further detail below)



Impact	
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

The Committee are being asked to **NOTE** the report.