

Executive Recommendations	SBUHB Update
1. The swift establishment of a Health Board Orthopaedic Steering Group to oversee the implementation of our recommendations and deliver Orthopaedic improvements as one Health Board and not hospital by hospital.	the NPT project board will act as this until the NPT project is complete in June 2023. It will then convert to the Orthopaedic board.
2. Review the detail of the Orthopaedics Action Plan at Annex A which includes recommendations about identified unwarranted variation.	The Orthopaedics Action Plan at Annex A is attached
3. Ensure that the orthopaedics lead is empowered and provided with the right support needed to implement the changes required to minimise unwarranted variation and that regular progress is provided to the Executive Team and Steering Group.	We have recently appointed a new CD for Orthopaedics/Spines and a new clinical lead for Orthopaedics and a separate CL for Spines. We have also recently appointed another member of the administrative Management Team, this new team member commenced in January 2023.
4. SBUHB 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 clinicians 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.	The Clinical Director provides update on monthly basis to Orthopaedic and Spinal consultants and we recognise the importance of sharing this with the wider MDT.  The NPT Orthopaedic project board and sub groups has good clinical representation and we have developed a communication system, via the monthly Business Meetings to ensure all staff are aware of the planned improvements to orthopaedic services.
5. 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 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.	<p><b>Orthopaedic Recovery in SBUHB</b> incorporates a range of major projects many of which are cross speciality improvement plans. These include</p> <ul style="list-style-type: none"> <li>• As part of the Changing for the Future Neath Port Talbot (NPT) will become a centre of excellence for orthopaedic and spinal care, diagnostics, rehabilitation and rheumatology. This is a major infrastructure and service change project including 3 new orthopaedic theatres and will complete and open in June 2023.</li> <li>• The development of enhanced recovery units in Singleton and Neath Port Talbot hospital increasing case mix of surgical patients that can be delivered on these sites and reducing demand on the Morriston site. The NPTH higher level care unit will open on the 20th March 2023, this will allow more complex Orthopaedic patients to be treated in NPTH.</li> <li>• The expansion of Outpatient capacity in NPT, alongside radiology, with the main allocation of rooms focused on expanding orthopaedic outpatient services, this was completed in November 2022.</li> <li>• The relocation of fracture clinic from NPT to Morriston to concentrate trauma services on Morriston site and free up additional outpatient and radiology in NPT, this was completed in October 2022.</li> <li>• Expansion of theatre staff including international recruitment - ongoing.</li> <li>• The establishment of a small elective ring fenced orthopaedic ward on the Morriston site. This ring fenced ward opened on the 8th November 2022, it is a ten bedded area which allows the service to treat more complex patients on a screened ward. This aspect of the service is a challenge due to the extreme Unscheduled Care pressures on the Morriston site. Unfortunately the service lost access to this ward mid-December 2022 however there are plans to re-establish this ward late-March/early April.</li> <li>• Working with our partners in Cwm Taf and Hywel Dda to develop regional operating solutions.</li> </ul> <p><small>We also recognise the challenges to some of these solutions, including emergency pressures</small></p>

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<p>6. 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.</p>	<p>see recommendation 4. We are exploring the use of staff surveys as part of the communication strategy.</p>
<p>7. 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.</p>	<p>The current use of virtual POA limits the nature of assessment that can be undertaken. The NPT Orthopedic centre will allow for OT and Physiotherapy input into the pre-operative assessment.</p> <p>We have flow co-ordinators in place to minimise delays associated with the social services assessment process.</p>
<p>8. 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.</p>	<p>Included in orthopaedic action plan attached.</p>
<p>9. Set up a cross Health Board initiative to ensure 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 be improved.</p>	<p>Included in orthopaedic action plan attached.</p>
<p>10. 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 future change plans. Improved workforce planning (including recruitment and retention strategies) must be in place urgently</p>	<p>A dedicated Orthopaedic workforce fortnightly meeting is in place to support the development of workforce. The workforce plan includes all the MDT and recruitment to expanded workforce have already commenced for theatre and anaesthetics staff with weekly monitoring of progress. Recruitment of the workforce commenced in September 2022, the service has recruited eight new middle grade doctors who will commence in January 2023. Recruitment of the other posts is due to commence in December 2022.</p>
<p>11. 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 and SSI rates should be reported to the Executive Team.</p>	<p>Included in orthopaedic action plan attached.</p>

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<p>12. As part of the medium and longer term orthopaedic plan, 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.</p>	<p>There are robust clinical quality and delivery reporting requirement for the limited amount of orthopaedic activity that is outsourced.</p>
<p>13. 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:</p>	<p>Orthopaedic Recovery in SBUHB incorporates a range of major projects many of which are cross speciality improvement plans. These include</p> <ul style="list-style-type: none"> <li>• As part of the Changing for the Future Neath Port Talbot (NPT) will become a centre of excellence for orthopaedic and spinal care, diagnostics, rehabilitation and rheumatology. This is a major infrastructure and service change project including 3 new orthopaedic theatres and will complete and open in June 2023.</li> <li>• The development of enhanced recovery units in Singleton and Neath Port Talbot hospital increasing case mix of surgical patients that can be delivered on these sites and reducing demand on the Morrison site. The NPTH higher level care unit will open on the 16th January 2023, this will allow more complex Orthopaedic patients to be treated in NPTH.</li> <li>• The expansion of Outpatient capacity in NPT, alongside radiology, with the main allocation of rooms focused on expanding orthopaedic outpatient services, this was completed in November 2022.</li> <li>• The relocation of fracture clinic from NPT to Morriston to concentrate trauma services on Morriston site and free up additional outpatient and radiology in NPT, this was completed in October 2022.</li> <li>• Expansion of theatre staff including international recruitment - ongoing.</li> <li>• The establishment of a small elective ring fenced orthopaedic ward on the Morriston site. This ring fenced ward opened on the 8th November 2022, it is a ten bedded area which allows the service to treat more complex patients on a screened ward. This aspect of the service is a challenge due to the extreme Unscheduled Care pressures on the Morriston site. Unfortunately the service lost access to this ward mid-December 2022 however there are plans to re-establish this ward late-March/early April.</li> <li>• Working with our partners in Cwm Taf and Hywel Dda to develop regional operating solutions.</li> </ul> <p>We also recognise the challenges some of these solutions, including emergency pressures, high numbers of clinically optimised patients, and the availability of suitably trained theatre staff to support increase in orthopaedic activity and continue to develop mitigating strategies.</p>
<p>a. Carry out full demand and capacity collaboration with Hywel Dda based at Morriston Hospital. GIRFT supports the planning and do this across the Health Board and in collaboration with neighbouring Health Boards and other providers who can serve SBUHB.</p>	<p>We are actively working with Hywel Dda UHB to explore the options around collaborative working.</p>
<p>b. Provide a weekly sitrep to the Executive on waiting lists to include the number of patients and volumes categorised by: ASA score; time on waiting list; operations carried out; expected monthly operations; forward targets to reduce lists and delivery against these targets. This should also include the number of operations expected to be delivered as a day case. We suggest that to gain the best 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 Recovery is on track and less of a risk to patients.</p>	<p>SBUHB is currently reviewing our business intelligence products and services that can support all levels of the organisation and will incorporate this recommendation into the specification.</p>

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<p>c Establish a delivery model to restart elective recovery. This needs to be established at pace. GIRFT supports collaboration with Hywel Dda UHB and using Prince Philip Hospital to centralise more complex arthroplasty work regionally and a recovery strategy to develop the Neath Port Talbot site as a regional elective orthopaedic centre for HVLC shared with both Hywel Dda and Cwm Taf Morgannwg HB's if appropriately staffed and resourced. Longer term strategies must be in line with the NCSOS recommendations which GIRFT support.</p>	<p>As stated above are working closely with Hywel Dda UHB to explore the options around collaborative working.</p>
<p>14. Develop a strategy to release at pace, some of the unscheduled care beds in Morriston to re-establish this as an orthopaedic pathway for the tertiary services that only Morriston can provide e.g. Spinal Surgery, and Orthopaedic procedures that require complex regional interdependencies that only Morriston can provide e.g. Vascular, Renal, Plastics.</p>	<p>A ring fenced screened ward opened on the 8th November for complex Orthopaedic/Spinal patients to be treated at Morriston Hospital.</p>
<p>15. Develop an enhanced recovery unit in Neath Port Talbot 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.</p>	<p>Higher Level Care Unit opening on the 20th March 2023 at NPTH (this was delayed to workforce constraints).</p>
<p>16. Upskill and empower therapy staff to undertake greater roles.</p>	<p>We have a number of therapists working in upskilled roles across pathway (from primary care gatekeeping to post-operative care), utilising extended scope skills in delivering care this patient cohort. • Within the orthopaedic pathway we have our 9.4 WTE CMATS physiotherapists working within primary care as Advanced Physiotherapy Practitioners (APP's), they are our 'orthopaedic gatekeepers' manage MSK referrals and where appropriate triage referrals into orthopaedics. • Within the orthopaedic service we have a Consultant physiotherapist and 3 APP's, they work within the specialities of foot &amp; ankle, knee, hand and shoulder. They cover a number of non-surgical Consultant roles (e.g. imaging, injecting, listing, reviewing post op) We recognise these roles should be expanded in all areas.</p>
<p>17. Ensuring plans include 3 session days and 6 day working across orthopaedic surgery and all supporting services e.g. physiotherapy.</p>	<p>We currently utilise 3 sessions days and weekend working where staffing and other infrastructure allows and the NPT Orthopedic centre will work on this basis.</p>
<p>18. 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.</p>	<p>Included in orthopaedic action plan attached.</p>
<p>19. 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.</p>	<p>We have recently visited elective centres in London and Cornwall and continue to work with our neighbouring Health board and are active participants in the Wales Orthopaedic Board.</p>
<p>20. Review emergency and urgent pathways to improve patient flow.</p>	<p>We continue to explore options to improve patient flow for emergency patients. For example we have recently changed the MRSA and COVID protocols to allow community trauma to be undertaken in NPT.</p>

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21. Review the MSK tertiary services that have competing demands for Morriston bed and theatre capacity i.e. spinal surgery and ortho-plastics. Providing the appropriate level of resource for these services will enable the HB to plan and unlock capacity for complex elective Orthopaedics.	We have identified theatre staffing as the main constraint and successfully secured funding from WHSCC to increase theatre staff for MMSK tertiary services. These lists commenced on the 14th November 2022 for Orthoplastics patients.  A dedicated spinal emergency list has been included in our theatre expansion plans.
22. Review of patients that are deconditioning on the waiting list, identify patients that require urgent care.	Requested GIRFT advice and support on how to achieve this without reducing treatment capacity.
23. Determine effective and efficient follow up plans, which should be carried out virtually if possible.	Virtual follow up and virtual screening is embedded in our practice. The expansion of clinic space in NPT has increased follow up capacity for face to face patients.
24. 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.	We have recently visited elective centres in London and Cornwall and continue to work with our neighbouring Health board and are active participants in the Wales Orthopedic Group.
25. Maximise theatre capacity and communicate plans of Neath Port Talbot Elective Hub clearly with consultants	as per recommendation 4
26. Carry out a review of Covid pathways to ensure they are aligned on a regional level e.g. number of days' that patients should isolate for carpal tunnel surgery	Elective Orthopaedics has moved to same day covid testing for all patients.
27. Continue to work with CTMUHB as part of the Neath Port Talbot development as a hub and ensure that there are standardised Covid rules for surgery at North Port Talbot. Review of theatre staff and job planning to introduce a dedicated consistent orthopaedic theatre team this will improve theatre efficiency, quality and safety of patient care.	There are advanced discussions with CTMUHB regarding their long term use of the NPT facility which will both a) increase capacity to treat for Swansea patients and b) furthering our joint commitment to develop a regional centre for Orthopaedic Surgery in NPTH to provide surgical capacity for the Bridgend and NPT catchment populations in the long-term.
28. A regional approach to rationalising hip and knee theatre kits	Will be discussed at the all Wales Orthopedic Board
29. Review of trauma, spinal and elective capacity, and services to be undertaken at Morriston Hospital	see recommendations 21 & 14