

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/  
Prif Weithredwr GIG Cymru  
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/  
NHS Wales Chief Executive  
Health and Social Services Group



Llywodraeth Cymru  
Welsh Government

Our Ref: JP/MR/SB

Adrian Crompton  
Auditor General for Wales  
Audit Wales  
1 Capital Quarter  
Tyndall Street Cardiff  
CF10 4BZ

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Dear Adrian

## **Audit Wales Report - Orthopaedic Services in Wales – Tackling the Waiting List Backlog**

Thank you for sharing a copy of your report into tackling the waiting list backlog for orthopaedic services in Wales.

The Welsh Government and NHS Wales are making improvements in orthopaedic service delivery, and you acknowledge the national plan developments in your report, whilst recognising more work is required. The Minister has been clear with the NHS through her dedicated orthopaedic summits that the pace of change needs to increase, and your recommendations re-enforce this view. The orthopaedic summit in February 2023 focused upon the work being undertaken by health boards, regional developments and the latest developments from the National Clinical Strategy for Orthopaedic Services.

I will respond to each of your recommendations in turn.

### **Recommendation 1: For Welsh Government**

Actions previously taken to tackle orthopaedic performance have had a short-term focus, not delivered sustainable services, and lacked 'buy-in' from local clinical teams. The new national clinical strategy for orthopaedics sets out clinical solutions to deliver sustainable services. We recommend that the Welsh Government now needs to:

- a) prepare a clear national delivery plan which sets out the priority actions to be taken

over the next three to five years to achieve the clinical strategy. The plan needs to include key deliverables and milestones, and clearly defined roles and responsibilities at a local and national level.

- b) ensure that the national delivery plan includes a clear direction for regional models to recognise the opportunities that exist to maximise available capacity and provide centres of excellence that deliver better outcomes.
- c) ensure that the national delivery plan encompasses the wider service input needed to deliver effective orthopaedic services. This should include but not be limited to primary and community care capacity, diagnostic capacity, capital and estates, and digital services.
- d) ensure that the national delivery plan is reflected in NHS planning guidance and health boards are held to account for implementation through routine performance management arrangements

**Accept**

**Response:**

The Welsh Government and the NHS Executive will review the National Clinical Strategy for Orthopaedic Surgery (NCSOS) and work with the NCSOS Team and Planned Care Improvement and Recovery Team (PCIR) to develop a national delivery plan.

Progress against the plan and its agreed milestones will be reviewed and monitored through the National Planned Care Programme Board which is currently being refreshed. Welsh Government officials will be members on the board.

Progress will also be reported through to Welsh Government performance team as part of accountability processes linked to the delivery of agreed NHS plans.

The delivery plan will be developed in the Autumn to support IMTP guidance for 2024/25.

**Recommendation 2:**

The Getting It Right First Time reports at a national and health board level set out clearly a range of recommendations which will help drive improvements in the hospital element of the orthopaedic pathway across Wales, but many of the areas of focus are not new. We recommend that the Welsh Government needs to:

- a) ensure mechanisms are in place to obtain assurance from health boards that the Getting It Right First Time recommendations are being implemented.
- b) place a significant and constant focus on improving efficiencies and productivity in orthopaedics through its challenge and scrutiny of health boards. This needs to be supported by regular benchmark reporting, and an agreed set of orthopaedic procedures that have been shown to have limited clinical value.

**Accept**

**Response:**

Progress against implementation of the local GiRFT reports forms part of the targeted NHS Executive support through the Planned Care Improvement and Recovery team by the NHS Executive Orthopaedic Programme Manager and the dedicated health board representatives. The progress will be monitored and reported through the orthopaedic clinical network, ensuring clinical leadership and guidance. Non delivery or concerns

around pace of delivery will be escalated as required to form part of Welsh Government accountability meetings. Reporting will formally commence from April 2023 as part of the redesign of the clinical groups of the Planned Care Programme.

Work is in progress to develop benchmarking dashboards to support monitoring of orthopaedics. The Welsh Value in Health Centre (WViHC) has created sub speciality level dashboards for hip and knee arthroplasty procedures, which identifies high level variation within the system. Tracking variation in activity volumes, length of stay, type of fixation, revision rates, procedures of limited value etc is currently possible.

These dashboards are soon to be updated with various benchmarking information that GiRFT used to review individual health boards. The WViHC has recently acquired the regular flow of audit data back into NHS Wales and this information will be used to provide further insights into what good looks like.

A spinal dashboard is in progress and data is also being generated for hands to support testing the value of change of moving 60% of hand surgery from the main theatre estate into a treatment room.

Work has started to collect and report theatre productivity measures in line with GiRFT developments. Welsh Government officials have met with the GiRFT theatre team and have shared a reporting template with two organisations at present to pilot the data collection. The phase 1 dashboard will be available at the end of September 2023 for Q2 reporting.

**Recommendation 3:**

The Getting It Right First-Time reports set out clearly a range of recommendations which will help drive improvements in efficiencies and productivity in orthopaedics at a local level.

We recommend that health boards need to:

- a) ensure they maintain oversight and scrutiny of implementation of the Getting It Right First-Time recommendations as part of their governance arrangements; and
- b) ensure that clear action plans are in place to address the things that get in the way of improvement.

**Accept**

**Response:**

As covered under recommendation two, NHS implementation plans against local GiRFT recommendations will form part of recovery expectations and will be monitored on and reported through the PCIR Orthopaedic Lead. Together with information from the WViHC dashboards, this will also be reviewed and clinically challenged through the orthopaedic clinical network using clinical leadership and sharing of good practice to support solutions and consistency of approach are championed.

**Recommendation 4:**

Clinical Musculoskeletal Assessment and Triage Services (CMATS) are having a positive impact on managing demand and providing support. But services are struggling with capacity and are inconsistent in their delivery with examples of duplication of effort where First Contact Practitioners (FCPs) exist. We recommend that health boards need to:

- a) ensure that local CMATS are appropriately staffed, and at a minimum, reflect previous Welsh Government guidance; and

b) ensure that where First Contact Practitioners (FCP) exist, there are clear pathways between FCPs and CMATS to reduce duplication and minimise waits

**Accept**

**Response:**

During Covid and more recently, new pathways and service models to support MSK demand have been established. It is important to understand the current role and function of the local CMAT teams with other services.

A national audit on local services will be undertaken to understand current provision and pathways. This will then be used support the work of pathway guidance being rolled out in 2023-24 which will agree and decide on the national model for MSK areas for local implementation.

An audit will be undertaken during quarter 2 of 2023/24. Pathway work on orthopaedics to be confirmed as part of the national Pathway project.

**Recommendation 5:**

There needs to be a greater focus on outcomes across health boards and while people are deteriorating on orthopaedic waiting lists, limited progress has been made by health boards to provide ongoing support and monitor and report harms. We recommend that health boards need to:

- a) ensure that Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS) are fully rolled out in all orthopaedic services and used to inform decision making both at a service and patient level;
- b) ensure that local clinical leadership arrangements and performance information are used to identify opportunities for minimising interventions that are unlikely to result in improved outcomes; and
- c) put arrangements in place to monitor people waiting, provide communication, support and advice when needed, and report openly and honestly, through their existing governance arrangements, the extent to which people are coming to harm whilst waiting for orthopaedic treatment.

**Accept**

**Response:**

- a) The monitoring of outcomes will form a key part of the national delivery plan linked to the core work of the WViHC, where the national digital standards have been developed to ensure PROMs information can be collected and used in near real time at a service and patient level.

Graphical representation of the hip and knee PROM has already been developed in the electronic patient record (WCP) to support those direct care conversations.

The dashboards are set up to receive this PROMs information and high-level compliance figures will be available as soon as collection matures across Wales.

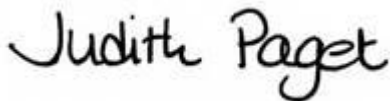
In addition, the WViHC has started some initial analysis to assess whether deterioration can be tracked via PROMs results, while patients are waiting.

- b) Clinical leadership – this will be provided through the developing MSK Network as part of the national clinical strategy. This will be supported by the clinical orthopaedic board with direct clinical leads at each health board and future regional structures.

The WViHC has identified the opportunities to embed value approaches across the hip and knee pathway and has generated a suite of insights to identify what good looks like. The importance of good musculoskeletal health and effective pre-rehabilitation is evident and the MSK Network will be a key role in turning this knowledge into practice.

- c) A national policy to support patients while they wait for all services is being developed (Phase 1 to be published June 2023). This will clearly demonstrate the requirements for each health board to develop their local services. This will be supported by national and local communication messages about planned care. Working with Duty of Quality leads “harm” monitoring and reporting will be developed for all areas including orthopaedics

Yours sincerely



**Judith Paget CBE**

cc: Cabinet mailbox  
Mark Isherwood MS, Chair, PAPAC  
CGU mailbox