

To:	Trust Board
From:	Mark Brassington
Date:	January 2019
Healthcare Standard	NA

Title:	Trauma and Orthopaedic Trial update		
Author: Becky Shaw, General Manager Responsible Director/s: Mark Brassington, COO			
Purpose of the Report: Provide an update following the implementation of the Trauma & Orthopaedic trial.			
The Report is provided to the Board for:			
Information	X	Assurance	X
Decision	X		
Summary/Key Points: The T&O Trial went live on 20 th August 2018. Working practices are embedding with an improvement against Key metrics.			
Recommendations:			
<ol style="list-style-type: none"> 1. This paper seeks approval to extend the period of the trial to 31st March 2020 in order to build on the success to date and fully realise the opportunity. 2. To undertake a consultation with staff with a view to extending theatre operating time to maximise the opportunity of achieving up to 5 elective cases per session during the extended trial. 3. To complete job plan reviews to align all activity in 2019/20 to the required ways of working to achieve a further increase in elective activity at Grantham. 			
Strategic Risk Register		Performance KPIs year to date	
Resource Implications (eg Financial, HR) Financial, reputation, estates, procurement			
Assurance Implications GIRFT, quality, safety			
Patient and Public Involvement (PPI) Implications: Communication			
Equality Impact : Full QIA and EIA completed and signed off by Medical Director			
Information exempt from Disclosure: No			
Requirement for further review? Yes			

1.0 Executive Summary

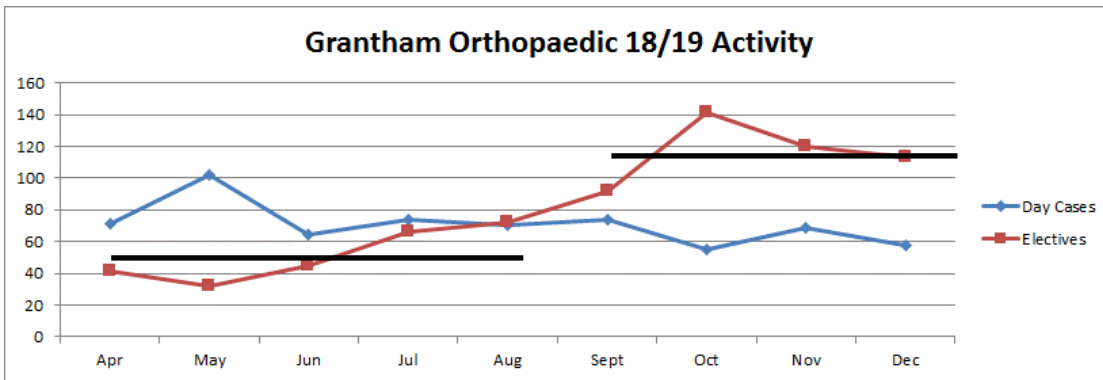
On 20th August 2018 the Trust commenced a trial, supported by Professor Briggs (National Get It Right First Time lead) with the objective of separating elective orthopaedic activity to the Grantham site.

The project plan was to consolidate elective activity within 2 theatres at Grantham with the ambitious target of increasing activity up to a maximum of 5 elective patients per day in each theatre. The theatre schedule was redesigned to enable the surgeons to operate to this level of activity. However despite activity increasing the optimum 5 elective patients per list has not been achieved consistently. The key causes include; a lack of support to work the required theatre session hours and some of the agreed job plans to support the trial contained a number of compromises which did not align to this level of activity.

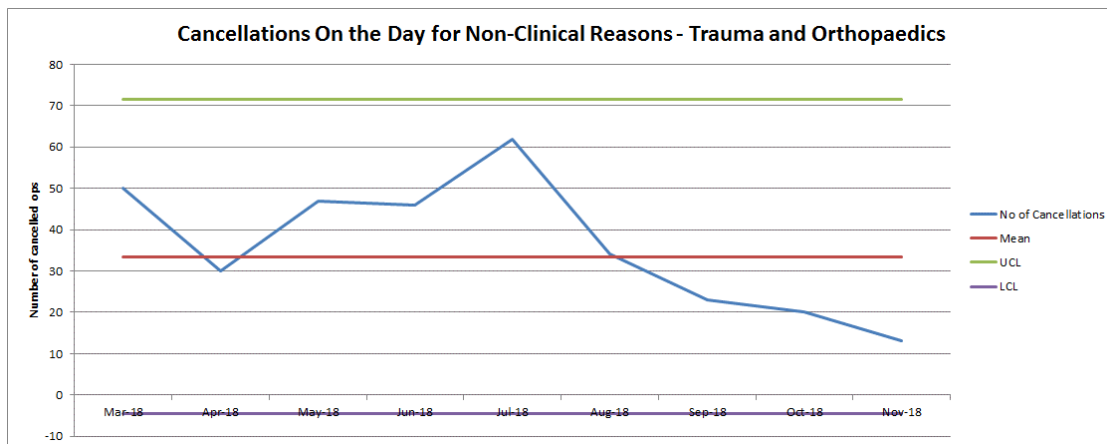
Although the trial to date has increased the number of elective activity performed to date and the cancellation rate has dropped significantly, there is still the opportunity to further optimise the service.

The headlines to date are:

- Increased number of Elective orthopaedic patients operated on at Grantham from 5 month average prior to the trial of 52 up to 117 average per month (Sept to Dec)



- Significant reduction in cancellations due to non-clinical reasons from average 45/month for 6 months prior to the trial and reduced to 11 per month for 3 months post-trial (Sept to Nov, Dec position being validated). No cancellations due to a lack of ward bed availability at Grantham.



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- Improved compliance against the Best Practice Tariff for Fractured Neck of Femurs.
- Reducing Elective LoS from c.3.0 days pre-trial down to 2.7 days since trial placing this within top quartile performance
- T&O specialty average loss per month improving from £1.17m for 6 months pre-trial to £1m for 4 months post-trial.

2.0 Background

Trauma and Orthopaedics (T&O) at ULHT is a service that has historically faced a number of significant challenges. There have been no ring-fenced Orthopaedic beds and limited separation of hot and cold work. In addition to this the ongoing bed pressures at Pilgrim and Lincoln led to high cancellation rates, 900 patients cancelled 1200 times. Bed pressures also had a direct impact on timely access to care for trauma patients, an example of which is the gold standard care for fractured neck of femur. As a result, the service line position for Orthopaedics was over £10m in deficit.

To improve the quality, efficiency and sustainability of the service a deep-dive exercise was facilitated by KPMG. At the same time we were invited to join the hot and cold trial which was designed with the cooperation and support of the National GIRFT Lead, Professor Tim Briggs.

3.0 Implementation

The trial commenced on 20th August 2018 following rapid design by the clinical team.

A significant number of changes were required to enable the implementation of the trial. No complaints have been received from patients during trial period with 135 compliments received.

The changes and improvements made include:

- Creating a trustwide specialty team
- Negotiating at an accelerated pace 27 consultant job plans
- Changes to all SAS grade and junior doctors working patterns
- Design and implementation of new on call rotas
- Reputational improvement resulting in 88 applications for junior doctor posts leading to successful recruitment enabling the removal of agency junior doctors. This has resulted in a reduction in agency spend since December
- Redesign of the theatre rotas resulting in a reduction of 14 elective lists per week
- Increased number of Elective orthopaedic patients operated on at Grantham from 5 month average prior to the trial of 52 up to 117 average per month (Sept to Dec)
- Increased number of daycase orthopaedic patients operated on at Louth from 5 month average prior to the trial of 67 up to 108 average per month (Sept to Dec)
- 91% of allocated elective lists at Grantham utilised.
- Increase of 10% theatre touchtime from c. 60% to c.70%
- Cancellation of patients due to non-clinical reasons have seen a significant reduction from average 45/month for 6 months prior to the trial and reduced to 11 per month for 3 months post-trial (Sept to Nov, Dec position being validated).

- First ever ring fenced ward for Orthopaedics. Ward 2 at Grantham is now exclusively for screened Orthopaedic Elective patients, meaning better access to services and reduced risk of post-operative infections
- Standardisation of various prosthesis and practices trust-wide
- Reducing Elective LoS from c.3.0 days pre-trial down to 2.8 days since trial placing this within top quartile performance
- Subsequent need to redesign outpatient clinic schedules reducing wait for first new outpatient appointment from 6 months to 6 weeks trust wide
- Changes to the Trauma service diverting fractured NoF patients to Pilgrim and Lincoln. The average orthopaedic trauma transfers from Grantham for 5 months prior to the trial was 75/month and reduced to 73 per month for 4 months post-trial. This equates to c.3.5% of the orthopaedic trauma patients attending Grantham Emergency Department.
- Significant improvement in the trauma service; consultant delivered trauma operating improving BPT compliance
- Provision of hot clinics to stream orthopaedic patients out of accident and emergency

Further supporting information can be found in the appendix.

4.0 Remaining challenges and next steps

4.1 Clinical engagement

The teams have united into trust wide “ULHT Orthopaedics”. However some challenges around day to day working remain. There is a need to more formally explore the required way of working of theatre and medical staff to support the model and maximise the benefits for patients.

4.2 Full utilisation of Grantham and Louth theatres

Work needs to continue on reviewing the job plans of all Consultants in order to ensure our rota planning allows us to maximise our capacity and increase the utilisation from 91% to above 95%.

Need to redesign approach to pre-op pathway, waiting list management (pooled subspecialty lists), booking process and continue the improved engagement in the theatre scheduling process by the management teams to improve in-session touchtime to above 80% (currently 70%). This will also involve moving the low value procedures from theatre into radiology department (injections).

4.3 Maximise available capacity at Grantham

There is a poorly utilised trauma operating list on a Saturday. The ambition is to switch the emphasis from just a trauma list to an elective list with trauma as required. Ongoing work with Grantham theatre staff is required to work towards Saturday elective operating. Regular meetings have been set up and work has commenced

4.4 Kit

With increased numbers of elective cases being delivered, the limited availability of kit requires us to “fast track” sterilisation which in turn increases cost. This is being addressed through contracting and local negotiation. An assessment if additional theatre equipment will be made.

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4.5 100% achievement of the Best Practice Tariff for Trauma patients

In order to achieve the BPT for all fractured NoF patients the envisaged trauma Assessment Units will be implemented.

5.0 Summary

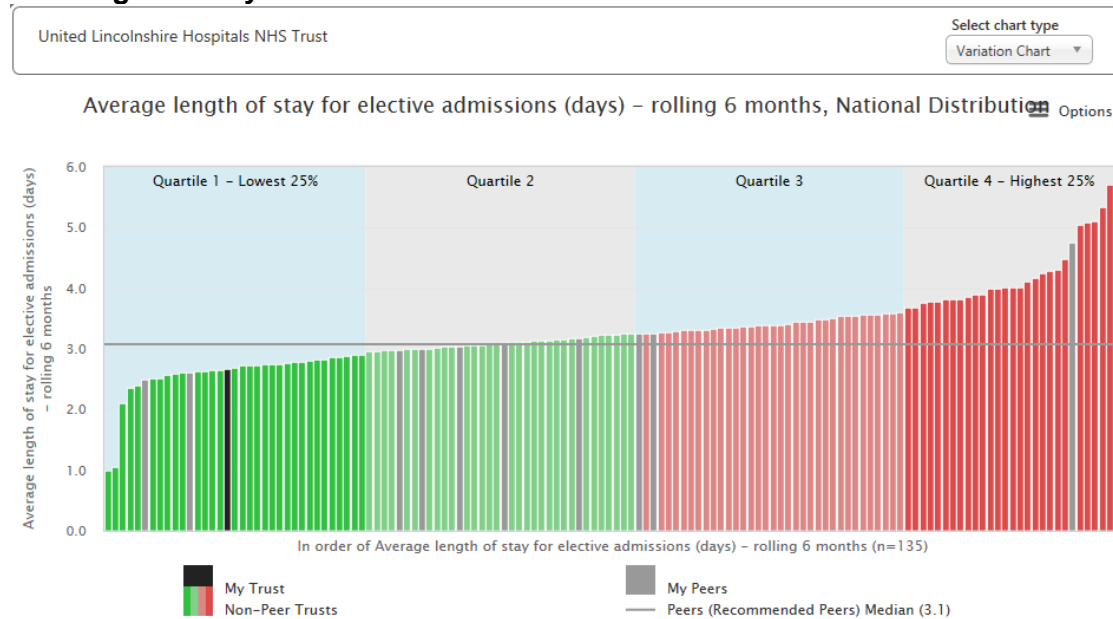
The paper has outlined the significant improvements made to the Orthopaedic service which has benefited patients. Due to the slow start to the trial not all benefits have as yet been realised. Therefore the specialty management team are asking for support to extend this trial based upon the improvement made to date and the opportunity for further benefits.

Recommendations:

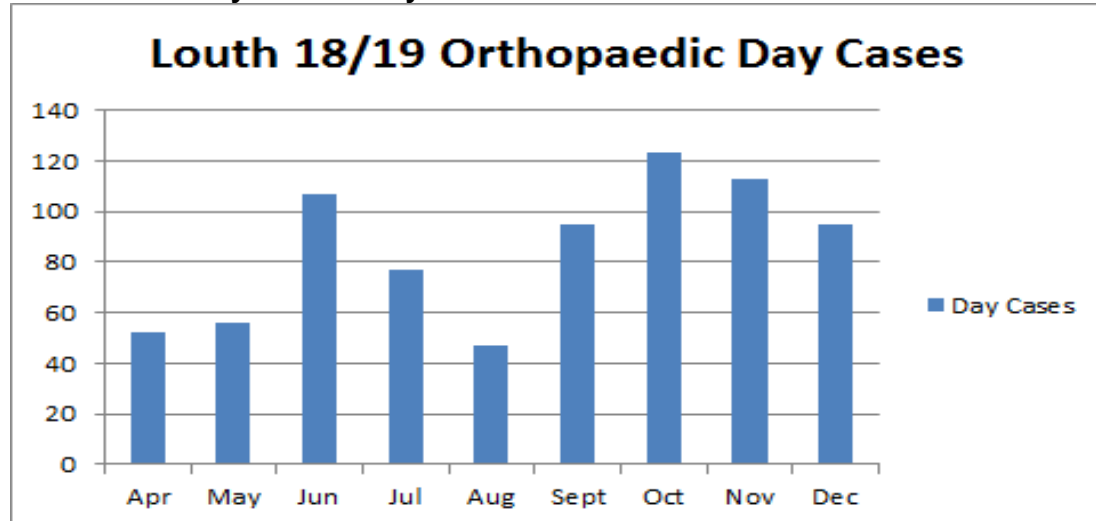
1. This paper seeks approval to extend the period of the trial to 31st March 2020 in order to build on the success to date and fully realise the opportunity.
2. To undertake a consultation with staff with a view to extending theatre operating time to maximise the opportunity of achieving 5 elective cases per session during the extended trial.
3. To complete job plan reviews to align all activity in 2019/20 to the required ways of working to achieve a further increase in elective activity at Grantham.

Appendix: supporting information

1.0 Length of stay



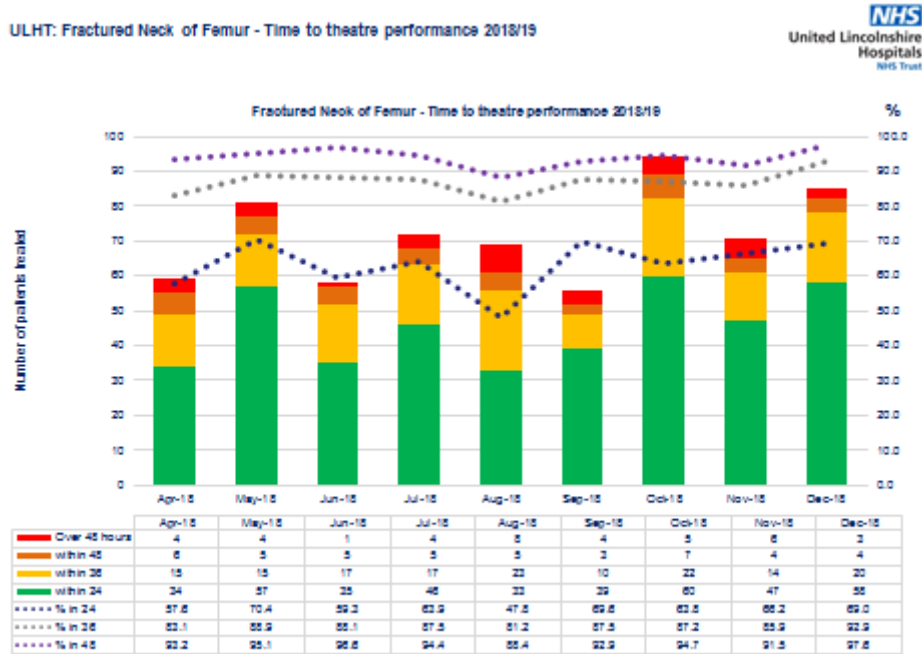
2.0 Louth daycase activity



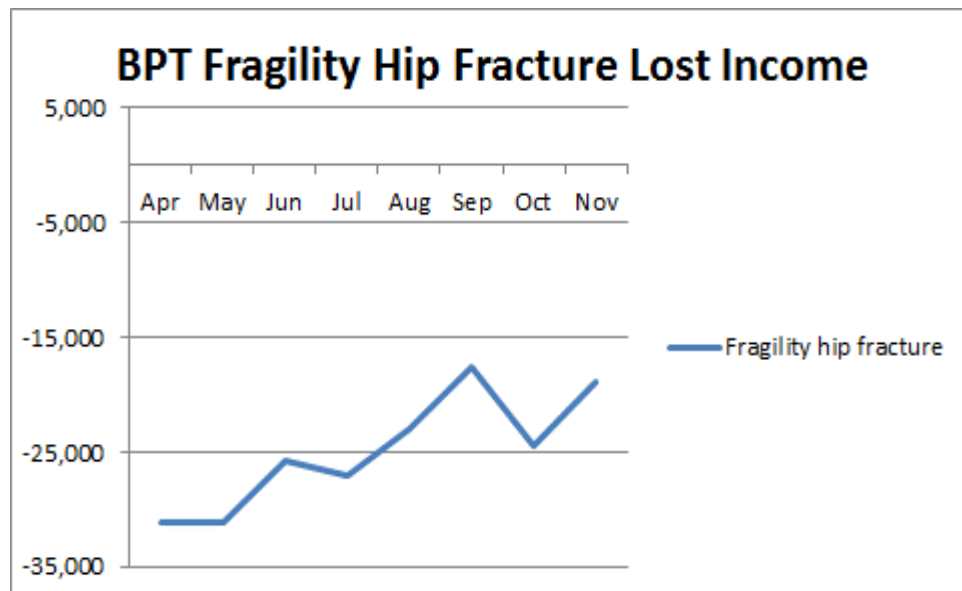
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3.0 Fragility hip fracture

The changes included diverting patients with fractured neck of femur to the hot sites. This has brought focus to the delivery of the BPT. Since August BPT income has improved by 65k showing that more of our patients are receiving best care.

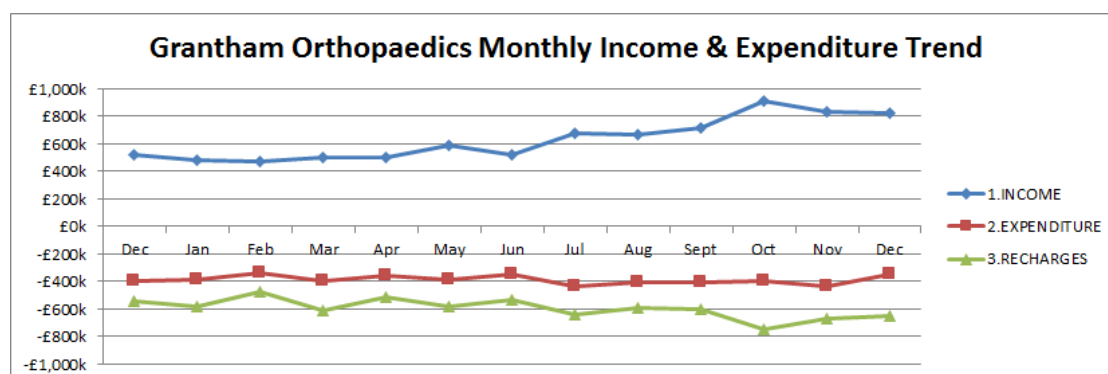


This has resulted in an improving trend against lost income illustrated below.

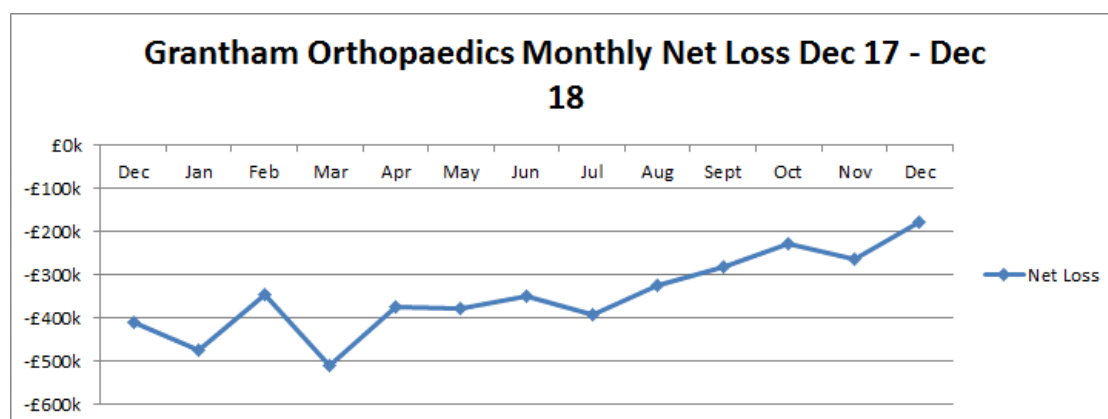


4.0 Income / expenditure / contribution

The Orthopaedic trial has produced an increase in income against trend. The graph below shows the Grantham monthly income increase against trend whilst the expenditure remained static and showed improvement in December 18.



The trial is having a direct impact on the monthly net loss position for the service. The graph below shows a significant steady improvement through latter part of the year.



Trust wide Orthopaedic position

Monthly income, direct expenditure & recharges are illustrated below, showing an improving position on the net loss per month of this service.

Trustwide Orthopaedics Monthly Trend Profit/(Loss) From Dec 17 - Dec 18

Desc	2017/18 ->			2018/19 ->									
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
1.INCOME	£2,748k	£2,635k	£2,541k	£2,838k	£2,664k	£3,048k	£2,948k	£2,943k	£3,273k	£2,566k	£3,150k	£3,160k	£2,819k
2.EXPENDITURE	-£1,867k	-£1,959k	-£1,857k	-£2,148k	-£1,894k	-£2,010k	-£2,021k	-£2,024k	-£2,069k	-£1,887k	-£2,003k	-£1,939k	-£1,703k
3.RECHARGES	-£2,076k	-£2,010k	-£1,980k	-£2,200k	-£1,978k	-£2,091k	-£2,045k	-£2,225k	-£2,058k	-£1,993k	-£2,094k	-£2,155k	-£2,003k
Grand Total	-£1,194k	-£1,334k	-£1,296k	-£1,510k	-£1,208k	-£1,053k	-£1,118k	-£1,306k	-£855k	-£1,313k	-£947k	-£934k	-£887k