

<b>To:</b>	Trust Board
<b>From:</b>	Mark Brassington
<b>Date:</b>	14 <sup>th</sup> November 2018
<b>Healthcare Standard</b>	NA

<b>Title:</b>	Trauma and Orthopaedic Trial						
<b>Author: Becky Shaw, General Manager Vel Sakhivel Clinical Lead</b>							
<b>Responsible Director/s: Mark Brassington, COO</b>							
<b>Purpose of the Report:</b> Provide an update on the progress of the Trauma and Orthopaedic Trial							
<b>The Report is provided to the Board for:</b>							
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<b>Summary/Key Points:</b> The T&O Trial went live as planned on 20 <sup>th</sup> August. We are now 12 weeks into the pilot and are seeing significant improvements in both clinical and financial KPI's.							
<b>Recommendations:</b> The Trust Board is asked to note the content of the paper							
<b>Strategic Risk Register</b>		<b>Performance KPIs year to date</b>					
<b>Resource Implications (eg Financial, HR)</b> Procurement, estates							
<b>Assurance Implications</b>							
<b>Patient and Public Involvement (PPI) Implications:</b> Communication and engagement as required							
<b>Equality Impact :</b> Full QIA and EIA completed and signed off by Medical Director							
<b>Information exempt from Disclosure:</b> No							
<b>Requirement for further review?</b> Yes							

## Trauma and Orthopaedic Update

### 1. Background

Trauma and Orthopaedics (T&O) at ULHT is a service facing a number of significant challenges. Historically, 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 this has led to a high cancellation rate (around 34% over the past 12 months) with limited direct access for trauma patients for timely care. As a result, the service line position of the service is over £10m in deficit.

To improve the quality, efficiency and sustainability of the service the leads for T&O have embarked on a number of site specific and cross-cutting schemes. Included within these schemes was a deep-dive into the service, facilitated by KPMG. Subsequently, this led to the hot and cold reconfiguration trial which has been designed with the cooperation and support of the National GIRFT Lead, Prof Tim Briggs.

This report will show the progress against plans, flag any risks to delivery, and describe the remedial action required.

### 2. Delivery Plans

There are a number of improvement schemes to deliver during 2018/19. These include;

- Reconfiguration of the service model across all hospital sites
- Implement best practice for prosthesis for over 70's
- Recover lost income with full delivery of the best practice pathway
- Redesign clinic staffing model

The expected benefits of these schemes include;

- Significant and permanent reductions in the number of elective cancellations, with the view to totally eliminate the cancellations due to no beds (which cause c.80% of the current total number of cancellations)
- Move towards segregation of elective and trauma patients, in line with clinical guidance and best practice
- Ensure 100% compliance of Best Practice pathways for T&O patients
- Reduce length of stay, readmission, hospital acquired infection and injury rates for both emergency and planned patients
- Recovery of under-delivered elective contracted activity, greatly improving the Trusts financial position (c.£3m lost for 17/18)
- Repatriation of Lincolnshire patients back into Lincolnshire
- Improved recruitment and retention, critically for core and foundation trainees
- Investment in the Grantham site, showing the Trust's intentions to make it a major part of the Trust's future. Multi-million pound investment planned across 2018/19 and 2019/20 to increase theatre capacity.

## Agenda Item 10.2

### 3. Trial service model

The elective reconfiguration trial commenced successfully on the 20<sup>th</sup> of August and has now moved into a full operating model.

#### Key Points of Success

- Number of electives increased to 137 (106- Oct '17)
- Theatre utilisation increased to 95.8% (86.2% Sept '18)
- Delivered in 18 (30%) less elective theatre sessions per week, saving 196k in costs per month
- Best in Class Length of Stay 2.26 days
- Reduced cancellations for bed issues by 98.7%
- Increased income on trend by £260k in October
- Delivered annual FEP for (cemented v un-cemented) by M6, on track to over deliver by £60k
- Additional Trauma operating now in place reducing waits for specialised trauma surgery
- Single Coordinator for Grantham trauma who liaise with Theatres and Lincoln/Boston team

#### 3.1.1 Cancellation of Electives

A key metric of the trial is to reduce cancellation due to no beds from the run-rate of 34% to a target of 5%.

Performance to date:

<b>Cancellations</b>	<b>Due to No Beds</b>
Pre-trial monthly average	54
September	0
October	1

Cancellations due to no beds has decreased from an average of 54 per month to only 1 over September and October (0.9%) far exceeding the target of 5%.

#### 3.1.2 Increase in Elective Throughput

To improve RTT, increase income and improve access to services the trial must see an increase in the throughput of elective care.

**The target for the trial is 203 patients per month.** Delivery of this target will ensure RTT returns to above 92% by March and the financial target is achieved.

Figure 3 shows the performance for September and October 2018

<b>Inpatient Ops Performed</b>	<b>TOTAL</b>
Pre-trial average per month	<b>156</b>
September 2018	<b>140</b>
October 2018	<b>218</b>

The performance for September was a less than what we had hoped to achieve. This was due to a combination of factors including new working models, integration of staff from across sites, different job planning processes (which were historically site based), booking and planning processes and lack of pre assessed patients ready for surgery.

A huge effort was made to address the above issues during late September and October where we now have grip and control over our processes, rotas and working models.

This work is reflected in the successes we achieved during the month of October where we accomplished substantial progress in the number of patients we were able to treat. Information to date in November indicates that these improvements have been maintained.

### 3.1.3 Reduction in Patient Complaints

To date the Trust has received no patient complaints as a result of the trial changes. However, we have received many compliments and positive comments from patients receiving orthopaedic surgery.

### 3.1.4 Trauma

- 14 admissions over 8 week days at Grantham and 6 operations over weekend
- Transfers from Grantham A&E to other sites reduced
- Therefore Sunday trauma list service has been stepped down however Saturday trauma list service continues. If there is a demand this will be reviewed.
- No Datix incidents related to changes to trauma services on any site

## **Risks to Delivery, Mitigating Actions and Next Steps**

- Full utilisation of Grantham 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. Continued engagement in the theatre scheduling process by the management teams.

- Right patient, first time

Continued work is required to ensure pre assessment process and patient selection it streamlined across the Trust.

- Clinical engagement

We have come some distance over the last 2 months with regards to attaining proper engagement from all disciplines involved in the trial. Work continues to unite the teams into "ULHT Orthopaedics" rather than site based.

- 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.

## Agenda Item 10.2

- Tracking and publication of validated key metrics.

The following metrics have been identified to measure the success of the trial:

- Consolidated RTT position
- Consolidated income position
- Cancellation rate
- Readmission rates
- Length of Stay for both trauma and elective patients
- Theatre utilisation rate
- Ward utilisation rate

### **Recommendation:**

**Trust Board is asked to note progress.**

**Report regarding the effectiveness of the Trial to be considered by Trust Board in February 2019.**