United Lincolnshire Hospitals NHS Trust

To:	Trust Board
From:	Mark Brassington
Date:	12th September 2018
Healthcare Standard	NA

Title:	Trauma and Orthopaedic Trial

Author: Richard James, 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

Summary/Key Points:
The T&O Trial went live as planned on 20Th August. Working practices are embedding with an expected improvement against the KPIs in the coming weeks.

Recommendations:
The Trust Board is asked to note the content of the paper

Strategic Risk Register	**Performance KPIs year to date**

Resource Implications (eg Financial, HR)
Procurement, estates

Assurance Implications

Patient and Public Involvement (PPI) Implications: Communication and engagement as required

Equality Impact : Full QIA and EIA completed and signed off by Medical Director

Information exempt from Disclosure: No

Requirement for further review? 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.

3. Trial service model

Following an initial trial in July, the elective reconfiguration trial commenced successfully on the 20th of August as planned. Since then, extended all-day Orthopaedic lists with visiting Consultants from Lincoln and Pilgrim have been running at Grantham. At the time of writing there have been only four completed weeks of activity within the new model and elements are still settling.

Key Points of Success

- Hot and cold work reconfigured on the 20th of August. Ward 2 at GDH is now exclusively for screened Orthopaedic Elective patients, meaning better access to services and reduced risk of post-operative infections
- Significantly reduced cancellation rate due to no hospital beds
- All Consultants have joined a trustwide trauma rota
- Sufficient theatre staff agreed to work on an alternate shift-pattern to support the extended working hours at Gratham. At the previous update (July) this remained the area of highest risk to delivery. Agreement with GDH theatre staff was reached on a voluntary basis
- Excellent patient feedback. All non-local patients who have visited GDH for surgery have fed back encouraging messages about the service they have received

Performance Against KPIs
Please note: Due to the trial being less than 4-weeks in at the time of writing a validated position is not yet established. The below figures have been taken manually from the Trust theatre scheduling system and may change slightly following validation.

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:

Weekly Cancellations	Due to No Beds
Pre-trial 6 month weekly run-rate	*12*
Week Beginning 20th August	1
Week Beginning 27th August	0
Week Beginning 3rd of Sept	0
Week Beginning 10th of Sept	0

Cancellations due to no beds has decreased from an average of 12 a week to only 1 over the first 4 weeks of the trial. This is a reduction from 35% to less than 1% in total.

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.

Figure 3 shows the performance for the first 4 weeks:

Weekly Inpatient Ops Performed	Lincoln and Louth	Pilgrim	Grantham	TOTAL
Pre-trial 6 month weekly run-rate	*19*	*10*	*9*	***39***
Week Beginning 20th August	7	5	33	***45***
Week Beginning 27th August	1	0	21	***22***
Week Beginning 3rd of Sept	2	2	28	***32***
Week Beginning 10th of Sept	7	3	30	***40***

The performance for the first week was impressive, with 6 more patients receiving treatment. The subsequent weeks have not achieved the same success; with week 2 and 3 showing a net reduction in throughput.

Please note the following:

- Week 2 (beginning 27th of August) was a bank holiday week and had one less working day for activity. It was also the last week of the summer holidays with planned elective care reduced during peak staff and patient leave
- Week 3 (beginning 3rd of September) two surgeons allocated to operate extended elective lists at Grantham took sick leave at short notice, with 8 patients having to be cancelled as a result.

The target for the trial is 50 inpatients a week. Delivery of this target will ensure RTT improves to support the delivery of internal trajectories returns to above 92% by March and the financial target is achieved.

3.1.3 Reduction in Patient Complaints

To date the Trust has received no patient complaints as a result of the trial changes.

Risks to Delivery, Mitigating Actions and Next Steps

- Full utilisation of Grantham theatres. In the first three weeks of the trial the all-day lists at GDH were not being utilised fully. This resulted in underutilised capacity in both the theatres and the wards.

  A bespoke tracking tool has been developed to be completed each day to ensure grip and control on allocation of patients to lists. A weekly review is now in place each Friday to discuss both the past week and plans for the following week. This is in conjunction with the Trust 6-4-2 process rather than a replacement.

- Formal agreement and sign-off of trial Standard Operating Protocol documentation. SOP to be tabled 18th of September 2018 at the Oversight Committee

- Implementation of new NEL trauma models pre winter
- Tracking and publication of validated key metrics. The following metrics have been identified to measure the success of the trial:
    - Activity levels v expected improvements (and admitted waiting list size)
    - Consolidated RTT position
    - Consolidated income position
    - Delivery of Best Practice Tariff
    - Cancellation rate
    - Readmission rates
    - Length of Stay for both trauma and elective patients
    - Theatre utilisation rate
    - Ward utilisation rate
    - Patient Feedback

Recommendation:
Trust Board is asked to note progress.
Oversight of the impact is delegated to FSID.