



CLEAR elective trauma and orthopaedics

East Lancashire Hospitals NHS Trust

Improving theatre efficiency to tackle a lack of capacity and record numbers of people waiting for treatment.

AT A GLANCE

CLEAR CHALLENGE

Capacity not always meeting increasing demand, inconsistent planning processes and use of theatre resources, and poor staff morale

KEY CHANGES

Better job planning and theatre scheduling, more trauma sessions and improved use of technology with virtual fracture clinics

FORECAST BENEFITS

Better patient care and staff morale, 1,900 beds days saved per year and theatre capacity increased by 900 cases

THE CHALLENGE

Falling capacity was at times failing to meet increasing demand for elective trauma surgery. Increasingly frail trauma patients with complex needs meant longer recovery times and hospital stays. Both pre-op and post-op planning and processes were at times inconsistent, and there was a need for a standardised operating model and better use of theatre resources. Training and development needed improvement and staff morale was low. Senior medical staff were leaving and a reliance on junior trainees meant longer surgery times. Productivity had dropped by up to 15 sessions a month, compared with pre-COVID levels, with a potential loss of up to 780 operations a year.

WHAT THEY DID

Feedback from interviews with frontline staff in the trauma and orthopaedic department was combined with an analysis of five years of outpatient, inpatient and theatre data. The results were used to create innovative solutions to tackle the lack of theatre capacity and record numbers of people waiting for treatment. Leadership was provided by the trust's executive, divisional and directorate teams.

CLEAR RECOMMENDATIONS

Patient flow could be improved with the use of seven-day physiotherapy and weekend discharges supported by medical teams. There could be more effective job planning to ensure a consistent level of elective surgery throughout the week with an increased number of full-day rather than half-day lists.

New roles could be created to improve the co-ordination of theatre scheduling and standardised operating procedures could be introduced, including a collective process for creating a pool of pre-assessed and validated patients to reduce late cancellations.

Trauma sessions could be increased to meet increasing demand, especially from older, frail patients.

Better use could be made of technology to improve communication with patients, reduce the administrative burden and to introduce virtual clinics for fracture patients who were facing long waits.

FORECAST IMPACT

Towards the end of the CLEAR project, the trauma and orthopaedic theatre lists were running at an average of 91.8% capacity compared with around 80% before the project. This has increased trust-wide theatre use to 87.1%, making it the best performing trust in the system and the fourth highest performing in the country.

If all recommendations are implemented, the forecast impact would include 1,900 bed days saved per year with a potential increase in theatre capacity of up to 900 cases.

The number of patients waiting more than 52 weeks would be reduced, workforce capacity would be increased and staff morale and patient care would be improve.

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