



CLEAR elective recovery project

James Paget University Hospitals NHS Foundation Trust

Restoring and transforming the care of elective trauma and orthopaedic patients

AT A GLANCE

CLEAR CHALLENGE

Demand outstripping capacity, increasing patient complexity and late cancellations affecting theatre productivity

KEY CHANGES

A 7-day physio service, new elective care co-ordinator and theatre improvement lead roles

FORECAST BENEFITS

Reduced cancellations, shorter hospital stays and potential savings of £382,400

THE CHALLENGE

There was a lack of theatre capacity to cope with a record number of people waiting for treatment. Increasing numbers were waiting more than 52 weeks with a large proportion of frail, elderly patients needing longer hospital stays. Bed pressures were causing late cancellations and increasing patient complexity was leading to longer waiting times, theatre list delays and over-runs. Co-ordination of multi-disciplinary team planning and working patterns needed improving.

Full day lists were under-used and there was insufficient pre-assessment and post op recovery space to match theatre activity. Levels of expertise and experience varied across theatre teams, placing a burden on senior staff. There were problems with recruitment and retention and there was a particular need for more senior theatre managers.

WHAT WE DID

More than 50 people from a range of staff groups in the elective orthopaedic pathway were interviewed. Trauma and orthopaedic data for 11,818 booked operations over 4,661 sessions, in the four years from January 2019, was analysed, mapped and validated with the clinical teams. This included data from emergencies, theatres, inpatients and outpatients.

CLEAR RECOMMENDATIONS

A seven-day physiotherapy service should be created to assess, rehabilitate and facilitate the discharge of 3,546 trauma and orthopaedic patients per year.

Elective care co-ordinators should be appointed to enable the early identification of patients at high risk of late cancellation.

Theatre improvement leads should be recruited to improve workflow and co-ordination between teams, to champion quality improvements and to drive forward medium-term projects, including the packing of loaned equipment kits, identified during staff interviews.

FORECAST IMPACT

Patients would benefit from reduced cancellations and lengths of stay and staff morale would improve with increased training opportunities and roles, team-led QI and better co-ordination.

The physio service could lead to a potential two-day length of stay reduction per patient generating savings of around £709,000 per year – a conservative estimate based on a 50% successful reduction rate.

The care co-ordinators could help to achieve further savings of £108,000 by a 50% reduction in cancellations and a two-day reduction in hospital stays for 50% of patients.

They would also help to generate education and training opportunities and improve team co-ordination. Investment in theatre improvement leads would increase theatre efficiency while reducing cancellation rates and length of stay.

A 15% reduction in administrative cancellations would save £50,400, bringing total projected savings after investment to £382,400.

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