



CLEAR elective recovery project

Kettering General Hospital NHS Foundation Trust

Developing new models of care and workforce to increase theatre productivity, reduce waiting times and improve care for elective orthopaedic patients

AT A GLANCE

CLEAR CHALLENGE

Under-used theatres, late cancellations, low staff morale and trauma cases impacting elective work

KEY CHANGES

Workforce optimisation and development, a new surgical admissions lounge, new elective care and theatre co-ordinator roles

FORECAST BENEFITS

Improved theatre capacity, staff morale and patient care, reduced bed days and forecast savings of more than £2.4m

THE CHALLENGE

Theatre lists were under-used and there were late cancellations caused by staff shortages. Morale among some staff was low due to lack of career opportunities, training and support. Increasing patient complexity meant extra time needed for anaesthesia and long post-op lengths of stay.

Trauma cases were impacting on elective work and many patients were needing more than one pre-operative assessment (POA) because of long waits between assessment and surgery. The orthopaedic ward was too far from the theatres resulting in delayed list starts and more time in recovery. There was no theatre co-ordinator and no consultants were available for post-op ward rounds. Clinical governance (CG) teaching needed improving.

WHAT THEY DID

The CLEAR team interviewed 39 staff from across the elective orthopaedic pathway including POA staff, surgeons, recovery staff and physios. This information was combined with data analysis of 2,215 case cases over five years to develop new ways of working to improve theatre productivity and patient care.

CLEAR RECOMMENDATIONS

The workforce composition could be optimised and a rotational development plan introduced to build orthopaedic scrub capability. A new surgical admissions lounge could be co-located with theatres to enable more efficient assessment and preparation of elective patients.

An elective care coordinator role could be created to identify and optimise patients living with frailty and a theatre co-ordinator could be appointed to oversee lists, facilitate lunch breaks and address any issues to enable theatre staff to focus on their caseload.

Medically fit patients with a clear surgical plan could be identified so the first patients on lists could be appropriately prepped and prioritised to avoid delays and less complex patients who could be called for surgery at short notice could also be identified.

There could be a process for ordering and cancelling loan kits, structured support for junior staff, development pathways for theatre staff and dedicated CG training sessions.

FORECAST IMPACT

Operational capacity would increase and theatre start times would improve. The number of patients waiting more than 52 weeks and last-minute cancellations would be reduced. Workforce capacity and staff morale would increase with a better skill mix and a larger pool of skilled staff. Patient care would be enhanced and the use of technology optimised.

Up to 670 bed days could be saved from reduced LoS and up to 2,060 operating hours freed with projected efficiency savings of £2.41 million after investment. Providing staff with break cover for all-day operating lists could produce efficiency savings of £2 million. Forecast savings of £162,575 could be achieved by staggering patient arrivals in the new surgical admissions lounge and the introduction of elective care coordinators would result in fewer cancellations with £184,052 of predicted savings.

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