University Hospitals of Leicester NHS Trust

Appendix to Trust Board paper P (tabled)

To:	**Trust Board**
From:	**Musculoskeletal and Surgical Specialities**
Date:	**27 February 2014**
CQC regulation:	**All applicable**

Title:	**Fractured Neck of Femur**

Author/Responsible Director: Richard Power, Clinical Director

Purpose of the Report: To provide assurance on the current performance of UHL against the Best Practice Tariff (BPT) for Fragility Neck Fractures (#NOF)

The Report is provided to the Board for:

Decision		Discussion	
Assurance	X	Endorsement	

Summary / Key Points:

This report is provided an update on the Fractured Neck of Femur performance and in particular the deterioration in time to theatre (36hours) in January 2014.

After a steady improvement over the last 6 months, it is recognised that we have fallen below the 70% time to theatre in January.

On further analysis of the 22 patients who did not reach theatre within 36 hours, 12 required medical intervention prior to surgery, 2 patients required transfer to LGH for Total Hip Replacement and 8 patients were cancelled from the list because insufficient theatre time, 5 of these cancellations happened over a 2 day period and this will require further investigation.

Recommendations:

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

Resource Implications (eg Financial, HR)

Assurance Implications

Patient and Public Involvement (PPI) Implications

Equality Impact

Information exempt from Disclosure

Requirement for further review?

UNIVERSITY HOSPTIALS OF LEICESTER NHS TRUST

Musculoskeletal and Specialist Surgery Clinical Management Group

TO: Trust Board

REPORT BY: Richard Power, Clinical Director

Date 26th February 2014

SUBJECT: **CE4 # Neck of Femur – Quarter 3 2013/14**

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1. CE4 a) – f) #NOF indicators - Performance for Quarter 3 of 2013 by month with year to date

CE4 includes several Best Practice Tariff (BPT) measurements for the care of patients with Fractured Neck of Femur (#NOF). Performance for Quarter 3 2013/14 by month and year to date is below for patients who flag by HRG grouper with the specialized flag of BP01.

Table 1 – Performance by month for each indicator with year to date

		Thresholds	Month of Admission Date	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	2012/2013	2013/2014
			# Count	73	95	76	66	53	70	61	72	72	66	809	704
CE1 a i)	(a) time to surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an inpatient, to the start of anaesthesia	Monthly > 70% Quarter2+ >72%	% # to Theatre 0-35Hrs	79.5 %	45.3 %	56.6 %	59.1 %	73.6 %	67.1 %	70.5 %	73.6 %	72.2 %	68.2 %	74.7 %	65.6 %
CE1 aii)	a ii) time to surgery within 48 hours (where went to theatre)	Monthly > 90%	% # to Theatre 0-47Hrs (where went to theatre)	90.3 %	70.3 %	78.7 %	78.1 %	86.5 %	83.1 %	81.7 %	85.7 %	87.5 %	81.8 %	90.7 %	82.0 %

CE1 b)	(b) admitted under the joint care of a consultant geriatrician and a consultant orthopaedic surgeon	Monthly > 95%	% # Admitted under joint care of Geriatrician and ortho surgeon	95.9 %	92.6 %	97.4 %	95.5 %	98.1 %	97.1 %	100.0 %	95.8 %	87.5 %	93.9 %		93.4 %	95.2 %
CE1 c)	Admitted using an assessment protocol agreed by geriatric medicine and orthopedic surgery	Monthly > 95%	% # Admtd under Assessment Protocol	98.6 %	100.0 %	100.0 %	98.5 %	98.1 %	100.0 %	96.7 %	98.6 %	100.0 %	97.0 %		98.1 %	98.9 %
CE1 d)	(d) assessed by a geriatrician in the perioperative period (within 72 hours of admission)	Monthly > 75%	% # Orthogeriatric Input within 72Hrs	95.9 %	82.1 %	96.1 %	89.4 %	88.7 %	91.4 %	96.7 %	94.4 %	80.6 %	89.4 %		87.5 %	90.2 %
CE1 e)	(e) postoperative geriatrician-directed multi-professional rehabilitation team	Monthly > 85%	% # Multiprof Rehab Review	78.1 %	76.8 %	78.9 %	77.3 %	92.5 %	88.6 %	90.2 %	76.4 %	63.9 %	86.4 %		78.4 %	80.3 %
CE1 f i)	(f i) specialist falls assessment	Monthly > 85%	% # Specialist Falls Assessment	94.5 %	97.9 %	94.7 %	93.9 %	100.0 %	92.9 %	98.4 %	97.2 %	70.8 %	62.1 %		90.6 %	90.3 %
CE1 f ii)	f ii) bone protection treatment	Monthly > 85%	% # Bone Protection Medication	87.7 %	83.2 %	88.2 %	90.9 %	88.7 %	94.3 %	91.8 %	88.9 %	63.9 %	81.8 %		90.0 %	85.7 %

CE1 f iii)	f ii) Abbreviated Mental Test Score on admission and post	Monthly > 85%	% # AMTS.	91.8 %	82.1 %	89.5 %	81.8 %	81.1 %	84.3 %	95.1 %	91.7 %	81.9 %	80.3 %	78.5 %	85.9 %

Table 2 below, demonstrates the progress made through the year at each quarter end along with the latest complete month. Whilst the YTD remains amber for all but three indicators the November column indicates the improvement made recently – it should be noted that the full 3 months' data is only available for time to theatre

Table 2 – Quarterly progress year to date

QS Ref	2012/13 Threshold	Q1	Q2	Q3	Latest Month
CE4 a i)	Monthly > 72% of all # NOFs to theatre within 36 hours	59%	61%	76%	70% (Dec)
CE4 a ii)	Monthly > 90% of all patients that went to theatre within 48 hours	79%	82%	85%	89% (Dec)
CE4 b)	Monthly > 95%	95%	91%	93%	98% (Nov)
CE4 c)	Monthly > 95%	99%	92%	94%	98%
CE4 d)	Monthly > 75%	91%	91%	93%	98%
CE4 e)	Monthly > 85%	77%	75%	79%	88%
CE4 f i)	Monthly > 85%	95%	89%	92%	100%
CE4 f ii)	Monthly > 85%	86%	86%	89%	88%
CE4 f iii)	Monthly > 85%	87%	79%	83%	95%

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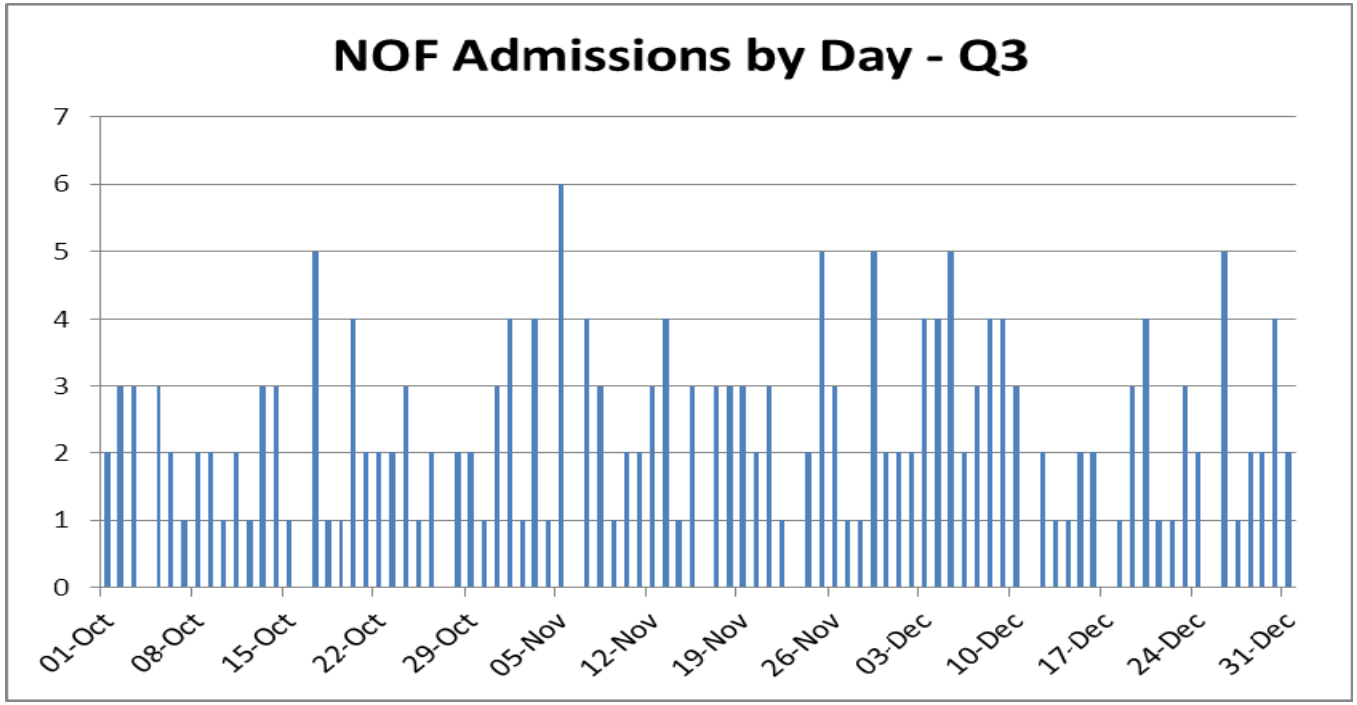
2. Progress through Q3

Quarter 3 of 2013/14 has seen a reduction in #NOF admissions compared with Q1 with activity remaining at roughly similar levels to Q2. The average for the quarter was 68 admissions per month with the average for the year being 70.

However, whilst overall numbers are down, the in month variability continues with admission numbers varying from 0 to 6 per day with some high volume periods with admissions above 2 for consecutive days.

Figure 1 – NOF admissions by day for Quarter 3



Improvements seen in Q2 have continued through Q3 and have resulted in a steady improvement in time to theatre within 36 hours.

Of the 205 admissions in Q3, reasons for not getting to theatre within 36 hours fall into four categories.

These are:

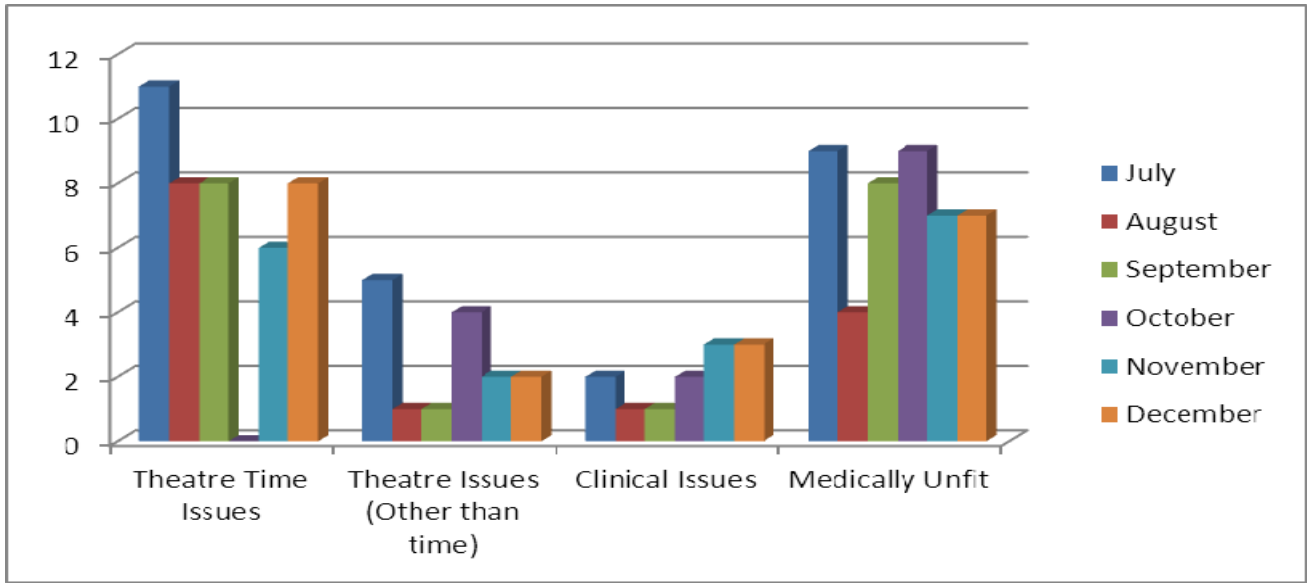
1. Theatre time issues – lists overrunning or overbooked
2. Theatre issues other than time – equipment, THR, requires LGH for THR
3. Clinical issues – orthopaedic clinical issues
4. Medically unfit – medically unfit for anaesthesia (cardiac events, high INR, low Hb)

Table 2 – Reasons for theatre >36 hours by month (July to December.

	July	August	September	October	November	December
Theatre Time Issues	11	8	8	0	6	8
Theatre Issues (Other than time)	5	1	1	4	2	2
Clinical Issues	2	1	1	2	3	3
Medically Unfit	9	4	8	9	7	7
Total	27	14	18	15	18	20

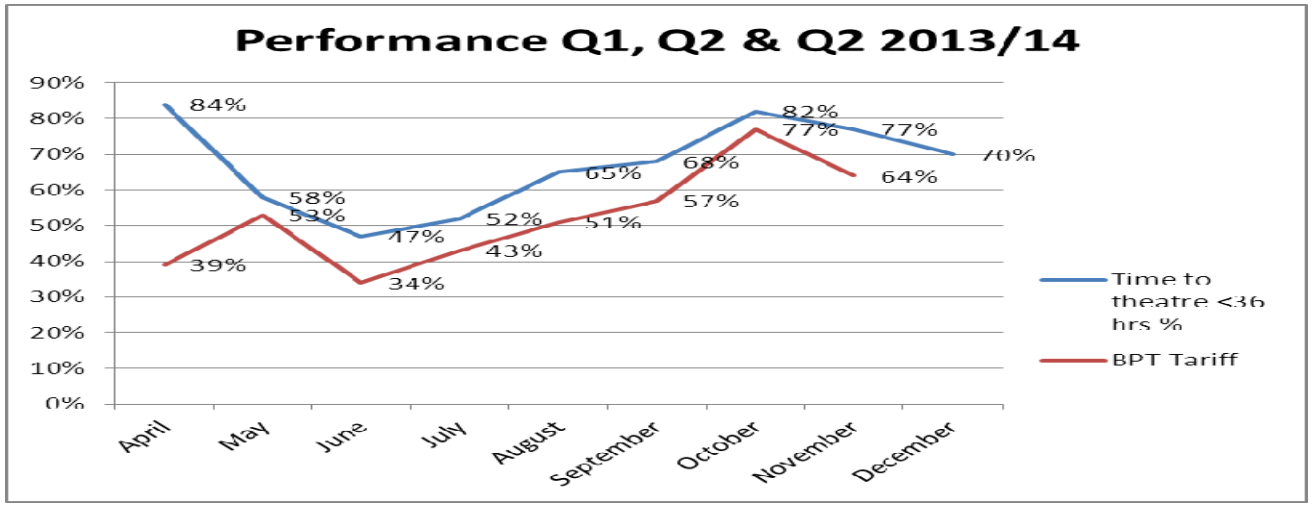
Numbers of patients affected by non-medical fitness issues have declined during the quarter.

Figure 2 – Reasons for delay by month and reason



During Q3 we have maintained our improvement in YTD BPT performance with this being 51% in November (December figures not available at the time of writing). Performance in November has fallen away in both time to theatre and BPT although performance in individual criteria remain strong. In the Q2 report reference was made to 32% of our patients missing only one BPT criteria and this continues to be an issue.

Figure 3 – BPT and time to theatre for Q1 to Q3



3. Fractured Neck of Femur Ward

The patient pathway remains admission to Ward 32 as the Neck of Femur Ward although patients do require transfer onto other trauma wards at times to maintain admission flows to Ward 32. Occasionally, it is necessary to admit patients onto wards other than Ward 32 especially at times of peak demand. The dependency of the patients remains high for this group of patients.

The Action Plan has been implemented and is attached at Appendix A for information as to the current status of the plan. Commencement of the additional orthogeriatrician session on Wednesday mornings by Dr Simon and the commencement of weekly ward based monitoring meetings were highlighted in the previous report. Dr Simon's session has contributed a great deal to the service and the ward based meetings have proved very useful in tackling issues on a real time basis.

4. Appointment of Ortho Geriatrician

The Emergency and Specialist Medicine CMG have conducting interviews in November for a further two geriatrician positions and have appointed to both posts. One of these post holders will have sessions allocated to orthogeriatrics although the definitive job plans are still subject to agreement. The prospective post holders are expected into post during June and July of 2014 following statutory notice periods in their current employment. The interim measure previously reported of an acute physician with an interest in orthogeriatric medicine providing an additional session per week on a Wednesday will continue in place until the new appointments commence in post.