

Trust Board Meeting : 6 September 2012

TB2012.83

Title	Full Business Case for an Integrated Spinal Pathway
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Status	A paper for decision.
History	Divisional Management Teams - NTSS (23/04/2012) - MARS (24/04/2012) - C & W (26/04/2012) Director of Clinical Services and Divisional Clinical Directors (May 2012) Strategic Planning Committee (9/8/2012)

Board Lead(s)	Mr Paul Brennan, Director of Clinical Services			
Key purpose	Strategy	Assurance	Policy	Performance

Summary

1	<p>The Trust has a vision for the future provision of its spinal services which draws on the considerable orthopaedic and neurosurgical expertise. The service as it is currently configured and delivered faces a number of risk management issues which need to be urgently addressed. The principle underlying factor is a mismatch between staffing capacity and infrastructure, and demand for the service. However the pressures that the service is facing are further exacerbated by the requirement to deliver the service across two hospital sites in order to access the required support services. These factors impact on the ability of the spinal team to manage both emergency and elective workload, therefore potentially compromising patient safety and increasing waiting times.</p>
2	<p>Implementation of this proposal, will enable the following improvements to be made to the Spinal Service :</p> <ul style="list-style-type: none"> • The establishment of a single point of access for non-emergency spinal referrals (both neurosurgical and orthopaedic), through the Musculoskeletal Hub, allowing consistent triage and appropriate onward referral • Increased access (five days per week) to a theatre on the JR site for the orthopaedic spinal surgeons with the associated access to ITU and ward capacity, in order to meet demand for non-elective/complex work that requires support services only available on the JR site • The transfer of less complex neurosurgical spinal work to the NOC site, (approximately three all day lists per week initially) with the future implementation of 6 day working • Augmentation of the existing orthopaedic spinal team to meet the sustained increase in demand across both the JR and NOC sites. • Establishment of general and financial management arrangements which give MARS clear accountability for the future delivery of all the orthopaedic spinal service
3	<p>Implementation of this proposal will require revenue investment of £534k in 2012/13, £1,179k in 2013/14 and £1,209k (excluding contribution to overheads) annually thereafter. Additional income of £607k will be generated in 2012/13, with £1,337k generated annually thereafter. A contribution to overheads of 14% will be delivered in 2012/13 and 12% in 2013/14.</p> <p>The workforce planning for this development provides safeguards in relation to future risks for income, allowing configuration of medical, nursing and support staff which can be reduced appropriately if the increase in demand is not sustained.</p>

4	<p>There are potentially two major risks if the proposal is not agreed, namely:-</p> <ul style="list-style-type: none"> • Patients may experience poor outcomes and complications in either their emergency or planned care; • The Trust will be unable to develop a service to take best advantage of opportunities to grow regional and supra-regional work, and those opportunities presented by the growth in specialist commissioning.
5	<p>The spinal surgeons are actively involved in the national agenda and can utilise the OUH brand to further increase income with the solid platform proposed, increasing the inflow of tertiary work; delivering a sustainable flagship service in the medium term.</p>
6	<p>This proposal to expand and reconfigure service provision demonstrates the realisation of a significant benefit, facilitated by the merger with the Nuffield Orthopaedic Centre, to establish the OUH.</p>
	<p>Recommendations :</p> <p>The Trust Board is recommended to approve the :</p> <ul style="list-style-type: none"> • Establishment of a single point of access, through the Musculoskeletal Hub, for orthopaedic and neurosurgical spinal referrals • Increased access on the JR site to theatre, ITU and ward capacity • Substantive appointment of 2.0WTE Consultant Spinal Surgeons, with the use of locums in the interim as required • Appointment of 11.35 WTE junior medical, nursing, scientific and therapeutic, and administrative staff • Revenue investment of £534k in 2012/13, £1,196k in 2013/14 and £1,209k annually thereafter, enabling a further 172 patients per year to be treated • Establishment of general and financial management arrangements which give MARS clear accountability for the future delivery of all the orthopaedic spinal service, with these arrangements taking effect from October 2012

Mr Paul Brennan, Director of Clinical Services

September 2012

Full Business Case for an Integrated Spinal Pathway

Strategic Planning Committee Reference	SPC2012.062
Appendices	Appendix A - Background Information Appendix B - Financial Pro Forma Appendix C - Equality Analysis Form Appendix D - Job Plans for consultant posts
Action/decision required from SPC	Approval to : <ul style="list-style-type: none"> • Establish a single point of access, through the Musculoskeletal Hub, for orthopaedic and neurosurgical spinal referrals • Deliver increased access for the spinal team to theatres, ITU and ward beds on the JR site • Appoint substantively 2.0WTE Consultant Spinal Surgeons, with the use of locums in the interim as required • Appoint 11.35 WTE junior medical, nursing, scientific and therapeutic and administrative staff • Revenue investment of £534k in 2012/13, £1,196k in 2013/14 and £1,209k annually thereafter • Establishment of general and financial management arrangements which give MARS clear accountability for the future delivery of all the orthopaedic spinal service, with these arrangements to take effect from October 2012
Strategic Objective(s) that the case will help deliver	SO1 - "delivering compassionate excellence" SO2 - "becoming a resilient, flexible and successful organisation" SO3 - "delivering better value healthcare" SO4 - "delivering integrated healthcare" SO5 - "supporting sustainable clinical networks" SO6 - "delivering excellence in specialist and tertiary care" SO7 - "a robust Academic Health Science Network (AHSN)"

Proposed date that revenue spend will begin:	October 2012
Proposed date that capital spend will begin:	October 2012
Conclusion of Equality Analysis	This development will improve access for all patients requiring assessment, diagnosis and treatment by the Spinal Orthopaedic Service.
Review Date	October 2013
Acronyms and abbreviations used	CQUIN - Commissioning for Quality and Innovation EPR - Electronic Patient Record ICU - Intensive Care Unit MSK - Musculoskeletal QUIPP - Quality, innovation, productivity and prevention
Author (s)	Professor Jeremy Fairbank, Consultant Spinal Surgeon Mr Richard Stacey, Consultant Neurosurgeon Karen Barker, Clinical Director, MARS Jon Westbrook, Clinical Director, NTSS Neil Cowan , General Manager, NTSS John Groom, General Manager, MARS
Lead Finance Manager	Carol Ann Gourlay, MARS

Business Case for an Integrated Spinal Pathway

Strategic Context and Case for Change

1. The Trust's Spinal Service, as it is currently configured and delivered, faces a number of risk management issues which need be urgently addressed. The underlying factors are as follows :
 - 1.1. Mis-match between staffing capacity and infrastructure, and demand for the service.
 - 1.2. The requirement to deliver the service from two different hospital sites (the Nuffield Orthopaedic Centre (NOC) and the John Radcliffe Hospital (JRH)) in order to maintain service co-locations and access to required support services.
 - 1.3. A lack of dedicated facilities eg theatre, critical care and ward bed capacity for the service on the JRH site.

These factors impact on the ability of the spinal team to manage both emergency and elective workload, therefore promoting inefficiency and potentially compromising patient safety and increasing waiting times.

2. The spinal service requires a stable footing to deliver safe and effective care on a cross-site basis for all patient groups within the nationally agreed access times.
3. The merger of the Nuffield Orthopaedic Centre (NOC) and the Oxford Radcliffe Hospitals (ORH) forming the Oxford University Hospitals (OUH) anticipated the realisation of a number of operational, financial and clinical benefits. An important benefit was the opportunity to rationalise the pathway for elective spinal referrals to the Trust with the establishment of an integrated spinal pathway. With referrals currently being made to the orthopaedic spinal team and the neurosurgical team, there is potential for duplication of appointments, unnecessary delays in assessment, diagnosis and treatment. Thus there are two routes for access into the service and each pathway offers a number of alternative approaches to treatment. This does not provide an optimal patient experience and is an inefficient and undesirable approach to service delivery. The need to address this issue has been supported by Commissioners who have set a Commissioning for Quality and Innovation (CQUIN) goal for 2012/13 of £128k which requires the "Rationalisation of the current different pathways for spinal surgery".
4. This case seeks to :
 - 4.1. Establish appropriate staffing capacity and infrastructure for the Spinal Service to meet current levels of demand for the service and address the current governance issues that it is facing.
 - 4.2. Establish an integrated patient pathway for spinal referrals to the Trust, eliminating duplication and delays, utilising common protocols and realising

an anticipated benefit of the merger of the NOC with the OUH. It will further secure CQUIN funding of £128k in 2012/13.

Current Service Provision

5. Appendix A provides an overview of the current spinal service and highlights initiatives that will shape its future development.
 - 5.1. Demand for the Spinal Service :
 - 5.1.1. The workload of the orthopaedic spinal team has shown a sustained and significant increase, with the volume of work undertaken equating to an increase of approx. 8.5 surgical cases per month (100 cases per year), over and above 2011/12 levels. In addition, taking account of data issues with the electronic patient record (EPR), there is a requirement to undertake a further 6 cases per month in order to address the waiting list backlog; The length of time that adult and paediatric patients are waiting for non-tumour, complex spinal work currently significantly exceeds the 18 week wait target. This is in part due to cancer patients taking priority. Thus the additional workload over and above 2011/12 levels is of the order of 172 cases which is largely complex or urgent in nature.
 - 5.1.2. It is recognised that these estimates of future demand are likely to be on the conservative side, particularly given the national agenda to rationalise the future provision of spinal services with increased centralisation.
 - 5.1.3. The above increase in activity is also reflected via an increase income, with average income per month for the financial year 2011/12 totalling £300k, while for 2012/13 the average monthly value is £480k. This reflects not only an increase in volume, but also an increase in complexity, with the average tariff price per procedure rising over the period from £4.5k to over £6k.
 - 5.1.4. A reconfigured spinal service will be more readily able to take advantage of commissioning opportunities around regional and supra-regional services, along with an increase in the spending power of specialist commissioners, therefore supporting the Trust's objective to increase tertiary work. The increased influence of specialist commissioners and the high proportion of work associated with commissioners outside of Oxfordshire also make the service an attractive strategic asset for the Trust, for as long as this out of area work represents activity that would otherwise be delivered by alternative providers the over-performance constraints in place with local commissioners will not apply. Therefore if patient and commissioner satisfaction is delivered and an efficient level of resource is deployed to carry out this work, a guaranteed margin can be built into the medium to long term financial plan of the Trust. A key element of this strand is the single point of access for elective spinal referrals whether neurosurgical or orthopaedic. This will enable an

efficient approach in terms of interactions with commissioners, and will also support a consistent pathway of care for all patients.

5.2. Infrastructure :

5.2.1. The orthopaedic spinal service is delivered across two hospital sites. The elective service is largely delivered from the NOC site while the delivery of the service for complex electives (eg. adult and paediatric scoliosis), urgent and emergency work takes place on the JR site. The service is organised in this way to facilitate access to support services such as the Intensive Care Unit (ICU) which are only available on this site.

5.2.2. The spinal service has not historically had sufficient access to facilities and this has compromised the planning and efficiency of service delivery. Consistent access to theatres on a daily basis couple with access to ICU beds and ward beds will address this. This will enable the service to plan the use of its theatre lists more effectively, increase throughput and plan its requirement for ward beds and ITU beds. The efficiencies gained through having a regular theatre capacity five days a week, and associated access to ITU and ward capacity, should ensure that the volume of additional work that needs to be undertaken can be completed.

Service Rationalisation

6. The Trust currently provides an elective neurosurgical spinal service from the West Wing at the ORH and an elective orthopaedic spinal service from the NOC. As both services receive spinal referrals, there is an element of duplication in service provision. This can result in patients being on multiple pathways. The merger of the NOC with the ORH presented an opportunity to address both the duplication in service provision and establish a revised and streamlined patient pathways. A key benefit anticipated from the merger of the two organisations was the development of “a comprehensive integrated spinal pathway between the Nuffield Orthopaedic Centre NHS Trust and The Oxford Radcliffe Hospitals NHS Trust” which would “improve outcomes for patients, reduce LOS and reduce appointment numbers”.
7. The establishment of a single point of access through the Musculoskeletal (MSK) Hub, for all orthopaedic and neurosurgical spinal referrals, will result in a consistent approach to the triage and onward referral of these patients which would address a number of the shortcomings of the current spinal pathways, namely
 - 7.1. Delays before outpatient appointments (average of four weeks)
 - 7.2. Cross-referrals between services (~5% of outpatients are cross-referred)
 - 7.3. Inefficient uses of resources :
 - 7.3.1. Multiple outpatient appointments
 - 7.3.2. Increased uses of radiology
8. In addition to the implementation of the single point of access, the transfer of the less complex neurosurgical work from the West Wing to the NOC will take place. This

equates to approximately 3 lists per week. These changes will be supported by changes to job plans, the implementation of six day working, and the establishment of general and financial management arrangements which give MARS clear accountability for the future delivery of all the orthopaedic spinal service.

Risks Associated with Failure to Implement this Proposal

9. There are a number of strategic concerns associated with not implementing a revised approach, namely:-
 - 9.1. The potential for an increased risk of sub-optimal outcomes and poor patient experience coupled with the potential for reputational damage and increased litigation. This would damage the service's ability to bid for additional, profitable activity in the medium term, and also deter high calibre staff from wishing to join the team in the future. The contributory factors being :
 - Lack of capacity and delays on the waiting list may result in an increased risk of poor outcomes and complications as patients are unable to access surgery to an appropriate timeframe.
 - Current and expected demand has put a significant strain on the existing surgical team in order to maintain a full day time service plus a busy on call service out of hours operating on complex urgent cases and trauma, on a cross site basis.
 - Insufficient junior support on JR site may lead to poor communication between surgeons and other clinical staff, which leads to a lack of continuity in patient care and a poor experience
 - Lack of consistent bed space for patients on the JR site results in an inefficient use of resources
 - 9.2. Missing the opportunity to reconfigure the service would lead to a continued challenge to deliver on the national access times, which may have implications for the Trust both in terms of relationships with commissioners; but also in terms of negative impact on the organisation's Foundation Trust application.
 - 9.3. Failure to provide appropriate capacity on either the JR or NOC sites would lead to an increased reliance on expensive waiting list initiatives to support access times.
 - 9.4. Not implementing a single point of access for elective referrals into the spinal service will have a negative impact on commissioner relations and also limit the Trust's ability to appropriately control access to services not only to maximise patient care, but also in terms of managing the production plan so as to avoid over or under performance for specific commissioners. The single point of access was also an agreed outcome of the merger.
 - 9.5. The wider Estate's strategy around the reconfiguration of theatre assets would be put at risk. Locating all the orthopaedic spinal work on the JR site into a dedicated theatre will improve theatre efficiency and release capacity for other uses. The move of less complex neuro spinal work to the NOC site will deliver further efficiencies; and conceptually moves the NOC site towards being a

multi-specialty facility, which itself presents a number of opportunities in relation to how Trust wide services can be delivered in the future.

10. On a tactical/operational level, failure to reconfigure the service will lead to reduced morale amongst staff already under significant pressure in terms of workload, which may lead to a breakdown in relationships and flow, therefore inadvertently putting patient care further at risk.

Opportunities for Future Service Development

11. The spinal surgeons are actively involved in the national agenda, eg with the National Spinal Taskforce, which will shape the future development and provision of spinal services, with the plan to rationalise the number of providers and designate lead-centres. Investment will place the service on a sustainable footing which will in turn enable the utilisation of the OUH brand to attract further tertiary work, delivering a sustainable flagship service in the medium term.
12. The service's main competitors are Southampton, London, Stanmore and Birmingham. The combined expertise and reputation of the Trust's Neurosurgery and Orthopaedic Services places the Trust in an ideal position to proactively market its spinal services to the tertiary market. The establishment of an integrated pathway presents a 'unique selling point' to commissioners delivering a more effective and efficient service through the MSK Hub and supporting the delivery of the QUIPP (quality, innovation, productivity and prevention). This approach may be replicable for other services offered.
13. The reconfigured spinal service will act as an enabler for wider reform and rationalisation of the Trust's theatre estate.

Objectives and Benefit Criteria

14. The objectives of this development are as follows :
 - 14.1. The establishment of a single point of access for non-emergency spinal referrals (both neurosurgical and orthopaedic), through the Musculoskeletal Hub, allowing consistent triage and appropriate onward referral
 - 14.2. To establish sufficient capacity (staffing - eg medical, nursing and administrative staff) and infrastructure (theatre time, ITU and ward beds) to ensure that demand meets capacity, specifically :
 - 14.2.1. at the NOC to allow the transfer of less complex elective neurosurgical spinal work from the West Wing to the NOC
 - 14.2.2. at the JRH to ensure that urgent spinal activity and complex elective orthopaedic activity receive clinically optimal treatment
 - 14.3. To deliver improved access times for elective surgery
 - 14.4. To deliver improved access times for non-elective surgery
 - 14.5. To provide a flexible and responsive specialist service which will attract additional patients from surrounding counties and thereby additional income, building upon the services current reputation

- 14.6. To rationalise the current general and financial management arrangements (with the transfer of associated expenditure and income budgets) so that future delivery of the all the orthopaedic spinal work falls under the remit of the MARs Division
- 14.7. To address the current needs of the service in a way which optimises flexibility and allows the service to respond in a timely and appropriate manner to manage risks around future income flows.

Options

Option 1 - Do Nothing

15. This option assumes that there is no longer a need for a single point of entry into the spinal service. It would assume that activity and complexity levels will reduce so that the existing team will be able to address operational issues and manage the workload safely. This option would not allow future opportunities for service development to be exploited and therefore improved patient care and increased revenue would not materialise; or that there is a need to rationalise the theatre assets of the Trust. This scenario would be based on an unrealistic and highly risky series of assumptions.

Option 2 - Current Proposal

16. The second option is to implement as above, namely:-
 - 16.1. Introduce a single point of access for elective neurosurgical and orthopaedic spinal referrals.
 - 16.2. Provide the orthopaedic team with access to theatres on the JR site on a daily basis to manage predominantly urgent/complex paediatric and adult work.
 - 16.3. To establish sufficient access to ITU and ward capacity.
 - 16.4. Transfer at least three less complex neurosurgical spine lists to the NOC site, enabled through a number of initiatives including the implementation of 6 day working.
 - 16.5. Augment the existing orthopaedic spinal team to meet demand, but implement additional staffing in such a way that if demand reduces, additional resources can be withdrawn.

Option 3 - Strategic Growth

17. The third option is to assume that elements of the surge in demand will continue to show further increases, with an associated requirement for further increases in investment. This option therefore represents an extension of option 2; requiring increased investment to support staffing, theatre, ITU and ward resource in anticipation of further service expansion. The initiatives outlined in Appendix A eg work of the National Spinal Taskforce would be consistent with this. There is significant anecdotal evidence to suggest this is the case, but based on the current financial climate and the need to take account of potential commissioning constraints, at this stage this option is not considered feasible; however further additional capacity could be made available on the NOC site to facilitate this option.

Option Appraisal using Benefit Criterion

18. The table below shows the assessment of the options against the benefit criterion :

Objective	Option 1 - Do Nothing	Option 2 - Current Proposal	Option 3 - Strategic Growth
The establishment of a single point of access for non-emergency spinal referrals (both neurosurgical and orthopaedic),	X	✓	✓
To establish sufficient capacity (staffing and infrastructure to ensure that capacity is in place to meet demand at both the NOC and the JRH	X	✓	✓
To deliver improved access times for elective surgery	X	✓	✓
To deliver improved access times for non-elective surgery	X	✓	✓
To provide a flexible and responsive specialist service which will attract additional patients from surrounding counties and thereby additional income, building upon the services current reputation	X	✓	✓
To rationalise the current general and financial management arrangements in line with the proposed service reconfiguration	X	✓	✓
Commit resources in a manner which maintains flexibility and management of future financial risk		✓	

19. This appraisal takes account of :

- Current/future demand;
- Patient safety;
- Sustainability of service;
- Delivery of Trust and Divisional strategic goals.

Recommended Option and how it meets the case for change

20. The recommended option is Option 2. This will :
- 20.1. Enable the mis-match between current capacity (staffing and infrastructure) to be addressed, to meet demand.
 - 20.2. The establishment of daily theatre provision on the JR site, which will enable the service to be more effectively planned and efficiently delivered, along with supporting ITU and ward bed capacity.
 - 20.3. Establish a single point of access for elective referrals to the orthopaedic spinal service and the neurosurgical spinal service, reducing delays, optimising use of resources and the patient experience.
 - 20.4. Managerial and financial responsibility for the orthopaedic spinal service to fall within the remit of the MARS Division

Financial Analysis of Preferred Option**Revenue Costs**

21. The revenue cost of implementing the preferred option are detailed in the financial pro forma, (attached as Appendix B) and take into account the following establishment:-

Grade	WTE	Supporting Information
Consultant	2.0	Primary role in delivering additional activity
Middle Grades	2.0	To support cross site working and support patient cohort in beds on the JR site
Nursing (Band 5)	6.35	Nursing required to support up to 4 beds on the JR site
Scientific and Therapeutic (Physiotherapy and Diagnostics)	1.0	Physiotherapy and Diagnostic support for additional patients
Medical secretary - Band 4	1.0	To support additional medical staff
Spinal pathway co-ordinator - Band 4	1.0	To support service across both sites, ensure effective use of theatre resource and to monitor pathways
Total (including Consultants)	13.35	
Total (excluding Consultants)	11.35	

22. The financial proforma also takes account of:-
- Theatre staffing;
 - Non pay;
 - Contribution to overheads.
23. The additional revenue costs (before contribution to overheads) are £534k in 2012/13, increasing to £1,196k in 2013/14 and £1,209k annually thereafter. It has been assumed that the integration of elective spinal referrals into the MSK Hub is cost neutral, as is the transfer of neuro spinal lists from the JR to the NOC site.

Capital Costs

24. A provision of £50k has been included for theatre instrumentation, given the increasing volume of work that will be undertaken.

Income

25. The proposed development will realise additional income of £607k in 2012/13. This includes a CQUIN of £128k which has been agreed with Commissioners for the establishment of a single point of access. For 2012/13 it has been recognised that additional work for Oxfordshire will secure income at a marginal rate of 50%. For 2013/14 and annually thereafter, additional income of £1,337k will be realised.

Contribution

26. The service therefore delivers a contribution of 14% in 2012/13, and 12% in 2013/14. This analysis is unable to take into account the value of:-
- Future financial penalties due a reduction in patient care;
 - Future service development and income opportunities;
 - Potential to further reduce reliance on waiting list initiatives;
 - Financial benefits of a rationalised estate.

Market Assessment (including commissioner discussions)

27. Based on the most recent information available the split of work between commissioners is as follows:-
- 45% commissioned by Oxfordshire PCT;
 - 55% commissioned from outside of Oxfordshire.
28. In terms of the growth work, the split is as follows:-
- 62% from Oxfordshire PCT;
 - 38% from outside of Oxfordshire.
29. Work is on-going to determine if commissioners from Oxfordshire are comfortable with the level of activity undertaken on their behalf, and reassurance is being sort that identified increases in work are sustainable both in terms of volume and funding.

Benefits Realisation

30. This table presents the quantifiable benefits of the proposal.

Benefit	Performance Measure	Current Value	Target Value	Target Date
Improved outcomes for patients	PROMS Monthly Mortality and Morbidity reports Monthly Governance/Quality reports	Benchmark information to be agreed by the Orthopaedic Directorate and signed off by the MARS Divisional Management team in August	To be agreed by the Orthopaedic Directorate and signed off by the MARS Divisional Management team in August	Begin monitoring in October, with first review in November
Improved access times for elective surgery	Performance Report discussed at Weekly and monthly performance information discussed at Orthopaedic Performance Management Group – Admitted RTT, 31 and 62 day targets	Benchmark information as above, but with input from NTSS in August	18 week RTT 31 and 62 day targets	Start monitoring in October, first review in November
Improved access times for non-elective surgery	Time to theatre - 0-48 hours eg cauda equina, 24 hours		0-48 hours	Jan 2013
Improved Theatre Utilisation	% Utilisation	JR – 80% NOC- 83%	85%	Jan 2013
Increased sustainable income and profit margin	PLICS, Reference Cost Model, ROI assessment per team/consultant discussed at Divisional Performance Meeting and Compact Performance Review	As above	As above	As above
Secure CQUIN funding	Establish single point of access		£128k	Sept 2012
Improved referral management/triage of patients	Reduction of 5% in spine referrals (currently 5% are referred to both the orthopaedic and neurosurgical service) Reduction of 22% of neurosurgical referrals requiring onward referral			Oct 2012

Management of Risks of Implementation of Proposal

31. The table below lists the risks that would remain if the proposal is agreed and the plan to manage them.

Risk	Impact (I)	Likelihood (L)	Total (IxL)	Mitigating Action	Residual Risk	Contingency plan to address risk
Timeliness of capacity coming on stream, leads to delays in improving access times	4	2	8	Detailed implementation plans will support this development with delivery being driven by continual monitoring and review as per systems described above	2	As above. Additional capacity and flexibility will be achieved through 6 day working.
Growth in urgent and emergency work exceeds planned levels, displacing elective work	4	2	8	Continual monitoring as per systems described above. Development of further detailed plans to expand capacity to meet demand.	2	Additional theatre capacity brought into use. Further cross-site rationalisation of service provision. As service managed by one Division going forward, escalation via Divisional Management Team to Exec Board, with plans to increase capacity to meet this demand.
Activity and income projections are too optimistic	3	1	3	Monitoring via monthly PLICs, Reference Cost Model, Income and Expenditure reports and update to the Divisional Production Plan	1	The staffing and asset plan proposed have been flexibly developed so that both pay and non-pay elements can be reduced over a 12 month period if required. Additional capacity on the NOC site could then be made available to other specialties
Recruitment to medical posts	4	1	4	It is not anticipated that recruitment to the medical staff posts will prove difficult. These posts would be attractive and highly sought after. Locums would be used as an interim measure.	1	Targeted recruitment would be used

Implementation Plan

32. A mentoring programme for the two consultant spinal surgeons will be developed and its implementation overseen by Mr Wilson-MacDonald, Clinical Lead for the

Spinal Service, with support to both development and implementation provided by Professor Andrew Carr, Divisional Director, MARS.

33. The implementation of this development will take place to the following timescales :

ACTIONS	TIMELINES
College approval for two consultant appointments	August 2012
Advertise and shortlist candidates for interview	September 2012
AAC	Mid-October 2012
Appointees will start in post	End of January 2013
Expansion of the role of the MSK Hub to cover triage of orthopaedic spinal and neurosurgical spinal referrals - establishing single point of access.	September 2012
Revised general and financial management arrangements (with MARs solely accountable for the orthopaedic spinal service) to take effect	1 st October 2012
Provision of an additional all-day operating list in JR theatres to give the Spinal Service access to 5 days of in-week operating.	Mid-October 2012
Transfer of theatre lists from the WW to the NOC (to accommodate less complex neurosurgical spinal activity). This assumes the 6 day working is in place.	January 2013

When and how will the impact and intended effect be reviewed and reported on?

34. Assuming that the proposal is agreed, implementation would take effect from the start of Quarter 3 subject to recruitment. The Division is expecting a final pre-implementation review to take place as part of the Monthly Compact Performance Review in October or November, with further scrutiny at either SPC or TME within the same timeframe. The Division would then expect to formally review performance at the December Compact Performance Review. However, continuous operational review will take place as described above, with escalation of issues taking place if required.

Conclusion

35. The conclusion of this paper is that in order to meet objectives of this development Option 2 should be agreed and implemented. Implementation of this approach ensures successful delivery is within the power of the Trust internally, particularly in relation to managing the level of elective referrals into the service via the Hub.

Recommendations

36. The Trust Board is recommended to approve the :
- 36.1. Establishment of a single point of access, through the Musculoskeletal Hub, for orthopaedic and neurosurgical spinal referrals.
 - 36.2. Increased (daily) access to theatre capacity on the JR site for the spinal team along with associated ITU and ward capacity.
 - 36.3. Appointment substantively 2.0WTE Consultant Spinal Surgeons, with the use of locums in the interim as required.
 - 36.4. Appointment 13.35 WTE junior medical, nursing and administrative staff
 - 36.5. Revenue investment of £534k in 2012/13, £1,196k in 2013/14 and £1,209k annually thereafter.
 - 36.6. Establishment of general and financial management arrangements which give MARS clear accountability for the future delivery of all the orthopaedic spinal service, with these arrangements taking effect from October 2012.

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