

Trauma & Orthopaedics Transformation HASC - Position Paper - September 2020

1. Purpose

Further to the discussion at this committee in March 2020 this report has been provided to give the committee a status update on the trauma and orthopaedic services transformation programme, with particular reference to the impact COVID-19 has had on the delivery of these services.

2. Context

2.1 Implementation to Date

On 3 December 2019, the Trust implemented its plans to centralise all trauma services to Basingstoke and North Hampshire Hospital. The plan supported all patients requiring inpatient procedures, or treatments relating to trauma or non-elective conditions, who were previously admitted to the Royal Hampshire County Hospital, being redirected to Basingstoke and North Hampshire Hospital.

Further to this, from 3 January 2020, all hip and knee arthroplasty was centralised to the Royal Hampshire County Hospital.

2.2 The COVID effect

In response to the COVID-19 pandemic, the Trust was required to make significant changes to services to enable the safe treatment and management of patients. This response has had the following impact upon the Trauma and Orthopaedic (T&O) programme; and has made the evaluation of success difficult in lieu of these changes.

a) Staffing

Staffing the T&O medical rotas and wards has been challenging due to staff self-isolation, the shielding of staff, and the need to redeploy staff to support other areas in the hospital such as the Emergency Departments and Critical Care. For a significant period the Foundation Year doctors from T&O were also unavailable to the service as they were re-directed to support COVID.

b) Dedicated Inpatient Care

From early March to August in order to support the safe segmentation of COVID positive patients, it was not possible to treat T&O patients on a dedicated ward with the specialist clinical and nursing teams.

Both of the dedicated wards for planned orthopedic surgeries, and the Firs transition unit, were repurposed to care for other patient groups, and these arrangements remain in place.

As a result the Trust is currently managing with a reduction of 25% in its trauma bed stock that has been supported by the successful delivery of reduced length of stay.

c) *Theatres*

Elective theatres closed in the last week of March; the department would normally run 52 elective theatre lists a week. Elective procedures have now restarted however in significantly reduced numbers; two all day theatres are operational against the modelled need for all day theatres seven days per week with a further two additional lists. Productivity within these two days is also hindered due to the increased infection control requirements needing to be taken.

Whilst there was a short-lived dip in trauma demand at the start of the pandemic, demand has now returned to pre-COVID levels (135 trauma theatre cases in the last four weeks, compared to 146 in the same period in 2019), and plans are being continually assessed to increase elective work as part of 'Phase 3 recovery'.

d) *Out patients*

Outpatient facilities at both acute hospital sites were moved to accommodate other pressing hospital demands, and in conjunction with infection control requirements, clinic capacity was reduced from 16-20 patients per clinic to six face to face appointments per clinic. To support the management of the service during this period the majority of appointments have been converted to telephone appointments, apart from urgent trauma reviews. This has enabled the service to bring forward plans to offer appointments via digital means, providing greater flexibility for patients to have appointments without the need to attend hospital.

3. Transformation Objectives

a) *Improve patient experience and outcomes (measured via patients surveys)*

The completion of patient surveys has demonstrated that the assessment and treatment of patients is 'good' or 'very good' with one poor experience reported that is being investigated. Patient feedback to date has shown the care being provided is of a high quality, and whilst there were initial concerns raised about travel, parking and transport, no formal complaints have been made.

b) *Improve 30 day mortality and increasing best practice tariff following #NOF*

To date there has been no reduction in the total number of deaths related to fracture neck or femur.

Ortho-geriatric input is key to delivering positive improvements, unfortunately two Orthogeriatric Consultants left their roles in December 2019. This enabled the service to test an alternative service model, with this aspect of the service covered by two newly appointed nurse practitioners and one staff grade doctor. They have now also introduced a full-time locum consultant and have advertised another vacancy.

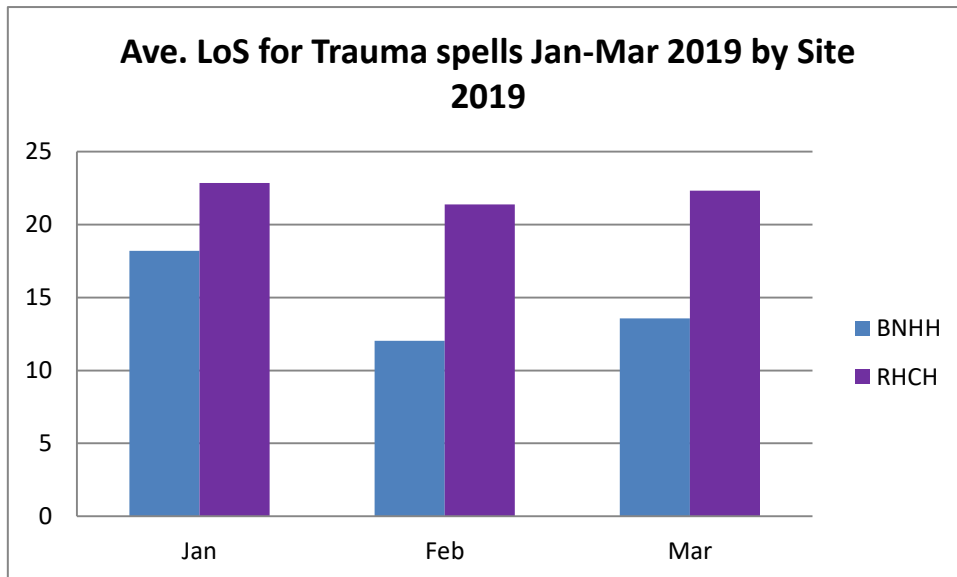
Any deaths that happen are rigorously reviewed, audited and reported within a robust governance structure in place lead by specialist clinicians.

c) *Increase elective theatre productivity*

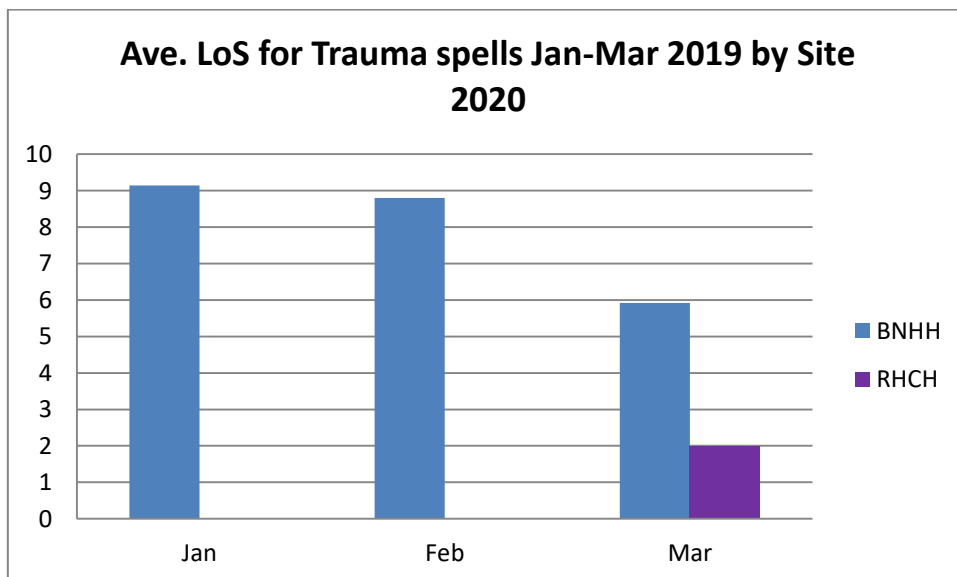
The transformation programme has successfully delivered increased elective theatre productivity. Unlike previous years, planned surgeries continued throughout the winter period, with the Trust being one of a few that maintained this service provision amidst the seasonal pressures. Furthermore, the ring-fenced theatre capacity in Winchester allowed upper and lower limb surgeons from Basingstoke to maintain their surgeries from Winchester.

d) Establish dedicated transition facilities

Prior to the repurposing of the unit, the introduction of the transition facility (The Firs) had a very positive affect on the Length of Stay (LOS) and improving the outcomes for patients.



This graph shows the average length of stay for trauma per site in 2019 - on average, over 20 days in Winchester and over 13 days in Basingstoke



This graph shows the average length of stay reductions for trauma patients from the date of transformation, January 2020.

This data shows our length of stay reduced from 18 days to 8 days when compared with the same three months in 2019 (both RHCH and BNHH).

e) Improve compliance with a “Seven Day Services”

The programme has successfully delivered a centralised seven day service for trauma patients at Basingstoke from midnight 3 December 2019. A full day of trauma theatre is scheduled each day including weekends, and fully supported with consultants, registrars, surgical assistants and junior doctors.

f) A service to promote training, development and promote staff retention

Staff morale is a very high priority at the Trust. Significant planning went into preparing the service model ensuring the displacement of very few staff and no staff members were forced to move site. Doctors who worked across sites were given support with time and mileage for travel and other staff groups were provided with initial support throughout the transition.

Whilst careful consideration has been given to ensure the morale of staff, there were actual and anecdotal concerns from individuals and staffing groups that needed to be investigated and responded to. During February, independent staff engagement walk and talk, workshops, team meetings and surveys took place.

Over 85 surveys were completed and just over 20 staff attended the workshops, mainly admin staff and one consultant. The survey completions provided a broad spectrum of feedback which should be considered in the context of:

- Change and people at work
- Organisational history
- A chance to share
- Opting in
- The method mix

In response to this feedback the following actions have been taken:

- Agree a business as usual model for cross site working
- Update Trust policies to support the new model
- Engagement workstreams to be established early with future transformation programmes
- Shared learning to be easily accessible to all staff

g) Phase 3 - create capacity to repatriate elective activity subcontracted to private providers

In lieu of the effects of COVID-19 this phase has not yet commenced.

4. Next Steps

The next stage for T&O is as follows:

- Agree COVID restoration plans and work across sites to deliver
- Identify the impact restoration will have on the service
- Monitor performance and activity levels
- Review job planning (revised Autumn 2020)
- Engage with BMA to move from test to Business as Usual phase
- Engage with other local health providers, such as UHS, CCG, SCAS to formalise long term model
- Agree when Phase 3 will progress