

Trauma & Orthopaedics Transformation HASC - Position Paper - February 2021

1. Purpose

Further to the position paper submitted to this committee in September 2020 this report has been provided to give the committee a status update on the Trauma and Orthopaedic transformation programme during the Covid19 pandemic.

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, Winchester being redirected to Basingstoke and North Hampshire Hospital.

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

2.2 The COVID effect

In response to the ongoing Covid19 pandemic, the Trust made some 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 seconded to the medicine division and the service only retained enough juniors to cover our core trauma commitments. There was also a significant redeployment of senior nursing staff to help in ITU and the Emergency Departments.

b) Dedicated Inpatient Care

From early March to August due to the increased numbers of Covid positive patients, the elective inpatient and day case programme had to be suspended.

On both sites the dedicated wards for planned orthopedic surgery were repurposed to care for other patient groups, and after a partial restoration these arrangements were re-instated in response to the surge in January 2021.

c) Theatres

Whilst there was a short-lived dip in trauma demand at the start of the pandemic, demand has now returned to pre-Covid levels.

Elective theatres stopped in the last week of March 2020. The department would normally run 52 elective theatre lists a week. Elective procedures restarted in July, but much of this work was initially programmed to take place in the independent sector in partnership with the NHS. This allowed orthopedics to run in a Covid free environment (known as green sites) on a limited number of theatre available lists with a phased return to in-house capacity achieving a normal elective programme for October and November. Unfortunately, with the second wave of Covid19 affecting activity levels from January onwards, the elective programme has once again been suspended.

d) Outpatients

In September 2020, the elective outpatient facilities at both acute hospital sites were relocated to free up space to accommodate other pressing hospital demands, and in conjunction with infection control requirements, clinic capacity was reduced. Throughout the year, services were gradually restored and have adapted to the reduced outpatient footprint, although the service is still unable to return to pre-Covid levels.

3. Transformation Objectives

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

Due to the ongoing pandemic, we have temporarily suspended formal patient surveys and intend to start these again once we have restored elective services to 'business as usual'.

b) Improve 30 day mortality and increasing best practice tariff following fractured Neck of Femur

In the two years prior to the transformation both Basingstoke and Winchester were flagged as national outliers with mortality significantly above our peers. Both sites worked hard to reduce mortality by the implementation of multidisciplinary team meetings and a concentration on orthogeriatric care for this very frail patient group, and our mortality rate had returned to normal by the time the transformation took place.

Orthogeriatric input is key to delivering positive improvements; unfortunately two Orthogeriatric Consultants left their roles in a six-month period over the time of transformation. However, we have appointed a full-time locum consultant and continue to advertise for the second consultant vacancy. In the meantime, the rest of our multidisciplinary team remains in place, with considerable input from a nurse consultant, a nurse practitioner and two staff grade doctors, and we are looking to further develop the team and in particular the nursing roles.

As previously reported, any deaths are rigorously reviewed, audited and reported within a robust governance structure led by specialist clinicians.

c) Increase elective theatre productivity

The transformation programme had successfully delivered increased elective theatre productivity. Unlike previous years, in 2019-20, planned surgical procedures were able to continue in the new ring fenced facilities in the Royal Hampshire County Hospital throughout the winter period, with the Trust one of few that maintained this service provision amidst the seasonal pressures. There was a further benefit to this ring-fenced

theatre capacity in Winchester as it allowed upper and lower limb surgeons from Basingstoke (where elective surgery had been closed) to maintain their surgery activity in Winchester.

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

In lieu of the effects of Covid19 this phase has not yet commenced but is being actively developed.

4. Conclusions

The programme has demonstrated that combining trauma onto a single site has provided considerable benefits for the patient population. Unfortunately, the elective transformation has not had the opportunity to develop fully and provide us the opportunity to fully test some of our arrangements because of the waves of reductions of elective capacity due to Covid19 as detailed in section 2.2 above.

The service is confident that the work it has undertaken to strengthen its organisational framework around the elective surgery delivery, much of which was developed during the 'downtime', will allow them to return strongly as soon as they are able, and take on the challenge of reducing the backlog of long waiting patients which has built up during the course of 2020. An example of some of the work undertaken is:

- Performed a job planning exercise for all consultants and middle grades allowing the service to maximise elective and trauma workload. Hand in hand with this is a new theatre timetable which will support the service in maximising its efficiency across both Winchester and Basingstoke.
- The Trust has a new cohort of registrars and junior doctors who are now on Trust wide contracts which helps with cross-site working. The previous problems reported with changing contracts and modifying time and place of work have been resolved.
- Through regularly monitoring performance and activity targets, collecting data for the GIRFT programme for both elective and trauma services, prospectively collecting the 'Model Hospital' data. This allows the service to highlight areas where it is doing well, as well as areas that need improvement.
- In October the orthopaedic service became involved in the Hampshire and Isle of Wight (HIoW) Orthopaedic programme, primarily to encourage team working amongst the various provider organisations, to work towards services that are standardised, improve outcomes and reduce variation for orthopaedic care. This may involve the development of specialist Orthopaedic centres in the future, as part of phase 3 of the transformation programme, but this is at very early stages of discussion.

5. Next Steps

The expectation is that there will be a planned restart of elective work towards the end of February, and hopefully a full programme of work will be running by the end of March 2021.