

Meeting of NHS Board
29 May 2019

Lanarkshire NHS Board
Kirklands
Fallside Road
Bothwell
G71 8BB
Telephone: 01698 855500
www.nhslanarkshire.scot.nhs.uk



SUBJECT: TRAUMA AND ORTHOPAEDIC REDESIGN – PHASE 1A

1. PURPOSE

This paper is coming to the Board:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
--------------	--------------------------	-----------------	--------------------------	---------	-------------------------------------

The purpose of this paper is to provide an update on Phase 1a, including the risks and costs of separating trauma and elective inpatient care by site.

The detailed assessment of infrastructure risks will be included in a presentation to the Board. This will seek the Board's approval of the recommendation from the Programme Board that a delay is now required to enable the creation of additional beds on the Wishaw site, and that the delivery of Phase 1a be delayed until summer 2020.

2. ROUTE TO THE BOARD

This presentation has been:

Prepared	<input type="checkbox"/>	Reviewed	<input checked="" type="checkbox"/>	Endorsed	<input type="checkbox"/>
----------	--------------------------	----------	-------------------------------------	----------	--------------------------

By the following Committee: The presentation has been reviewed through the Acute Directorate Management Team, Acute Governance Committee and the Board Corporate Management Team.

3. SUMMARY OF KEY ISSUES

In July 2016 the NHS Lanarkshire Board approved the recommendation;

“To begin immediate implementation of the initial step of two sites, viz: Wishaw General Hospital and Hairmyres Hospital providing a 50:50 Trauma and Elective split, working towards the longer-term Healthcare Strategy proposal of a single Trauma and a single Elective Site for Trauma and Orthopaedics.” *(NHSL Board Meeting 14th July 2016)*

Following completion of phase 1 in 2016 the T&O redesign is now progressing to Phase 1a by establishing;

- Trauma (Emergency care) Inpatients at UH Wishaw
- Elective (Planned care) Inpatients at UH Hairmyres

The split service model was described through “Achieving Excellence” and was supported by the Academy of Medical Royal Colleges who undertook a review of the

service in 2016. Consultation and stakeholder engagement was carried out both through Achieving Excellence and subsequently to determine a preferred elective site.

Phase 2 of the T&O redesign is being progressed through the Monklands outline business case (OBC) as part of Monklands Replacement and Re-provision Project (MRRP) to determine opportunities for a further move of the elective component of the service however, the timeline for this would be a minimum of 8 years in 2026.

The paper to the Planning, Performance and Resources Committee in September 2018 set out a series of risks to the project, and the presentation will focus on the risk set out under the infrastructure heading

Infrastructure	There is a risk that due to the impact and complexity of phase 1a that sufficient clinical space may not be available to create the required infrastructure.	<ul style="list-style-type: none"> • Collaborative working with other projects to maximise available clinical space • Trauma group implementing test concept for ambulatory care and extended day surgery • Where possible work within existing footprint / shared space
----------------	--	---

A presentation will provide an update on the redesign challenges in undertaking a series of complex changes within the existing specialty footprint. This includes theatre reconfiguration at University Hospital Hairmyres, and the redesignation of 24 beds at University Hospital Wishaw.

The presentation will also seek the Board’s approval to a delay in the delivery of Phase 1a, which it is proposed will now be delivered in the summer of 2020.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	LDP	<input type="checkbox"/>	Government policy	<input type="checkbox"/>
Government directive	<input type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

The strategic vision outlined ahead of Phase 1 of the Trauma and Orthopaedic redesign outlined the move to a single site for elective orthopaedics and a single site for Orthopaedic Trauma in Lanarkshire.

The strategic vision for Trauma and Orthopaedics is described through “Achieving Excellence” and was supported by the Academy of Medical Royal Colleges through the service review undertaken ahead of Phase 1.

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
------	-------------------------------------	-----------	-------------------------------------	----------------	-------------------------------------

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

The outcomes and quality markers described previously

- Delivers improved and more consistent outcomes for patients
- Reduces the time patients spend in hospital after surgery
- Improves waiting times performance and lessens dependence on capacity provided by external providers
- Delivers improved support and training for junior doctors
- Improves the sustainability of medical workforce at consultant and trainee levels

6. MEASURES FOR IMPROVEMENT

Based on the key issues to be addressed through the service redesign the following points will be taken as measures for improvement within the service;

- Improving outcomes for patients in line with revised national standards
- Reduction in Length of Stay including increased day surgery for trauma patients and revised pathways focused on admission avoidance.
- Establishment of an NHS Lanarkshire Orthopaedic Team with a sustainable medical workforce (consultants and trainees) with new models of working
- Meeting waiting time standards.
- Financial Balance for the Service.

7. FINANCIAL IMPLICATIONS

A financial model has been developed detailing revenue costs. This should be measured against the cost of doing nothing. These will be detailed in the accompanying presentation.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The presentation will focus on the infrastructure risks.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An E&D Impact Assessment has been completed

Yes *Please say where a copy can be obtained*
 No *Please say why not*

In development

11. CONSULTATION AND ENGAGEMENT

Consultation for the location of a single orthopaedic trauma site in Lanarkshire at University Hospital Wishaw was undertaken through “Achieving Excellence”. Further engagement and a formal options appraisal identified University Hospital Hairmyres as the preferred location for inpatient elective orthopaedics.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approval	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>	Identify further actions	<input checked="" type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	

1. Note the presentation;
2. Note the further assessment of infrastructure risks and the recommendation from the Programme Board that a delay is now required to enable creation of additional beds on the Wishaw site, and that the delivery of Phase 1a be delayed until summer 2020s; and
3. Agree to a delay in the delivery of Phase 1a of the project until the summer of 2020.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact;

Stephen Peebles, Service Manager, Trauma and Orthopaedics. Telephone: 01698 366551.

Graeme McGibbon, Service Manager, Access Directorate, 01698 858091

Stephen Peebles

Service Manager Trauma and Orthopaedics/ Deputy Director of Hospital Services,
University Hospital Wishaw