

NHS Board Meeting
28th July 2021

Lanarkshire NHS Board
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SUBJECT: TRAUMA AND ORTHOPAEDIC (T&O) REDESIGN – PHASE 2

1. PURPOSE

This paper is coming to the Board:

For approval	<input checked="" type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input type="checkbox"/>
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The proposals within this paper seek to achieve two objectives:

- the continued improvement in the quality of the orthopaedic service provided for the people of Lanarkshire, and
- to create a strategic opportunity for the development of other clinical services at University Hospital Hairmyres as part of the revised healthcare strategy.

The paper seeks approval to commence a patient, public and staff engagement process to determine the future location of elective orthopaedic in-patient services in Lanarkshire, a process described as Elective Orthopaedics Phase 2 Redesign. The engagement process would be undertaken during August and September 2021.

This will then lead to a full consideration of the operational and strategic options open to the NHS Board in the autumn.

These proposals are in the context of the Board's previously stated commitment to three Lanarkshire acute hospitals that have consultant-led emergency departments with access to emergency surgery and medicine, supported by critical care, diagnostics and outpatients.

2. ROUTE TO THE BOARD

This paper has been:

Prepared	<input type="checkbox"/>	Reviewed	<input checked="" type="checkbox"/>	Endorsed	<input type="checkbox"/>
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By the following Committee: Corporate Management Team.

3. SUMMARY OF KEY ISSUES

3.1 Background

The potential to make significant improvement in the NHS Lanarkshire trauma and orthopaedic (T&O) service began in 2011 with a service review which considered the following opportunities:

- Ensuring the safety and effectiveness of medical staffing;
- Redesigning more effective outpatient pathways;
- Accelerating the shift from inpatient stays to day surgery procedures;
- Improving postoperative rehabilitation through enhanced recovery process; and
- Providing better facilities for elective and for emergency inpatients;

The improvement opportunities which had been identified were then brought into sharper focus with the outcome of the Healthcare Improvement Scotland (HIS) Report “Rapid Review of Safety and Quality of Care for Acute Adults” published at the end of 2013. This Report identified the configuration of acute inpatient T&O - spread between three District General Hospitals (DGHs) - as being an unsafe and unsustainable model of care.

So, as part of the accelerated response to the HIS report, inpatient services were retracted from Monklands District General Hospital and consolidated at Wishaw General Hospital and Hairmyres Hospital. This is described as the “phase 1” of the T&O service improvement process.

Whilst it was agreed by all parties that the ideal disposition would be to separate completely the trauma surgery and elective surgery components of the T&O service, there was insufficient laminar flow theatre and trauma bed capacity at that time to achieve this: in this “phase1”, University Hospital Hairmyres (UHH) and University Hospital Wishaw (UHW) provided both trauma and elective inpatient services. Outpatient clinics remain on all three sites. In that respect phase 1 was an improved, but not wholly satisfactory service model.

A prime concern prior to phase 1 was a view that this reconfiguration would undermine the ability of NHS Lanarkshire to provide three fully functional A&E departments at the DGHs. The Academy of Royal Colleges was asked by NHS Lanarkshire to conduct a peer review specific to this question. However, the Academy Report went beyond this and challenged NHS Lanarkshire with respect to the failure to achieve full split of trauma and elective surgery.

The Academy Visitors found that whilst the initial stimulus for the redesign of services was the 2013 HIS review, there were many other drivers to redesign services, including:

- The changing demography of patients presenting to healthcare;
- The nature and distribution of the workforce and especially the medical workforce; with increasing numbers of consultants and fewer doctors in training
- The requirement to comply with the Working Time Regulations;
- A changing understanding of the way that healthcare should be provided that sits ill with an established and distributed infrastructure which is of variable age and efficacy; and
- A trend towards specialisation which encourages concentration of expertise.

They noted:

- A lack of shared vision amongst the clinicians;
- Concerns about the effects of change in one specialty on others;
- A desire to achieve a high quality, sustainable service that would meet the needs of the whole population of Lanarkshire.

The consensus of opinion amongst the Academy Visitors was that there was an opportunity to develop a lasting and wide-ranging proposal that would meet the developing needs of the people of Lanarkshire.

They concluded that NHS Lanarkshire should be more radical in their ambitions and support a move towards a single Trauma Unit for Lanarkshire as this would help to address many of the pressures affecting the T&O service.

Stakeholder engagement (including with Scottish Government) took place and 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)

Phase 1 was achieved in November 2016.

Whilst Phase 1 was recognised as a necessary compromise, which achieved some of the goals set out in the service redesign, but not all, and it was proposed through consultation on the new Healthcare Strategy that this full split be delivered in a “phase 1a” move to a full split of elective and trauma service at UHH and UHW respectively, in the first instance. The Board recognised that the prospect of the replacement of Monklands District General Hospital (MDGH) was on the horizon and there were other factors in the pipeline which could affect future, permanent disposition of the elective service (e.g. the Golden Jubilee National Hospital (GJNH) expansion and the new elective treatment centres). It was therefore agreed to keep open that question of permanent location until the Monklands Business Case was developed.

Following Public Consultation, and Cabinet Secretary approval in early 2017, the NHSL Board published longer term position which stated:

The trauma work of the orthopaedic service will become part of the West of Scotland major trauma network, focussed at Wishaw for Lanarkshire patients. This was supported by those who responded to the consultation. The timescale for this is dependent on the conclusion of national and regional planning for the new major trauma networks, and the planning of new/refurbished Monklands Hospital (which would allow changes to acute services to be made beyond the limitations of the current buildings).

Similarly, the future configuration of elective surgery may be affected by the Scottish Government’s plans for diagnostic and elective treatment centres. However, elective orthopaedic surgery will continue in some form in Lanarkshire and this would be concentrated on one site, either Monklands or Hairmyres.

There was no clear view from the consultation alone as to which hospital this should be, and further appraisal work and stakeholder engagement will take place before a decision on this can be made

Both of these national and regional developments will have a bearing on the future level of services we provide for orthopaedic surgery, which when combined by the increase in the needs of the ageing population - and any opportunities for developing surgical services presented by the replacement/ refurbishment of Monklands DGH - mean that the configuration of these surgical services is not yet finalised.

Achieving Excellence pp62, 2017

In the intervening period, the phase 1a reconfiguration took place, including the development of sufficient bed and theatre capacity (the “limitations on current buildings” referred to above) to allow the separation of trauma and elective inpatient services.

Phase 1a was completed in autumn 2020.

With the site selection for the Monklands Replacement Project completed in January 2021, the ambition of the NHS Board is to complete the Outline Business Case (OBC) in 2021 with a view to completing the new hospital in 2028.

We need, therefore to conduct the engagement with stakeholders described in Achieving Excellence to determine whether the elective orthopaedic inpatient service remains at UHH (i.e. the status quo option) or whether it moves to the new UHM in 2028.

In addition, NHS Lanarkshire Board has agreed to prepare a new healthcare strategy “Our Health Together” which will take our planning for the delivery of health and social care forwards towards the end of this decade. One element of this will be an opportunity to continue to provide better acute care in our three general hospital. Providing additional clinic, ward and theatre accommodation at UHH through moving elective orthopaedics gives us an opportunity, with the new strategy, to consider the future development of other hospital services. Whilst this is at an early stage, it is already clear that this could see the expansion of other surgical and diagnostic services at Hairmyres. It is important to note that any changes will be wholly predicated on the maintenance of a fully functional A&E and unscheduled care service at UHH.

3.2 The preferred orthopaedic option

The NHS Board will have a choice of two options for the disposition of inpatient elective orthopaedic surgery.

The status quo option would see the provision of elective surgery provided in the main at UHH as it is at present. The second option would be to incorporate elective orthopaedic surgery in the new UHM.

Status quo with Lanarkshire elective surgery split between UHH, GJNH and independent sector (with small amount at UHW)

- Occupying 3 theatres and 1 ward (24 beds) at UHH
- Other independent sector surgery remains part of the NHS L service model
- No change to outpatient services, these remain on three acute sites

New UHM centre for elective orthopaedic surgery with continued use of GJNH

- Occupying 4 theatres and 1 ward (28 beds) at new UHM

- Independent sector surgery (principally general surgery, ophthalmology) taken in-house at UHH
- No change to outpatient services, these remain on 3 acute sites
- Expanded day surgery capacity at UHH

The preferred option is to relocate the service to the new UHM in 2028 for the following reasons:

- The provision of purpose-built wards and theatres at new UHM will allow for higher productivity and improved rehabilitation which will reduce length of stay and improve patient experience;
- Single room accommodation for post-operative orthopaedic patients is the “gold standard” with respect to the reduction in perioperative infection, a major risk in this type of surgery;
- Whilst phase 1a achieved some benefits and provided a safer service, the UHH service cannot accommodate all current elective activity with a significant proportion being carried out in the independent sector;
- Future demand for surgery will increase as the population ages and life expectancy increases, and so this “gap” will grow;
- There will be no inpatient and theatre capacity to accommodate future growth at UHH;
- This development will allow us to grow the orthopaedic team by eliminating the need to buy independent sector orthopaedic capacity; and
- There is broad clinical support for this by the NHS Lanarkshire orthopaedic team.

There could also be significant strategic benefits beyond orthopaedics. NHSL will have the opportunity to improve other services through the use of the vacated ward, theatre and clinics at UHH. This could include the repatriation of other independent sector surgery back to Lanarkshire and continued development of the new vascular surgery service. The exact nature of this will be determined through the development of Lanarkshire’s new Healthcare Strategy, “Our Health Together” in 2021/22.

UHH will continue to provide full unscheduled care services (Emergency Department, Intensive Care Unit, emergency surgery)

As the proposed move of elective orthopaedic surgery to the new UHM has significant advantages over the retention of the status quo beyond 2028, presenting this matter to internal and external stakeholders as a balanced choice would be inappropriate.

It is therefore proposed that the engagement process is carried out on the basis of a clear preferred option. The engagement process as set out in section 3.3 does, however, afford the opportunity to determine whether there are other factors which are not captured in the case for change which have not been identified and which might influence the Board’s final decision on this matter. This will be captured in the responses to the engagement questions.

3.3 Public and Stakeholder Engagement

A communications and engagement plan has been produced to ensure stakeholders are informed of the background to the orthopaedics service changes and previous

engagement processes; understand the reasons for the preferred option; are aware of the decision making process to determine the final home of the elective orthopaedic inpatient service; and have an opportunity to influence this process by commenting on proposals.

This work builds a history of listening to the patient voice and staff perspective through previous stakeholder engagement on Trauma and Orthopaedics including the Achieving Excellence consultation in 2016 and the options appraisal event in 2018.

Advice on the communications and engagement plan has been sought from Healthcare Improvement Scotland - Community Engagement (HIS-CE) to ensure it is in line with the new national *Planning with People* guidance. HIS-CE has confirmed that it is content that engagement is carried out on the basis of a clear preferred option being presented to stakeholders.

Communications engagement will take place during August and September 2021 and be targeted to the full NHS Lanarkshire stakeholder list. The previous trauma and orthopaedics Equality and Diversity Impact Assessment (EDIA) has been reviewed and updated in order to inform the stakeholder list and planned activities. The following stakeholders have been identified as particularly key to the process:

External

- Public
- Service users
- Members of the public who attended the March 2018 stakeholder options appraisal event
- Elected Representatives
- Scottish Government

Internal

- NHS Lanarkshire staff
- Trauma and orthopaedics staff
- Medical Staff Associations
- Senior charge nurses
- Allied Health Professions
- Area Clinical Forum
- Area Partnership Forum

A detailed plan of proposed communications and engagement activities is included as an appendix to this paper. It includes the following:

- Media releases and social media to communicate: the launch of the engagement process; reminder to participate; close of engagement period
- Engagement webpages including: background to orthopaedic service changes; statement that most of the care orthopaedic patients receive is as an outpatient and that this would continue to be delivered at each of Lanarkshire's three university hospitals; reasons for preferred option to include elective orthopaedic

surgery at the new Monklands hospital; web form with engagement questions; email address for feedback; invitation to register for virtual stakeholder event; Frequently Asked Questions; EDIA

- Orthopaedic patient survey
- Written briefing and meeting for elected representatives
- Virtual stakeholder events – one for the public and one for staff
- Discussion with staff groups at relevant meetings
- Staff messages through NHS Lanarkshire internal communication channels including the weekly briefing and The Pulse staff news website

The following engagement questions will be used to gather feedback from stakeholders:

- What is important to you about the way elective (planned) orthopaedic surgery, such as hip or knee replacements, is delivered in Lanarkshire?
- What are your views and experiences of the current inpatient orthopaedic service provided at University Hospital Hairmyres?
- What are your views on providing elective (planned) orthopaedic surgery at the new hospital that will replace the existing University Hospital Monklands?
- What are your views on relocating elective (planned) orthopaedic surgery from University Hospital Hairmyres to the new Hospital?
- What else should NHS Lanarkshire consider when deciding on the long-term location of elective orthopaedic surgery?

A report on stakeholder feedback will be produced following the engagement process and presented to the NHS Board for consideration.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	AE/local policy	<input checked="" 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 in “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"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
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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 both a better patient experience and 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;

- Improved patient experience and safety;
- 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 will be developed detailing revenue costs with the aim of making future proposals fully affordable.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The principal risk is to ensure the affordability of any emergent proposals through re-use of waiting times funding and full funding of the MRP OBC.

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*

The previous trauma and orthopaedics Equality and Diversity Impact Assessment has been reviewed and updated in order to inform the stakeholder list and planned activities. It will be available on the engagement webpages.

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 is required to determine the final location of the elective orthopaedic inpatient service and is set out in section 3.3.

12. ACTIONS FOR THE BOARD

The Board is asked to:

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

1. Approve the communications and engagement plan for engagement on the preferred option for elective orthopaedics during August and September 2021;
2. Note that an engagement report will be produced for consideration by the NHS Board shortly after the conclusion of the engagement period.
3. Note the linkage between the proposed changes to elective orthopaedics to both the completion of the Monklands Outline Business Case and to the emergent healthcare strategy “Our Health Together”
4. Note that a recommendation will be made to the NHS Board once the engagement report has been considered.

13. FURTHER INFORMATION

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

Colin Lauder, Director of Planning, Property and Performance

Calvin Brown, Director of Communications