SUBJECT: Trauma and Orthopaedics Service Redesign

1. PURPOSE

This paper is coming to the Board:

For approval ✗ | For endorsement ☐ | To note ☐

This paper sets out proposals to improve the quality of the orthopaedic service following a formal review process.

The paper also seeks the board’s approval to implement these proposals.

2. ROUTE TO THE BOARD

This paper has been:

Prepared ☐ | Reviewed ☒ | Endorsed ☒

By the following Committee: NHS Lanarkshire Strategy Group

3. SUMMARY OF KEY ISSUES

3.1 Case for Change

Following feedback from Healthcare Improvement Scotland (HIS), Getting It Right First Time (GIRFT) Peer Review and the Training Quality visits by the Post Graduate Dean for Medical Education, NHS Lanarkshire completed a detailed review of Trauma and Orthopaedic Services in order to provide a model of service that:

- delivers improved and more consistent outcomes for patients
- reduces the time patients (particularly for trauma) spend in hospital after surgery
- improves waiting times performance and lessens dependence on capacity provided at the National Waiting Times Centre
- delivers improved support and training for junior doctors
- improves the sustainability of medical workforce at consultant and trainee levels.

Two stakeholder events, each involving over 60 people including representation from service users, carers, clinical staff, public partnership forum and Scottish Health Council, considered the options that were available to enable NHS Lanarkshire to achieve the
improved outcomes described above. The proposal emerging from these meetings was for a two site model with a mix of trauma and elective work at each site. Further to this options appraisal, the National Trauma Network proposed that the NHS in Scotland moves to a trauma centre model with four regional centres being supported by more local trauma units. NHS Lanarkshire and Regional Planning colleagues reviewed the implications of making these changes and considered that managing the transition to this approach would require more detailed planning. However, given the challenges highlighted in the feedback reports from HIS, GIRFT and Deanery, NHS Lanarkshire required to move to an interim model in the first instance, in order to secure the necessary immediate improvements in quality and safety of care.

In addition, whilst establishing a trauma unit within a Board area does not require all operative trauma to be managed on that hospital site alone, it became clear that there was growing evidence and clinical support for complete separation of emergency operating from the planned (elective) operating in the specialty. This view was expressed by the local senior clinicians and endorsed by independent expert professional review in the form of the Academy of Medical Royal Colleges (AoMRC) who have latterly assisted with the development of NHS Lanarkshire’s proposals to ensure that they are consistent with current best evidence based practice and the emerging themes from the National Clinical Strategy alongside existing Scottish Government strategic guidance.

Both NHS Lanarkshire and the AoMRC review team came to the view that a model with this full separation of emergency trauma operating and elective surgery could not currently be provided within the existing infrastructure of any of the three acute hospitals. We have concluded collectively therefore that whilst a commitment to this model represents a shared vision that can be realised with the re-provision of Monklands Hospital, work should proceed to deliver a two site model where both hospitals provide trauma and elective operating with sufficient volumes to justify ‘ring-fenced’ operating theatres and inpatient wards until such times as this shared vision can be delivered.

3.2 Proposed Interim Model

As stated above following extensive modelling work that took account of the volume of trauma and elective cases, theatre sessions, diagnostics and imaging requirements, bed numbers and the need for a revised approach to rehabilitation, it was determined that it would not be possible to move to the proposed National Trauma Network model at this time.

In the interim therefore, the proposal is a first phase that allows the development of enhanced team-working across two hospital sites. As Monklands Hospital does not have sufficient operating theatre capacity to absorb the increased caseload without triggering the need to relocate other surgical specialities to one of the other sites, it is proposed that both orthopaedic elective and trauma surgery are concentrated at Hairmyres and Wishaw. The detailed rationale for this is contained within the supporting paper.

3.3 National Trauma Network Model

It has been agreed nationally that NHS Scotland should work towards the delivery of a major trauma network with regional major trauma centres supported by local trauma units with enhanced diagnostic and treatment services. These new models will improve
survival rates and lessen the level of disability experienced by those persons with severe traumatic injuries.

Within Lanarkshire, it has been concluded that the most likely location for a designated trauma unit will be Wishaw District General Hospital for the following reasons:

- Given the need to provide a 24/7 complement of senior clinical decision makers within a local trauma unit, this model of service can be provided on only one of the three Lanarkshire district general hospitals;
- Some 45% of Lanarkshire trauma is currently managed at Wishaw General Hospital. This is the farthest DGH from the proposed new Major Trauma Centre at the new Queen Elizabeth University Hospital, with an average travel time of 45 minutes between the two locations at peak traffic period;
- The crucial role of paediatric emergency care in the local trauma units. Paediatric trauma is currently located at Wishaw General Hospital, and is co-located with obstetrics, neonatal intensive care unit and gynaecology services. To relocate these services would be highly disruptive and impractical.

We will require to separate elective orthopaedics from major trauma and this will be delivered on one of the two remaining sites. It is this model which will be consulted on within the NHS Lanarkshire Healthcare Strategy.

4. STRATEGIC CONTEXT

This paper links to the following:

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<th>Corporate objectives</th>
<th>☒ LDP</th>
<th>☐ Government policy</th>
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<tr>
<td>Government directive</td>
<td>☐ Statutory requirement</td>
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<td>Urgent operational issue</td>
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The proposals within the paper form part of NHS Lanarkshire’s wider Healthcare Strategy.

The move to the final configuration will see all trauma surgery at Wishaw, with all elective surgery on another site. The location of elective surgery will be shaped by:

- The final service model for the 5 National Elective Treatment Centres signalled within the SNP Manifesto
- The final service model for the West of Scotland major trauma network
- The capacity for surgery, diagnostics etc to be provided by the development of Monklands Hospital (earliest 7 years in the future) which would enable changes to beds, theatres and clinic capacity across Lanarkshire.
- The feedback from public consultation
5. CONTRIBUTION TO QUALITY

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

_Three Quality Ambitions:_

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<th>Safe</th>
<th>Effective</th>
<th>Person Centred</th>
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As outlined in Section 1, this proposal aligns to all of the quality ambitions.

_Six Quality Outcomes:_

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

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;

- Reduction in Length of Stay – Particular focus on Trauma patients >65 years of age
- Establishment of an NHS Lanarkshire Orthopaedic Team with a sustainable medical workforce (consultants and trainees)
- Meeting waiting time standards.

7. FINANCIAL IMPLICATIONS

The service redesign within orthopaedics will be revenue neutral.
8. **RISK ASSESSMENT**

- NHS Lanarkshire Capacity Plan was adversely impacted upon in 2015/16 as, due to winter pressures, on 10 separate occasions all elective orthopaedic activity had to be cancelled in order to provide safe cover for the patients admitted as emergency trauma cases. Failure to move to the proposed interim model could result in similar lost capacity in 2016/17. Recovering this capacity results in substantial additional costs of waiting list initiatives activity and affects the consistency of care received by patients from the Lanarkshire specialist team.
- Failure to move to the proposed interim model could result in the withdrawal of junior doctor training status.
- Reducing the average length of stay is dependent on building the necessary capacity in the rehabilitation model, both within the acute hospital setting and in community.

9. **FIT WITH BEST VALUE CRITERIA**

This paper aligns to the following best value criteria:

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<th>Effective partnerships</th>
<th>Governance and accountability</th>
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<tr>
<td>Use of resources</td>
<td>Performance management</td>
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<td>Sustainability</td>
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10. **EQUALITY AND DIVERSITY IMPACT ASSESSMENT**

An E&D Impact Assessment has been completed

Yes ☒ Contact details below

No ☐

11. **CONSULTATION AND ENGAGEMENT**

The review process included stakeholder events, with a wide range of participants, which were held in December 2014 and March 2015, to assess current arrangements, consider alternative configurations, assess these alternative configurations and determine a short list of options for consideration.

Proposals for the preferred two site model of one site for Trauma and a separate hospital site as the single Elective operative site for Orthopaedics will be set out in a public consultation alongside other parts of the NHS Lanarkshire Healthcare Strategy.
12. ACTIONS FOR THE BOARD

The Board are asked to:

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<th>Approval</th>
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In order to fully develop an implementation plan we ask that the board agree to supporting and proceeding with the model.

**Recommendation for Approval:**
Begin immediate implementation of the initial step of 2 sites at Wishaw and Hairmyres providing a 50/50 Trauma and Elective split, working towards the longer-term strategic proposal of a single Trauma and single Elective site for Trauma and Orthopaedics.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact Stephen Peebles, Service Manager, Trauma and Orthopaedics Telephone: 01698 366564

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