NHS
Hampshire Hospitals
NHS Foundation Trust

Report to: Health and Adult Social Care Select Committee
Hampshire Hospitals Orthopaedic Transformation

1.0 Introduction

The Vision of Hampshire Hospitals NHS Foundation Trust's (HHFT) for patients in need of significant trauma care, following an accident, is that they receive the best possible support from its clinical teams, in order that they make the best possible recovery. To enable this, the Trust worked with West and North Hampshire Clinical Commissioning Groups, South Central Ambulance Service and other key stakeholder partners, to develop a new trauma and orthopaedic service model. The new model allows patients to be treated within best practice, seven days per week, by centralising the trauma service in Basingstoke.

The principle of centralising some services is already in place across HHFT for patients in need of cardiology (centralised in Basingstoke) and stroke care (centralised in Winchester). The centralisation of major trauma also enables the Trust to develop an elective centre of excellence for hip and knee replacement surgery (known as arthroplasty) in Winchester. Smaller planned operations, including day surgery, will continue in Winchester and Basingstoke. Access for minor trauma, such as a broken arm requiring plastering, will be available in Andover, Basingstoke and Winchester.

The initial testing phase commenced with the transfer of trauma to Basingstoke on the 4th December. The Firs Transition unit opened on the 4th December providing a dedicated transition unit between the trauma ward at Basingstoke and usual place of residence. In January the hip and knee elective arthroplasty procedures commenced in Winchester.

Initial data feeds are starting to come through; however, it is still too early to quantify any impact of the new trauma and orthopaedic service model. From April validated data will be available, after which review meetings will be convened with our key stakeholders, evaluating the testing pilot against the outcome measures, and collaboratively agreeing the next steps.

2.0 Drivers for change

The drivers for change for this service reconfiguration within Hampshire Hospitals and the wider care system were:

- **Consultant care**

To ensure patients are treated by the most appropriate consultant for their injury, seven days a week.
By consolidating the specialist workforce in Basingstoke, it increases the Trust's ability to ensure patients have access to the best possible trauma surgery and care, every day of the week.

- **Frail/elderly population in need of care**

The local population is growing older and with age comes an increased risk from falls and fractures, a common form of trauma. Older people can become frail and less mobile following an injury and often need intensive rehabilitation to prepare them for home. It is acknowledged that the best place for this rehabilitation is not a busy hospital ward. The new service model therefore introduced a new alternative short stay transition unit for this group of patients.

- **"Getting it Right First Time" (GIRFT)**

A review of the Trust's trauma and orthopaedics services by Professor Tim Briggs, National Director of Clinical Improvement, highlighted that the number of people who die following hip fracture in Hampshire Hospitals was above the national average. The average mortality following hip fracture at Hampshire Hospitals was approximately 10% in 2017/8, compared to a national average of 7%. A lot of work has been undertaken across the Trust improving this outcome; however, sustaining these improvements remained a key focus of the GIRFT programme and one of the main drivers for change.

3.0 Stake holder pre-engagement

The Trust and CCG's have worked together to coordinate engagement with stakeholders, staff and the public in line with the plan presented to HASC in September 2019.

The Trust discussed the proposed service change and its engagement plans with Healthwatch Hampshire and agreed that it would target public engagement through recent, current and future patients. This was based on a judgement that members of the public with lived experience of the services would have a better understanding of the service and the practical impact the changes would have on them as patients and carers. It was deemed that engagement with the wider general public was unlikely to provide much additional insight.

The engagement plan was reviewed when the General Election was announced, to ensure engagement activity during the pre-election (purdah) period would not influence voters, directly or indirectly. This review also took account of the desire to commence the reconfiguration testing earlier than initially planned, in order to provide better care over the winter period (as agreed with HASC in September 2019). The plan was therefore updated to ensure engagement could still take place with enough time to act on the feedback before the testing phase started.

Key external stakeholders, including GPs, South Central Ambulance Service (SCAS), Southern Health Foundation Trust, Hampshire County Council and University Hospitals Southampton (UHS) were actively approached and engaged about the proposed changes through, individual contact/correspondence and updates at established meetings. This provided a range of opportunities for them to give their views and influence the service model.

Due to the targeted public engagement that had been previously agreed with Healthwatch Hampshire, it was also agreed that it would still be appropriate to undertake engagement with recent, current and future patients during the pre-election period. The Trust worked with volunteers to actively encourage and enable patients and their carers or families to give their views. It was recognised patients and carers were more likely to give honest feedback to a volunteer, as this would imply a sense of impartiality and independence which, may not have been achieved if employed staff undertook all the survey work.

Information about the proposed service change was kept up to date on the Trust's website. Content included:

- An information sheet that highlighted the key elements that would change and how to provide feedback
- A 'Frequently Asked Questions' (FAQ) section
- An online comment form and email address for feedback and questions.

The comment form was replaced with a link to a more structured online survey once the testing phase had gone live.

3.1 Patients and Carer Survey

Prior to testing the new model for trauma and orthopaedics it was important to understand how the changes might impact patients, their carer's and families.

A patient and carer survey was therefore undertaken to help understand any such implications, and wherever possible, incorporate this feedback into the new service model. Surveys were completed by 114 respondents (93 patients, 20 carers/relatives and 1 voluntary organisation) during November 2019, prior to the start of the test phase. The questions are shown under annex 1.

3.1.1 Patient/Carer Key outcomes and Trust response

Overall perceived impact

54% of respondents believed the service change would have a minimal impact or no impact upon themselves, 38% a negative impact, and 8% a positive impact. For those who felt the service change would negatively impact them, the key theme was increased travel distance and time and subsequent concerns in regard to the ability of carers and families to visit.

Whilst the additional travel impacting patients and carers cannot be removed, the following actions were identified and implemented to support access to the trauma and orthopaedic services:

- Existing information leaflets were reviewed, updated and new ones designed to provide patients and carers with supporting information upon accessing Basingstoke and Winchester Hospitals (including details of public transport and hospital parking options).
- Any patients presenting to Winchester Hospital and requiring emergency surgery at Basingstoke Hospital would be transferred safely via ambulance once deemed safe to do so by the Emergency Department team.
- New patient and parent information leaflets for any patients presenting to Winchester Hospital who would require T&O trauma surgery at Basingstoke Hospital was produced.
- To ensure any follow-on appointments required, whether as an outpatient appointment, fracture clinic or therapy appointment, would remain available at both hospitals to ensure no travel implications post-surgery.

As part of the on-going engagement throughout the test phase, all patient and carer feedback will be reviewed to identify any further improvements.

The Firs Transition Unit

The unit was established to provide additional support by offering Orthogeriatrician resource, advanced nurse specialists and therapy services to enhance the patient's rehabilitation and reduce the time spent in hospital. This facility was a key element of the new configuration. Within the survey patients and carers were asked what facilities they would like to see in the new 'The Firs Transition Unit'. The key themes were the following:

- Good physiotherapists
- Up to date equipment
- A day room to include space for patients and relatives to eat together if they wish
- A kitchen area and daily living facilities to practice in
- Parking close by

- A quiet room/area for those with dementia who may struggle in a busier environment
- A hydro spa
- Shower facilities

Using the experience of the matron, a therapist by profession, a strong therapy-based-focus for all patients was created. That included good physiotherapist input, new and up-to-date equipment, a day room, quiet room, shower facilities and access to a hydrotherapy pool if needed. Additional areas to assess and support patients to carry out kitchen and daily living activities were made available.

3.2 Staff engagement

Staff engagement was vital prior to any changes; ensuring their expert knowledge shaped the plans to enable high quality care, patient outcomes and patient experience to be provided. Staff feedback was obtained via a variety of means including written feedback with a dedicated service change e-mail address set up, service department meetings/drop in sessions and through formal consultation with staff directly impacted by the change.

Feedback was received from staff across different professions including doctors, junior doctors, nurses and therapy staff, and from a variety of services including orthopaedics, paediatrics, pathology, theatres, anaesthetics, intensive care and emergency departments.

3.2.1 Staff engagement Key outcomes and Trust response

The below presents the key outcomes from staff engagement:

Operational queries

Much of the feedback received from staff related to the day to day practicalities of the proposal. In response to the feedback and in conjunction with departments new 'Standard Operating Procedures' were developed to provide operational clarity. Daily calls were established from initial commencement of the initiative, with representation from key stakeholders including medicine, surgery and SCAS. This enabled a chance to highlight any challenges experienced on that day and identify any additions or amendments required to the operating procedures. Weekly calls with UHS where arranged and adhoc calls were encouraged to ensure that expectations were managed throughout the transition.

Discharge planning

Staff were concerned that placement of Winchester patients in 'The Firs Transition Unit', after their surgery in Basingstoke, could complicate and delay their discharge from hospital. To support discharge arrangements, existing rehabilitation units remain accessible to these patients, with The Firs providing an additional rehabilitation environment for the local population. The Trust and CCG continue to work closely with Hampshire County Council and Southern Health Foundation Trust colleagues to ensure timely and appropriate discharge arrangements for all patients.

Estates

The suitability of estates was raised as a concern. As part of this transformation project, work was approved and implemented to enable The Firs to open as a dedicated transitional unit and on the Basingstoke trauma wards works to provide additional bays and side rooms is underway. The trauma ward work is still taking place; however the timing of the work was factored into the implementation plan.

Workforce

Staff feedback raised concerns that there could be increased levels of turnover, which often occurs during a significant change process. However, this concern appears to have been largely un-founded. There was one retirement and two other staff left due to relocation and taking an alternative role within HHFT. Some trauma ward staff took the opportunity to move to the new transitional ward, which was part of the new service model.

There were recruitment concerns from staff, particularly regarding the nursing and therapy staff required for the new 'The Firs Transition Unit' and orthogeriatrician cover. In practice, The Firs opened as planned with a substantive Matron and a combination of substantive, bank and agency nursing staff. Early recruitment of the Matron enabled significant input into the opening of the unit from the start of the project. This included the physical requirements of the unit, risk assessments, policies and processes and the appointment and induction of staff.

Agency staff are still covering some shifts within the trauma wards, this was anticipated through the initial stages of the programme.

In addition, an Orthogeriatrician Consultant and two orthogeriatrician nurses were successfully appointed. The new specialist nurses are new to the Trust and are taking an active leadership role in managing the care of the elderly patients on the unit and liaising effectively with external partners to help plan for patients discharge. The Trust is advertising for two additional consultants and has had to put interim arrangements in place to cover consultant sick leave.

Staff impact

Similar to the travel implications for patients, the same implications applied to some staff who, would be required to travel to a different hospital site. Travel was therefore addressed through the formal staff consultation process.

Junior doctors raised concerns that the proposal may have a negative impact upon their development, due to a reduced exposure to trauma cases when working at Winchester Hospital. The Trust worked closely with the Deanery and School of Surgery to ensure the new rotas offer balanced training opportunities, in fact it has been agreed that the opportunities are better than those previously offered to this staff group.

Throughout the formal staff consultation period, and on-going since then, the Trust has worked very closely with the BMA's industrial relations officer to respond to the concerns of their members, work through solutions and ensure that what was being proposed was 'reasonable'. This included visibility of areas of concern that were identified, co-ordinated negotiations and ensuring rotas were compliant.

Engagement

A lot of feedback from staff related to the process of engagement for the service change. The Trust acknowledges that a wider range of staff could have been engaged with in more depth and earlier in the process. This feedback therefore influenced both how the pre-engagement work evolved and the opportunities for engagement throughout the testing phase.

3.3 External stakeholders

To ensure the service proposals did not have a negative impact upon any health system partners, the Trust and CCG have approached, engaged and responded to stakeholders in a number of different forums.

3.3.1 External stakeholders Key outcomes and Trust response

The key concern highlighted by partners was the potential increase in trauma patients being conveyed to University Hospital Southampton (UHS) as a result of the new service model, and the resource impact for the South Coast Ambulance Service (SCAS) due to increased travel distances/times.

In response, and to mitigate this impact, it was agreed that only patients who are clearly identified at the scene by SCAS as requiring an emergency inpatient procedure are directly conveyed to Basingstoke Hospital. For all other patents where it is not absolutely clear, they continue to be conveyed to Winchester for full assessment. Where an emergency inpatient procedure is required following this assessment, they are stabilised at Winchester Hospital and onward conveyed to Basingstoke Hospital. This also applies to any self-presenters or fallers whilst a Winchester inpatient resulting in fractured neck of femur (hip).

For both scenarios, standard operating procedures are in place for the effective management of these patients and for the initial testing period an additional ambulance has been secured to ensure there is suitable ambulance capacity for the wider population. The Trust has also funded an additional 24/7 ambulance to support SCAS with their capacity to mitigate any impact for the ambulance service. Early indications have shown that there has been some movement of activity towards UHS and the reasons for this are being explored in more detail.

4.0 Implementation

A multi-disciplinary implementation team was established to monitor feedback and oversee the implementation of the new service model. This team comprised operational managers, senior nursing, therapy and medical staff.

In advance of the implementation, a dedicated discharge drive was arranged to focus on facilitating discharges with the multi-disciplinary teams to ensure there would be appropriate levels of bed capacity before the change was implemented. Senior clinical and non-clinical staff also visited all areas that would be directly affected to enable staff to be fully engaged in the changes and have the opportunity to ask any questions or share any concerns. Folders containing paper copies of all relevant and new procedures, contact information and information leaflets for patients were also distributed to all areas.

It was agreed to implement a transitional go-live to minimise risks and ensure there was enough capacity to support frontline staff with the implementation. The three implementation phases are outlined below.

i. Introduce changes to trauma pathway

The changes to trauma services were introduced first, on the 4 December, to enable the Trust and its partners to test the bed and staff modelling to see whether the right processes were in place to support demand.

The local health community funded an additional 24/7 ambulance to support the test phase, to ensure there was dedicated resource when required.

ii. Planned break in orthopaedic elective activity

Elective orthopaedic work, such as joint replacements, were not scheduled between 23 December 2019 and 2 January 2020 to give the doctors some time to adjust to the centralisation of trauma at Basingstoke and prepare for the elective changes at Winchester.

iii. Commence hip and knee arthroplasty at Winchester

It was agreed that all hip and knee arthroplasty would take place in Winchester from 3 January 2020.
A dedicated ward was identified, and a ring-fenced policy was introduced to ensure the beds were protected and operations would not be delayed due to the seasonal pressures.

5.0 Monitoring success/ Outcome measures

The quality of the service will be monitored through a range of quantitative and qualitative measures to ensure that any unforeseen consequences are recognised and addressed at the earliest opportunity. The national 'Getting it Right First Time' team has also recommended some performance indicators that will demonstrate a range of benefits to patients that the Trust will be able to compare against its past and current performance.

Quantitative	**Qualitative**
Overall incidents with a detailed review of any associated with the service changes	Complaints regarding poor care
Delayed discharges from critical care	Feedback to Patient Advice and Liaison Service
Breaches of NHS Operating Standards in the Emergency Department for trauma patients	Feedback through engagement activities and surveys for patients, public and staff
Time to theatre for fractured hips	Friends & Family Test
How long patients stay in hospital	
Number of planned operations that are cancelled	
Any patients readmitted to hospital with the same injury	
Delayed access to rehabilitation services	

We will continue to monitor the staff and patient engagement and feedback the full findings after the test phase. This will include:

- Monitoring quality outcomes
- Feedback from Staff, patients and the public
- Complaints
- Systems and Processes

6.0 Next Steps

From April validated data will be available, after which review meetings will be convened with our key stakeholders, evaluating the testing pilot against the outcome measures, and collaboratively agreeing the next steps.

The Trust will continue to actively seek feedback from stakeholders, patients, carers and staff throughout the remainder of the test phase. It will also continue to monitor the quality and outcomes through implementation meetings, theatre utilisation meetings for elective activity and monthly trauma and elective meetings with the clinicians and wider trauma and orthopaedic teams.

The Trust's Chief Medical Officer, Chief Nurse and lead nurse for the surgical division have undertaken a Quality Impact Assessment which will be shared with the Trust's Quality Committee and Board. The CCG also carried out an Equality Impact Assessment as part of the pre-engagement work and this will be reviewed and updated at the end of the test phase.

The Trust and CCG will use the insight from the monitoring and feedback to review the impact and finalise the new service model with key stakeholders during Spring 2020.