

Trauma and Orthopaedics and Gynae update

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Officer

Proposed changes to following services

- Complex trauma – all carried out at Heartlands
- Less complex trauma – mainly carried out at Good Hope
- Planned major orthopaedic surgery – all carried out at Solihull
- Gynaecology inpatient services – large elements moving from Heartlands to Good Hope

Rationale behind changes

- Reduce waiting times for operations
- Reduce associated cancellations caused by bed pressures
- Create dedicated and specialised facilities
- Improve clinical outcomes and patient experience
- Create centres of excellence
- Recruit and retain skilled workforce

What may change?

- The place where a patient's surgery/procedure is carried out
- May mean patient needs to attend a hospital which is not their local hospital for one part of their care journey. This is already common practice

What won't change?

- Where a patient has their pre- and post-operative outpatient, x-rays and scans and therapy appointments – they will still take place at local hospitals
- Children's services/QEHB services
- Proposals are not about removing any of our services or saving money; in fact £2.5million investment in our buildings

Hip fractures – best practice

- Current performance:
 - Heartlands 40%
 - Good Hope 24%
- Expected performance
 - At least 70%
 - Reduce time in hospital by 3-4 days

Hip, knee & shoulder replacement patients

- Cancellations
 - Good Hope: 1 in 6 patients have their operation cancelled on the day due to no beds being available or emergency pressures
 - Solihull: 1 in 45 patients have their operation cancelled on the day due to no beds being available or emergency pressures

Hip, knee & shoulder replacement patients

- Waiting times:
 - Once listed for surgery patients currently wait on average 22 weeks for their procedure at Good Hope
 - At Solihull, patients currently wait on average 16.5 weeks for their procedure – five and a half weeks less than at Good Hope
- The proposed changes provide the Trust with the ability to reduce these waiting times even further as patients will spend less time in hospital after their procedure given the enhanced pre- and post-operative care that will be provided

Gynaecology services

- Currently 4 out of 10 patients have their operation cancelled on the day of the procedure at Heartlands due to there being no beds available or emergency pressures at the hospital
- Only 1 out of 10 patients have their operation cancelled on the day of the procedure at Good Hope, where the services are moving to, due to there being no beds available or emergency pressures at the hospital

Key deliverable	Timescale
Initial dialogue with Birmingham and Solihull HOSC chairs	06 June 2019
Production of equality impact assessment / analysis of existing insight and data	End of June 2019
Commission external data analysis and reporting support/quality impact assessment	End of June 2019
Formal HOSC presentation	26 June 2019
Production of communications and engagement materials/deliverables	By 08 July 2019
Engagement starts	08 July 2019
Deployment of all deliverables	08 July – 16 August 2019
Engagement ends	16 August 2019
Independent engagement report completed	By end August 2019
EIA updated	August 2019
Formal HOSC presentations (post engagement)	Early September 2019
GOVERNANCE/DECISION MAKING POINTS	TBC - September 2019
Share feedback and decision with stakeholders	September 2019

Next steps

- Window of opportunity to significantly improve our care to patients before pressures increase further during winter
- To achieve this in very tight timetable (proposed go-live December 2019) a six-week public engagement process has commenced
- Staff potentially affected will be contacted by service leads and HR colleagues in next few weeks

Thank you
Any questions?