

Increasing Orthopaedic Elective capacity.

Part of the regional elective recovery plan:

A new Barn Operating Theatre Unit at MTW NHS Trust

A summary of our plans, communication and engagement for providing new elective orthopaedic capacity at Maidstone Hospital

HOSC Briefing. For information
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Background

NHS priorities and operational planning guidance 2022*

The last two years have been the most challenging in the history of the NHS. Staff across the service – and many thousands of volunteers – have stepped up time and time again:

- expanding and flexing services to meet the changing demands of the pandemic
- developing and rolling out new treatments, new services and new pathways to respond to the needs of patients with COVID-19 and those without
- pulling out all the stops to recover services that have been disrupted.

• <https://www.england.nhs.uk/publication/2022-23-priorities-and-operational-planning-guidance/> NHS England

Rising to the challenge of restoring services and reducing the COVID backlogs

“Requires significantly increasing the number of people we can diagnose, treat and care for in a timely way.

This will depend on us doing things differently, accelerating partnership working through integrated care systems (ICSs) to make the most effective use of the resources available.

Every system in the country is developing an elective care recovery plan, with **an ambitious goal to deliver around 30% more elective activity by 2024/25 than before the pandemic.**”

Significant funding has been made available to the NHS to support new elective surgical hubs, increased bed capacity and equipment to increase elective activity and enable **separation of elective and non-elective activity.**

Introduction

National picture - Clearing the Orthopaedics backlog

Evidence submitted by The British Orthopaedic Association in Sep 21 to the Health & Social Care Committee

“Waiting lists in orthopaedics were already a concern prior to the pandemic and had been consistently climbing over recent years. They have been severely affected by the Covid-19 pandemic, when so few operations took place – orthopaedics has been disproportionately affected as long term musculoskeletal conditions were mostly given the lowest priority.

As things stand, orthopaedics (nationally), not only has the greatest total number of patients waiting, but also the greatest number who have been waiting more than one year. This represents a huge volume of people, of all ages, truly living in agony and misery as they await their treatment.” *

** Evidence submitted by The British Orthopaedic Association in Sep 21 to the Health & Social Care Committee Inquiry on ‘Clearing the backlog caused by the pandemic.*

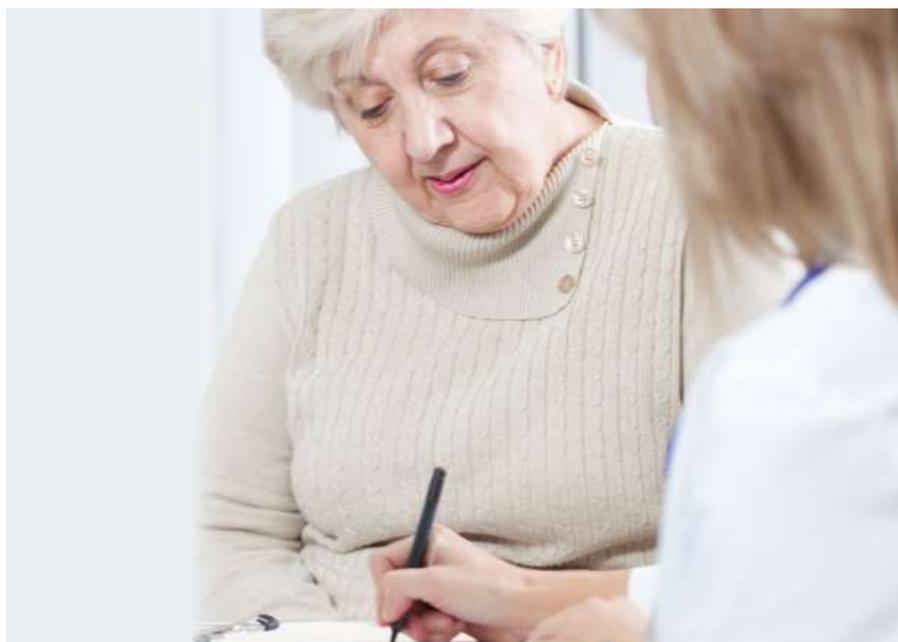
K&M regional picture – Strongly performing elective recovery

MTW Trust, in particular, is a national lead in eliminating 52 week waits

As part of maintaining this recovery, **in line with the national direction, the K&M regional NHS are supporting the development of dedicated elective hubs.**

The case for change

Across Kent & Medway, despite strong recovery, there are still over 1700 people who have been waiting over a year for an elective orthopaedic operation



- There is a compelling need to **separate emergency and elective flows and ring fence orthopaedics, this is vital for COVID and other infection control.**
- Mixing emergency and elective activity leads to higher cancellation rates
The same day cancellation rate is more than double at The Tunbridge Wells Hospital (TWH) than at Maidstone Hospital , where emergency activity is separated
- Kent and Medway (K&M) NHS is heavily reliant on independent sector to provide additional orthopaedic capacity. For Maidstone and Tunbridge Wells Trust (MTW) alone this amounts to approximately 1000 cases a year. This comes at significant cost.
- The Tunbridge Wells Hospital (TWH) is a trauma unit and emergency surgical centre, elective and non-elective activity is not easily separated there. The Maidstone Hospital unit is a very effective unit but has only one dedicated elective orthopaedic theatre
- The TWH elective orthopaedic theatre, located in the emergency centre, is less efficient, providing less operations per list. Patients at TWH, on average, have longer stay in hospital than those seen at Maidstone.
- Each Acute Hospital Trust in K&M is facing similar challenges

Working together to achieve elective recovery, across Kent and Medway

The K&M Integrated Care Partnership and Regional Acute Provider Forum

A plan for new elective orthopaedic theatre capacity at Maidstone has been jointly developed with regional partners including Kent and Medway Commissioners and the Regional Acute Provider Forum.

This plan is part of our regional response to national direction to have dedicated 'green pathway' elective operating sites - and provide 130% of the previous capacity level for our population within 3 years.



Regional elective orthopaedic acute providers

Each acute provider in Kent and Medway faces challenges with restoring orthopaedic services and reducing the COVID backlog for elective orthopaedics described on previous slides.

The plan for dedicated barn theatres at Maidstone is a shared plan to help each Trust clear their elective backlog and provide orthopaedics services for their population that meets recognised, evidence based, best practice.

In Autumn 2021 MTW submitted a business case to NHSE/I to expand orthopaedic surgical capacity by creating a 'barn theatre complex' on the Maidstone Hospital site. Approval has since been received from NHSE/I for the commencement of the groundworks.

The proposed way forward

Four new bespoke orthopaedic elective operating theatres and associated dedicated ward capacity at Maidstone Hospital.

The 'Barn Project' consists of **four new operating theatres at the Maidstone hospital site dedicated to orthopaedic elective activity, separated from emergency flows.** It will include a 20-bed inpatient ward and a 16-bed day case ward

Each operating theatre has capacity for approximately 840 operations a year. The new facility, will have a total capacity of approximately 3360 orthopaedic cases per year.

This capacity will be used to :

- Reduce **regional backlog** for elective orthopaedic operations.
- Provide state of the art, **ring fenced, high quality, high throughput,** elective orthopaedic capacity
- Reduce reliance on independent sector capacity
- Be part of the solution for meeting forecast growth in orthopaedic need for the K&M population.



What are Barn theatres?



- The term 'barn theatre' refers to the open-plan design of the main surgical area, where each patient is treated in a dedicated space alongside the next patient, with a specialised air canopy over each station to prevent the spread of infection. The barn theatres have adjoining anaesthetic rooms and traditional recovery areas.
- Benefits of barn theatres include lower infection rates, improved safety and enhanced efficient team working. Barn theatres have recently been developed at several sites across the UK. For example, at the new Chase Farm Hospital in The Royal Free London NHS Foundation Trust.
- In nearly all cases the theatres are intended for orthopaedics use, and this is where they are thought to be most effective because orthopaedic surgery generally tends to involve broadly repetitive processes, with one hip or knee operation similar to the next.

The Clinical Model

No changes are planned to emergency provision and flows and no changes to paediatric orthopaedic activity.

As part of the regional plan, capacity in the Barn theatre unit will be shared between MTW and the other acute hospitals in K&M. A second elective unit is planned for East Kent

To reduce patient visits and travel requirement more 'one stop' outpatient services are planned .

The capacity in the barn theatre will :

- Provide additional capacity for the transfer of most planned adult orthopaedic operations from Tunbridge Wells Hospital (TWH). MTW currently provides approximately 248 elective orthopaedic operations per month with approximately 62 of those at TWH.
- Make capacity available to the other acute providers in K&M, part of the Kent and Medway ICS, initially for an estimated 2500 patients per annum. Subject to capacity constraints, patients who require an elective orthopaedic operation from across Kent will have the option to have their elective operation in the new Barn theatres.
- The preferred operating model is for other acute providers in K&M sending agreed volumes of activity to be delivered through the Barn theatre by MTW staff but this is not fixed with an option of visiting surgeons using dedicated Barn theatre sessions, still under consideration.



The key benefits of the proposed way forward

- **An orthopaedic centre of excellence for our K&M population delivering evidence-based best practice which will optimise their chances of a good outcome** ✓
- **Shorter waits for orthopaedic operations** ✓
- **Shorter lengths of stay, increased day case rates and fewer cancellations, better patient outcomes** ✓
- **More capacity** . The additional capacity proposed at Maidstone is **close to the most deprived areas served by MTW.** ✓
- **improved staff recruitment and retention** by allowing staff to work from purpose-built facilities designed with best practice in mind. ✓

Engagement and communications plan



Stakeholder management

The K&M CGG and MTW are working together on communications and engagement. They have identified key individuals, groups and organisations to include in communications and engagement on the Barn Theatre Development.

A dedicated email address/inbox has been established (mtw-tr.barntheatre@nhs.net), and a named clinical lead identified, to enable the project team to receive feedback, communication, questions from patients, the general public and colleagues as they hear about the development.

Engagement objectives

- To keep all stakeholders (internally and externally) up to date with the Trust's plans to build the barn theatres.
- Promote the creation of expanded orthopaedic surgical capacity for the Trust and wider system to support the Trust's commitment to delivering outstanding patient care.
- Address any queries or concerns about the development internally and externally through our communications.
- Be open and transparent about the development internally and externally.
- Build a clear understanding of, and support for, the project and its role in system recovery among system partners.
- Support recruitment campaigns and raise the profile of the Trust as a forward-thinking, innovative Trust and an attractive place for prospective staff to work.

Engagement and communications plan

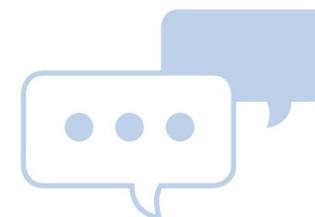
Communication and engagement channels

Digital

- MTW Facebook account – both corporate and staff only
- MTW Twitter account
- MTW LinkedIn
- MTW Instagram
- MTW website – news page and Trauma and Orthopaedics page:
<https://www.mtw.nhs.uk/service/trauma-orthopaedics/>
- MTW intranet
- MTW YouTube channel
- Stakeholder Briefings
- Talking Heads videos
- Email
- Digital screens
- Screensaver
- Patient First

Offline

- MTW News
- CEO Update
- Pulse
- Team brief
- Media - press releases
- Q & A document



Evaluation of feedback on engagement

- Monitor social media – engagement number and tone
- Monitor and measure media coverage – on a scale of 1 (positive) to 5 (negative and highly visible)
- Measure internal and external feedback
- Number of video views (where appropriate)
- Audience numbers to the intranet and website pages
- Feedback via project email

The level of engagement required

When planning engagement activities, the project group have considered the development to be reasonably significant but **not major or substantial because:**

- There is **very good evidence that the change will improve or enhance service provision**
- Over the last year patients have been offered choice and they are already **choosing to travel.**
- It is unlikely to be controversial with local people or key stakeholders as it will **reduce waits for access and improve quality of service** overall.
- The change effects **relatively small proportion of the total K&M population.** A proportion of those who need an elective orthopedic operation
- **There is good information about the effect of the change**
- Involves developing and **increasing overall capacity of a service**

The project group consider that for this level of change between 1-3 months of engagement is appropriate and these engagement activities are in progress

Levels of engagement framework

Level 1 – Ongoing development

A small scale change or a new service
Affecting small numbers and/or having low impact
There is good evidence that the change will improve or enhance service provision
Often requires an information-giving exercise (2-4 weeks)
May require some low level engagement

Level 2 – Minor Change

A small/medium scale change or a new service
Affecting low numbers of people
Often requires a small engagement (4-6 weeks)

Level 3 – Significant change

A significant service change
Affecting large numbers of people and/or having a significant impact on patient experience
A significant change from the way services are currently provided
Potentially controversial with local people or key stakeholders
A service closure
Limited information about the impact of the change
Requires a significant engagement (3 months)

Level 4 – Major change

A major change that requires formal consultation and follows NHS England guidance
Affects majority of the local population and or having a significant impact on patient experience
A substantial change from the way services are currently provided
High risk of controversy with local people or key stakeholders
A service closure
Limited information about the impact of the change
Requires a significant engagement (3 months+)

Timeline

- Nov 2021 Business case submitted to NHSE/I week commencing 29/11/21
- Dec 2021 Business case approved by MTW Board
- Apr – Jun 2022 and ongoing. Engagement with stakeholders as per plan and receiving feedback
- Q4 2022 Target construction completion, dependent on final approvals of the Business Case
- End Q4 2022 Target date to open unit for patients following final testing and commissioning