

Questions asked by the OHSEL JHOSC to the South West London Elective Orthopaedic Centre (SWLEOC)

1. How do the partnership arrangements between trusts work?

The SWL providers hold a regular board meeting, roughly every 2-3 months and it is attended by every Chief Executive. The SWL providers have all just signed a 5-year legally binding partnership agreement.

2. What is the governance structure for the centre?

The centre is within Epsom Hospital. Epsom and St. Helier Trust is financially and clinically responsible for the activity at the site. The SWLEOC board itself is not a legal entity. Epsom and St. Helier Trust provide all clinical, HR and back office support functions.

There is a profit share agreement in place between all hospitals. The funding follows the patient – regardless of who operated on the patient.

3. How are discharge arrangements made, given that the centre covers different boroughs with different processes?

There is a discharge coordinator on each ward who links with the local social care agency for the area the patient lives in – which works well. The discharge process is not standardised across SWL, we work with local processes and make this work.

4. How does your patient transport operate and are there any eligibility criteria that is applied?

SWLEOC has a contract with a local taxi firm. We spend a £0.25m per year on transport. An eligibility criteria has just been put in place. Offering this benefits patients as well as the centre as it ensures patients arrive on time. All varieties of access needs are catered for.

5. Have there been any delayed discharges?

Our average length of stay is 3.9 days and we are aiming to improve this to 3.5 days.

6. How many cancellations have there been to planned operations

There have been some non-medical cancellations totalling 0.48% year to date.

7. What is your waiting list, once a patient has been referred to SWLEOC?

Our referral to treatment (within 18weeks) is 83%. Currently most surgeons have a waiting list under 8 weeks, however patients often want to choose to see a certain surgeon, and this can increase the wait and cause treatment to exceed an 18 week wait. Another current issue is outpatient services referring late to SWLEOC.

8. What is the patient pathway?

- GP Referral or referral from joint clinics to local hospital
 - Telephone assessment from SWLEOC
 - Local hospital refer for pre-operative assessment
 - Phone call advising admission time and fasting requirements weeks
 - Patient arrives in pre-theatre
 - Recovery in PACU
 - Transfer to Oaks or Derby Ward
 - Discharge when MDT safe
 - Discharge advice line available
 - Patient referred on for patient care if required
 - 6-12 week follow up at SWLEOC or base trust
- 12-18

9. How is the pre and post-operative care, undertaken locally, integrated into the SWLEOC patient pathway? How does SWLEOC link with social care, as part of the pathway?

The discharge team assess a patient's discharge needs before their operation by looking at a 'Help us to help you booklet' which contains information about their home environment & pre-op mobility & care needs.

Based on this information & the particular orthopaedic operation they are due to have at SWLEOC, the discharge nurse can determine with the patient if they require a care package &/or equipment on discharge home.

Any patients with very poor pre-op mobility are seen face to face (ideally with a carer/relative) in our pre-operative complex physio clinic. From the outcome of this assessment we then refer to the relevant community teams.

For most patients who require access to short-term social care teams following surgery, a referral will be made before the operation. The only exception is where patient's require longer term access to social services, where an assessment is made post-operatively. The discharge nurse then follows this up post-op by liaising with the community teams to agree a start date for care. Equipment eg trolleys, perch stools etc are accessed via our

Epsom Hospital Occupational Therapy stores or from other borough stores as agreed.

10. How are discharge arrangements made, given that the centre covers different boroughs with different processes?

For most patients who require access to short-term social care teams following surgery, a referral will be made before the operation. The only exception is where patients require longer term access to social services, where an assessment is made post-operatively. The discharge nurse then follows this up post-op by liaising with the community teams to agree a start date for care.

11. Patient Feedback

We have a patient forum, involving patients who have used the centre, that runs bi-monthly. This gives us an opportunity to discuss different elements of care and new ideas for the centre meaning the patients hold us account for our actions.

These patients help with staff learning events and tell stories of the care they were given. On average we receive around one complaint a month, lots of work is done to de-escalate complaints so patients are encouraged to speak to the Head of Quality first. The main concerns arising from complaints are outcomes of surgery.

We are currently working on patient information to ensure patients understand expected outcomes of surgery.

12. What are your infection rates?

There were 0 MRSA cases over last year. No ecoli and no CDiff cases.

Hips and knees are around 0% in the last quarter, the below table shows the 2014/15 trust tables of SSI rates. 2016/17 not yet published. This shows we are one of the trusts with the lower infection rates.

NHS Trust	Category	Year	No. surveillance qtrs	No. operations	Surgical Site Infections							
					Inpatient				Inpatient and re-admission			
					No.	%	95% LCI*	95% UCI*	No.	%	95% LCI*	95% LCI*
Epsom and St Helier University Hospitals NHS Trust	6	2014/15	4	1,407	2	0.1	0.0	0.5	6	0.4	0.2	0.9
	7	2014/15	4	1,755	5	0.3	0.1	0.7	10	0.6	0.3	1.1
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	6	2014/15	4	1,644	2	0.1	0.0	0.4	7	0.4	0.2	0.9
	7	2014/15	4	1,509	1	0.1	0.0	0.4	6	0.4	0.2	0.9
The Royal Orthopaedic Hospital NHS Foundation Trust	6	2014/15	4	1,346	1	0.1	0.0	0.4	5	0.4	0.1	0.9
	7	2014/15	4	883	0	0.0	0.0	0.4	5	0.6	0.2	1.3
Northumbria Healthcare NHS Foundation Trust	6	2014/15	4	1,206	1	0.1	0.0	0.5	5	0.4	0.1	1.0
	7	2014/15	4	1,395	1	0.1	0.0	0.4	9	0.7	0.3	1.2
Wrightington, Wigan and Leigh NHS Foundation Trust	6	2014/15	4	1,136	2	0.2	0.0	0.6	4	0.4	0.1	0.9
	7	2014/15	4	880	2	0.2	0.0	0.8	6	0.7	0.3	1.5
Gloucestershire Hospitals NHS Foundation Trust	6	2014/15	4	992	4	0.4	0.1	1.0	10	1.0	0.5	1.9
	7	2014/15	4	802	0	0.0	0.0	0.5	6	0.8	0.3	1.6
Frimley Health NHS Foundation Trust†	6	2014/15	4	869	1	0.1	0.0	0.6	5	0.6	0.2	1.3
	7	2014/15	4	989	0	0.0	0.0	0.4	0	0.0	0.0	0.4
East Kent Hospitals University NHS Foundation Trust	6	2014/15	4	840	2	0.2	0.0	0.9	3	0.4	0.1	1.0
	7	2014/15	4	958	2	0.2	0.0	0.8	3	0.3	0.1	0.9
Royal Devon and Exeter NHS Foundation Trust	6	2014/15	4	952	2	0.2	0.0	0.8	3	0.3	0.1	0.9
	7	2014/15	4	676	1	0.2	0.0	0.8	6	0.9	0.3	1.9
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	6	2014/15	4	798	2	0.3	0.0	0.9	2	0.3	0.0	0.9
	7	2014/15	4	748	2	0.3	0.0	1.0	4	0.5	0.2	1.4
Western Sussex Hospitals NHS Foundation Trust	6	2014/15	4	795	2	0.3	0.0	0.9	7	0.9	0.4	1.8
	7	2014/15	4	612	1	0.2	0.0	0.9	4	0.7	0.2	1.7
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	6	2014/15	4	578	0	0.0	0.0	0.6	6	1.0	0.4	2.3
	7	2014/15	4	712	0	0.0	0.0	0.5	5	0.7	0.2	1.6
Worcestershire Acute Hospitals NHS Trust	6	2014/15	4	601	1	0.2	0.0	0.9	1	0.2	0.0	0.9
	7	2014/15	4	538	0	0.0	0.0	0.7	0	0.0	0.0	0.7
West Hertfordshire Hospitals NHS Trust	6	2014/15	4	464	0	0.0	0.0	0.8	3	0.7	0.1	1.9
	7	2014/15	4	554	1	0.2	0.0	1.0	1	0.2	0.0	1.0
University Hospitals Coventry and Warwickshire NHS Trust	6	2014/15	4	473	0	0.0	0.0	0.8	0	0.0	0.0	0.8
	7	2014/15	4	751	1	0.1	0.0	0.7	1	0.1	0.0	0.7