

**PWYLLGOR ANSAWDD, DIOGELWCH A SICRHAU PROFIOD
QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 November 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Principles Underpinning The Recommencement of Urgent Elective Inpatient Orthopaedic Treatment
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Andrew Carruthers, Director of Operations

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The principles outlined in this paper have been approved by the COVID-- 19 Bronze Acute Group and are submitted to the Gold Command Group for approval.

In response to the latest Welsh Government Operating Framework for Quarters 3&4, the COVID-19 Bronze Acute Group is currently developing operational plans for overall delivery of urgent planned care pathways for the remainder of 2020/21. The challenges highlighted in this paper are critical to successful delivery of urgent orthopaedic pathways which fall within the wider Q3/4 Operational Plan.

Due to restrictions associated with procedures which can be undertaken at Werndale Hospital and the current absence of a post-operative 'green' HDU pathway at Wityhush General Hospital (WGH) the re-introduction of an orthopaedic pathway at Prince Philip Hospital (PPH) is a priority. The additional capacity available at PPH will supplement the limited capacity currently available at WGH and Bronglais General Hospitals (BGH) and help maximise the volume of urgent pathway patients who can be offered surgery based on their assessed level of clinical priority.

Unfortunately, due to the provision of mixed COVID-19 and Non-COVID pathways at each of the four acute hospital sites across the Health Board, the Orthopaedic Clinical Team is unable to fully satisfy the principles reflected in guidance issued by the British Orthopaedic Association for recommencement of urgent elective surgery. As such, the Gold Command Group acknowledged the areas of non-compliance and agreed that any potential associated risks are 'owned' by the Health Board and not by individual clinicians.

Cefndir / Background

In March 2020, all elective services in Wales were suspended as a consequence of needing to address the emerging COVID-19 pandemic. That month the Orthopaedic specialty was on course to meet a referral to treatment (RTT) target of having no patient wait longer than 36 weeks for treatment.

The current position as at 17th September 2020 is that there are 6519 patients on the total RTT Orthopaedic pathway, 3101 awaiting treatment stage 4, of which 2400 have waited more than 36 weeks.

It is therefore imperative that elective surgery recommences at Health Board sites at the earliest opportunity as safely as possible, to provide additional capacity to that already being utilised at Werndale BMI Healthcare, Bancyfelin.

The Orthopaedic Consultant team across the Health Board validated their elective surgery waiting lists 3 months ago against the Royal College of Surgeons guidelines and identified 50 patients in category 1 and 450 in category 2. Revalidation is now taking place and will do so three monthly moving forward. The commencement of outpatient clinics has resulted in increasing numbers of patients being identified within these categorisations.

The HDdUHB Clinical Lead, Trauma and Orthopaedic (T&O), has identified the environment in which T&O services should recommence based on guidance provided by the Royal College of Surgeons and the British Orthopaedic Association (BOA). These describe a range of principles to support the reintroduction of planned orthopaedic surgery, including:

- Clinical prioritisation,
- Patient level risk assessment and consent arrangements
- Patient screening and testing protocols
- Categorisation of elective facilities to reflect the level of compliance with BOA guidance re prevention of risk
- Staffing arrangements
- Staff screening & testing co-dependent services

Within the current operating framework of mixed COVID-19 and Non-COVID pathways at each of the four acute hospitals across the Health Board (and the supplementary dedicated 'green' pathway capacity available via Werndale Hospital), the Orthopaedic Clinical Team is able to comply with much of the guidance referenced above. However, there are key elements of this guidance which remain outside the scope of the Orthopaedic Clinical Team as referenced below:

- The Health Board is unable to offer elective operating facilities which meet the BOA Gold or Silver standard. Facilities at PPH, WGH and BGH would represent BOA 'Bronze' status site. The guidance is summarised below:

	Gold	Silver	Bronze
Buildings	Single point of access with COVID checkpoint	Single point of access with COVID checkpoint	Single point of access with COVID checkpoint
	Separate site	Building that can be physically separated into distinct areas with completely separate entrance and no contact with blue staff/patients	Department that can be physically separated from other areas, but unable to achieve complete separation eg walk through common area en route to department
Diagnostics	Separate facilities	Separate entrances and rooms	Separate time slots/ strict cleaning
Staff (in work considerations, out of work also needed)	Robust screening/ testing Separate teams	Robust screening/ testing Separate teams for defined time periods	Robust screening/ testing COVID checkpoint and full change/shower
Co-dependencies (eg renal replacement)	Co-dependencies available on same green site	Co-dependencies available on same site but with green/blue split	Co-dependencies available on different site but with green/blue split

- The Health Board does not support the routine screening and testing of staff supporting planned care pathways

In the absence of the practical ability to satisfy the BOA guidance on both of the above points, the Orthopaedic Clinical Team requested acknowledgement by the Health Board GOLD Command Group that recommencement of planned orthopaedic surgery would not be fully compliant with the principles outlined by the BOA. In so doing, the Clinical Team have requested that any potential associated risks for patients are 'owned' by the Health Board and do not rest with individual clinicians.

In support of the above request, the Clinical Team has acknowledged that it is imperative that individual clinicians will comply with all other aspects of the guidance, with particular emphasis on consenting and documentation procedures including clear indication that specific COVID-19 risks have been discussed pre-operatively with individual patients.

Asesiad / Assessment

After extensive engagement and discussion with the Orthopaedic Clinical Team, each hospital site Triumvirate Team and the Planned Care Directorate, the proposed plan for recommencement of urgent orthopaedic surgical pathways is summarised below.

As reflected above, it must be acknowledged that due to the presence of mixed COVID-19 and NON-COVID clinical pathways at each acute hospital site, the Orthopaedic Clinical Team would not be able to fully satisfy the principles outlined in guidance offered by the BOA. The facilities available at each site would satisfy the BOA 'Bronze' status as neither hospital would be able to provide facilities which would comply with the BOA 'Gold' or 'Silver' categorisation,

Prince Philip Hospital

Primarily due to the absence of emergency surgical pathways at the hospital, PPH is the only site within the Health Board which has sufficient theatre staffing resources available to support 1 dedicated orthopaedic operating theatre per week (10 sessions). As such, utilisation of PPH to support urgent orthopaedic elective pathways is critical to the overall volume of patients which can be delivered.

After consideration of various options for the configuration of beds at the hospital (including consideration of measures to mitigate infection control risks and the need to maintain

sufficient bed capacity to support emergency medical pathways), the Planned Care Directorate, PPH Triumvirate Team and Orthopaedic Clinical Lead have jointly agreed a plan for the division of Ward 7 into 2 separate, distinct areas. This would enable a 9 bedded area to support urgent orthopaedic surgery and would include the following features:

<p>Division of Ward 7 into 2 separate Clinical Areas</p> <p>Section 1:- 9 x Cubicles (7 En-suite) Section 2:- 16 Beds (Bays and 3 x cubicles)</p>	<p>Actions to mitigate risk during patient transfer</p> <p>(from the 9 bedded area through the separate 16 bed clinical area)</p>
<p>Benefits:</p> <ul style="list-style-type: none"> • All Elective patients and staff will have a separate entrance to Ward 7 – therefore minimising contact with other patients or staff • The Ward shall be divided into 2 separate areas divided by a solid door. <ul style="list-style-type: none"> • Separate staff, services and utilities shall be available for each service. Sluice, clinical room etc. • Staff will not work in other areas of the hospital • Separate staff break rooms shall also be available ensuring no mixing of teams. • Maintains current acute medical capacity so more resilient for increase in demand from winter pressures and further COVID -19 waves • The division shall allow for: <ul style="list-style-type: none"> Section 1: - 9 cubicles (7 of these are En-suite) and Section 2: - a further 16 beds available for the other service determine. 	<ul style="list-style-type: none"> • All patient bed areas have solid doors in place. • During patient transfer the doors on all patient areas & sluice will be checked to ensure they are all closed. (Day to day practice is these doors are kept closed). • All patients will be advised to stay in their side room / bay and not leave their area for the duration of the patient transfer. • Prior to the transfer all staff who are not essential will be asked to move from the nurse station area and leave the immediate thoroughfare area • Staff will man the area ensuring no access is allowed for the duration of the patient transfer/ movement • All staff will be wearing Type 11 Masks as per guidance minimising any risk of transfer. • Patient will be transferred on a trolley and not have any physical contact with the surroundings • Transfer to and from theatre shall be as with current plan in place. This practice is well established on site: <ul style="list-style-type: none"> ➤ Theatre contact ward to advise on collection ➤ The corridors will be blocked to public/staff traffic to allow patient trolley to be collected and taken to theatre/returned from theatre to ward (Sections 1 & 2). ➤ Access to breast Care – door to be closed. • All services will be advised of the arrangements in place and will be expected to comply with this pathways / process established. This will be overseen by the Senior Nurse Manager/ Senior Sister

Withybush General Hospital

The consultant body at WGH are accepting of the site proposal as described, albeit they are unable to treat patients requiring Intensive Care Unit / High Dependency Unit (ITU/HDU) post operatively. WGH has identified Ward 4 as its elective ward.

Ward 4 already accommodates post-operative elective Gynaecology and General Surgery patients, which include some 'low level' colorectal cases. It is the proposal that Orthopaedics are also catered for on this ward.

It is proposed that Orthopaedic patients will be kept in a separate bay on the ward to patients from the other specialties and side rooms used as necessary.

Ward 4 is currently open 5 days per week, but if elective throughput increases to require 7 day coverage then the site is willing to seek agency block booking to address staffing shortfalls, as identified.

PPE is used on the wards and changed between patients.

Orthopaedics have been allocated two session main theatre lists on Tuesdays and Wednesdays (This contrasts with the 11 main theatre sessions per week pre COVID-19 and additional DSU capacity, which has returned to 2 sessions per week)

There is no HDU/ITU facility available at WGH for post-operative care and this will affect the ability to treat some patients on this site

All medical on call rotas within the hospital have returned to pre COVID-19 schedules, ensuring patients are managed out of hours as previously achieved.

Bronglais General Hospital

The consultant body at BGH are accepting of the site proposal as described below:

- Patients are cared for post operatively on a mixed specialty ward- as they were pre-COVID-19.
- PPE is used on the wards and changed between patients.
- Orthopaedics have been allocated two session main theatre lists twice a month, compared with the 5 sessions per week they had previously enjoyed.

Elective orthopaedic patients and staff will use the main hospital entrances and circulation space to attend the wards (no mitigation)

Screening & testing of Staff

The Health Board does not currently provide routine screening and testing of staff supporting 'green' planned care pathways due to significant capacity pressures within the local TTP service. Whilst this remains under review, there are no current plans for routine screening / testing to be extended to 'green' pathway staff.

For assurance, risk assessments have been undertaken for each of the proposed pathways, in support of the actions outlined within this report.

Argymhelliad / Recommendation

QSEAC are requested to receive assurance from the actions outlined within the Principles Underpinning the Recommencement of Urgent Elective Inpatient Orthopaedic Treatment Report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.3 Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk Register 1009 Score 10
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply

Effaith/Impact:	
Ariannol / Financial: Ansawdd / Patient Care: Gweithlu / Workforce: Risg / Risk: Cyfreithiol / Legal: Enw Da / Reputational: Gyfrinachedd / Privacy: Cydraddoldeb / Equality:	Contained within the body of the report