Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

EXECUTIVE TEAM

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 February 2021
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Risk assessed option appraisal for emergency re-establishment of Cancer Surgery Hywel Dda University Health Board
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTORS:**	Keith Jones Andrew Carruthers
SWYDDOG ADRODD: **REPORTING OFFICERS:**	Stephanie Hire Ken Harries Karen Barker

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Continuing challenges to the sustainability of the green_critical care pathway at the Prince Phillip Hospital (PPH) are now potentially causing harm to those patients who require urgent cancer surgery.

The combined impact of COVID-19 and nonCOVID-19 demand for critical care, underpinned by an acute gap in available staffing necessitates urgent action to mitigate these risks.

Cefndir / Background

The cumulative impact of the cancellation of planned urgent surgery due to capacity pressures in the Green Critical Care pathway at the Prince Phillip site week commencing 8th February 2021 following the temporary 4 week pause in surgery in response to the second wave COVID-19 pressure week commencing 18th December 2020 are now potentially causing harm to those patients who require urgent cancer surgery.

The current situation is due to continued patient acuity and limited availability of appropriately skilled nurse staffing resources at the Critical Care Unit on the PPH site. As a consequence, the Green Critical Care pathway which was successfully introduced in late 2020 can no longer be guaranteed on a sustainable basis.

This is now at a critical point and necessitates an immediate decision to support the alternative introduction of an AMBER pathway for patients who require Critical Care post operatively.

Whilst COVID-19 remains an underlying pressure on available capacity, the acuity of very sick medical patients needing Critical Care is a further complicating factor particularly at the PPH and Withybush General Hospital (WGH) sites where the units are consistently surged above capacity.

This has led to a requirement for the Acute Bronze Team to assess opportunities at all of the four ACUTE hospitals in the Hywel Dda University Health Board to support alternative

solutions to maintain the restart of cancer surgery and reduce the backlog of patients awaiting procedures. At the present time, there are approximately 54 patients awaiting surgery as a first definitive treatment and approximately 100 patients awaiting urgent secondary procedures as part of their continuing treatment plans.

Asesiad / Assessment

Current situation:

BGH	Waiting List priorities by specialty	Waiting List booking	Pre Assessment
	Completed	Ready	Ready
	Theatre availability ***NCEPOD and Obstetrics covered***	**GREEN** **Elective HDU / Enhanced Care**	**GREEN** **Admission and pre and post-operative flow**
	Monday, Tuesday, Wednesday– DSU 1 – 6 sessions • Retain focus on Gynae Un Scheduled Care (USC) priority group. All Health Board (HB) Gynae. clinical teams involved in priority discussions and operating arrangements.	Not logistically possible due to CritCare layout. Risk of small CritCare bed base, and related staffing profile and pressure from emergent Level 3 demand.	Rhiannon x 6 – beds - 24/7 • Patient flow flexing between Rhiannon and Day Surgery Unit (DSU) Ward areas as required.
GGH	**Waiting List priorities by specialty**	**Waiting List booking**	**Pre Assessment**
	Completed	Ready	Ready
	Theatre availability ***NCEPOD, Trauma and Obstetrics covered***	**GREEN** **Elective HDU / Enhanced Care**	**GREEN** **Admission and pre and post-operative flow**
	Monday to Friday - Main Theatre 2 – 10 sessions* • Mon AM only – LA Eyes via MADOG • Tuesday – ENT via Tysul • Wednesday – GA Urology via TYSUL • Thursday AM only - GA / LA eyes via TYSUL and MADOG	Within Amber side of CritCare and may be limited by emergent Level 3 demand. (However location of least risk)	**28/1/21** – Tysul available for up to 10 beds from Tuesday to Friday evening *Unable to use full theatre capacity or patient potential due to limited bed base availability.
PPH	**Waiting List priorities by specialty**	**Waiting List booking**	**Pre Assessment**
	Completed	Ready	Ready
	Theatre availability	**GREEN** **Elective HDU / Enhanced Care**	**GREEN** **Admission and pre and post-operative flow**
	Monday to Friday - Main Theatre 1 – 10 sessions • Monday - Colorectal • Tuesday – Urology AM • Wednesday – Breast • Thursday - Colorectal • Friday – Breast	Risk of small funded CritCare bed base, and related staffing profile and pressure from emergent Level 3 demand. Option re GREEN High Dependency Unit (HDU) is contingent on number and acuity of COVID +ve / recovering +Ve Opt1: Leave Critical Care Unit (CCU) side room as AMBER. Use two bed spaces in CCU for GREEN HDU pathway. Keep RED within Intensive Care Unit (ICU) 5-bed space. Opt 2: Flip CCU / ICU footprint, deep clean, create GREEN HDU x 4 beds.	• **28/1/21** – 14 beds on Ward 7 - 24/7
WGH	**Waiting List priorities by specialty**	**Waiting List booking**	**Pre Assessment**
	Completed	Ready	Ready

Bronglais General Hospital (BGH)

6 Ward Beds available on Rhiannon Ward – Green Pathway.
HDU capacity available – Amber only.
No colorectal major elective cases have been managed at BGH since August 2019.
No theatre and ward management of Nephrectomy or H&N patients

Glangwili General Hospital (GGH)

Limited ward bed capacity for the green pathway on Tysul Ward – only able to open from a Tuesday morning – Friday evening.
Current ward staff are not managing major Colorectal and urology patients

Able to accommodate 2 night stay Head & Neck, Urology and Endocrinology patients for ward – ward surgery.
No Green HDU post op pathway.
DSU is available with limited capacity but is constrained by the fact the USC patients mainly require an inpatient stay.

PPH
14 Green pathway beds available on Ward 7.
No Green HDU post operative pathway.
Ward staff able to manage all major Colorectal, Urology, Gynae, Breast and General Surgery patients
To date, no Head and Neck (ENT) and Endocrinology patients have been managed through this ward.

WGH
No Green pathway available.

Remedial options considered:

Option 1

- Clinicians to take a risk assessment on not continuing with the Green Pathway for Elective patients.
- HB assume the risk of moving away from the National Pathway to provide a Green Pathway or a Green Site.

Option 2

- Locate a 24/7, 7 days per week, Green pathway ward at GGH and move all the Colorectal and Urology patients that require post operative HDU. Continue with the Head and Neck, ENT and Endocrinology inpatient workload.
- Ophthalmology urgent patients continue via Madog Suite.
- Paediatric surgery continues to be facilitated via the DSU at GGH.

Option 3

- Agree to cap all unscheduled care admissions into PPH critical care with treat stabilise and transfer.
- All new patients that require admission to CCU move to GGH.
- Flip the existing CCU to accommodate Green Pathway elective patients requiring HDU post op by stabilising patients and transferring to GGH.

Option 4

- Move all elective colorectal surgery for patients requiring HDU post operative to BGH.
- HDU would remain Amber and there would be a risk around Delayed Transfers of Care (DTOC) patients.

Option 5

To develop a hybrid across all sites with cancer surgery being introduced on all sites supported by Green ward space with an amber Critical care pathway.

Due to the urgent requirement for patients currently listed to receive their planned urgent surgery, this requires an immediate decision to support the introduction of an AMBER pathway for patients who require Critical care post operatively. Patients will continue to be admitted pre

and post operatively via dedicated Green ward based capacity but those patients requiring post-operative critical care support will receive this via an AMBER critical care facility.

This will mitigate the risk of further cancelled procedures due to the lack of a Critical Care Green pathway at Prince Philip Hospital. It is proposed that this approach is adopted at all four hospital sites at the earliest opportunity and mirrors the principles outlined in Option 5 above.

Whilst immediate plans are being progressed for support of this pathway via GGH for patients requiring major Colorectal, Urology and Head & Neck surgery, (to mitigate the current unavailability of this pathway at PPH), plans are also being progressed to re-establish similar pathways for Colorectal surgery at BGH & WGH respectively when local circumstances allow.

It should be noted that this proposed approach varies from the current agreed clinical guidance for these patients to be managed via a protected Green pathway. In view of the increased potential risk of possible COVID-19 transmission for patients in an AMBER critical care area in comparison to a protected dedicated Green critical care facility, the comparative risks have been formally assessed by the Planned Care Directorate (attached) and the recommended action is supported by the Deputy Medical Director (Acute Services) and the Associate Director of Nursing (Acute). The supporting Risk Assessment is appended.

In assessing this risk, the alternative of patients being admitted via emergency pathways to enable urgent access to surgery (with increased risks of exposure to COVID-19 transmission) have been considered.

Argymhelliad / Recommendation

The recommendation is to seek urgent approval from the Executive Team to support the principle of an AMBER critical care pathway on all four hospital sites for patients requiring urgent planned surgery. Urgent progress in implementing an AMBER critical care pathway will mitigate the current risks of further delay to surgery for these patients due to the current unsustainability of a dedicated Green critical care pathway at Prince Philip Hospital.

This proposal, which varies from the current agreed clinical guidance for these patients to be managed via a protected Green pathway, requires urgent approval due to the urgent need to recommence surgery at the earliest opportunity in view of the risks to patients associated with further delays in treatment.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.4 Assure that best practice and national guidelines are adopted in service development plans and pathways.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Scheduled Care 632 – Current Risk Score 16

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 5.1 Timely Access Choose an item. Choose an item.
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	Protect Patients From Avoidable Harm From care Focus On What Matters To Patients, Service Users, Their Families and Carers, and Our Staff Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention Improve efficiency and quality of services through collaboration with people, communities and partners Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	WG National Planned Care Programme WG Eye Care Measures National Clinical guidance Surgical pathway in COVID-19
Rhestr Termau: Glossary of Terms:	Reflected within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Busnes a Sicrhau Perfformiad: Parties / Committees consulted prior to Business Planning and Performance Assurance Committee:	Audit and Risk Assurance Committee Planned Care Directorate

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Reflected in report
Ansawdd / Gofal Claf: Quality / Patient Care:	Reflected in report

Gweithlu: **Workforce:**	Reflected in report
Risg: **Risk:**	Reflected in report
Cyfreithiol: **Legal:**	N/A
Enw Da: **Reputational:**	N/A
Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	N/A

Datix ref: Date of entry:	**10th February 2021**	**Any previous reference number:**	
Name of person identifying risk :	Ken Harries Clinical Director Stephanie Hire General Manager Karen Barker Head of Nursing	**Contact email/phone:**	01267 229741

Risk Ownership

Executive Directorate:	
Delegated Risk Owner: (OPS ONLY)	Andrew Carruthers /Keith Jones / Mark Henwood / Sian Passey
Management/Service Lead:	

Risk Location

Directorate:	Scheduled Care	**Service or Department:**	Critical Care

Risk Identification

Title of risk:	Amber pathway in Critical Care for post-operative Cancer patients.					
Date risk identified:	10th February 2021		**How risk was identified (risk source):**		Acute Bronze meeting	
Type of Risk choose one √	Operational	√	Strategic		Project	

Risk Statement:

Describe the risk, work activity, environment or process being assessed. What is the risk to the Health Board?
There is a risk that patients cannot access a green Critical Care pathway post operatively.
This is caused by the current situation within the Hywel Dda University Health Board regarding Cancer surgery due to continued acuity at the Critical Care Unit on the Prince Philip Hospital site, the Green Critical Care pathway which has been successfully introduced in late 2020 can no longer be supported. This is now at a critical point and needing immediate decision to support the introduction of an Amber pathway for patients who require Critical Care post operatively. This will support the immediate re-introduction of cancer surgery which is temporarily suspended due to the lack of a Critical Care Green pathway .It must be acknowledged that whether the risk is reduced due to ability and approval

Risk Matrix	**Likelihood →**				
Severity ↓	**Rare - 1**	**Unlikely - 2**	**Possible - 3**	**Likely - 4**	**Almost certain – 5**
Catastrophic - 5	**5**	**10**	**15**	**20**	**25**
Major - 4	**4**	**8**	**12**	**16**	**20**
Moderate - 3	**3**	**6**	**9**	**12**	**15**
Minor - 2	**2**	**4**	**6**	**8**	**10**
Rare - 1	**1**	**2**	**3**	**4**	**5**

to provide an Amber pathway with minimal risk of COVID-19 transmission, as noted in our Critical Care Units that there still remains the potential of transmission which needs to be noted.
This could lead to, or have an impact on Without urgent surgery, these patients will potentially come to further harm due to their diagnosis. Patients are already delayed in the system and presenting as emergencies which results in emergency use of Amber pathways. It also means that they are not as medically optimised or pre tested for COVID-19 in the normal routine manner that has been established in line with national guidance.
Location of the Risk Critical Care capacity.

What is the cost of correcting the loss if the risk materialises:	£	**What is the financial cost based on?**	

Please √ the one DOMAIN under which this risk lies:					
Safety, patient staff or public	√	**Quality, Complaints or Audit**		**Workforce & OD**	
Statutory Duty or Inspection		**Adverse Publicity or Reputation**		**Business Objectives or Projects**	
Finance including Claims		**Service/Business interruptions/disruptions**		**Environmental**	

Inherent Risk Score (Likelihood x Severity = Risk Score)
What is the score **WITHOUT** any control measures?

Using the risk matrix overleaf, evaluate the **inherent** risk rating. This is the risk score **WITHOUT** control measures in place.					
Inherent likelihood	4	**× Inherent impact**	5	**= Inherent risk rating**	20

Control Measures currently in place - List the current control measures in place to minimise the potential impact of harm and reduce the risk, these must be **IN PLACE AND WORKING** to be a control.

Control measures
1. Suspended Green pathway was in place but for reasons detailed is no longer available to patients.
2.

Risk Matrix	**Likelihood →**				
Severity ↓	**Rare - 1**	**Unlikely - 2**	**Possible - 3**	**Likely - 4**	**Almost certain – 5**
Catastrophic - 5	**5**	**10**	**15**	**20**	**25**
Major - 4	**4**	**8**	**12**	**16**	**20**
Moderate - 3	**3**	**6**	**9**	**12**	**15**
Minor - 2	**2**	**4**	**6**	**8**	**10**
Rare - 1	**1**	**2**	**3**	**4**	**5**

3.
4.

Current Risk Score (Likelihood x Severity = Risk Score)

Using the risk matrix below, identify the **current** risk rating. This is the risk score **WITH** control measures in place.					
Current likelihood	4	**× Current impact**	5	**= Current risk rating**	20

Risk Action Plan Please specify actions that address the cause of the risk **(clear and concise)**)

Actions must be SMART: Specific, Measurable, Achievable, Realistic and Time-bound.	**By whom**	**By when**	**Cost of action**
1. To implement a post-operative AMBER critical care pathway	Approval by ET	ASAP	
2.All patients waiting have been clinically risk stratified with the Specialty Clinical Lead as to order of priority needing both surgery and post-operative pathway.	Clinical Lead and SDM	Completed and reviewed daily patient by patient	
3. Patients able to access Green ward to ward pathway are currently being prioritised and planned for surgery.	Clinical Lead and SDM	Completed and reviewed daily patient by patient	

Target Risk Score (Likelihood x Severity = Risk Score)

Using the risk matrix, identify the **target** risk rating. This is the risk score you are trying to achieve when the actions are put in place.					
Target likelihood	2	**× Target impact**	5	**= Target risk rating**	10

Risk Review & Monitoring (for management completion)

Risk Matrix	**Likelihood →**				
Severity ↓	**Rare - 1**	**Unlikely - 2**	**Possible - 3**	**Likely - 4**	**Almost certain – 5**
Catastrophic - 5	**5**	**10**	**15**	**20**	**25**
Major - 4	**4**	**8**	**12**	**16**	**20**
Moderate - 3	**3**	**6**	**9**	**12**	**15**
Minor - 2	**2**	**4**	**6**	**8**	**10**
Rare - 1	**1**	**2**	**3**	**4**	**5**

Identify the Lead Assurance Committee or Sub-Committee this risk should be reported to?	Due to significance of current risk, Executive team are asked to review as unable to wait for OQSESC.		
Identify the local management group should this risk should be monitored at?	Acute Bronze		
Is this risk to be entered onto your service risk register in Datix? (yes/no)	yes	**Frequency of review.**	Weekly via Bronze meeting.

Risk Matrix	**Likelihood →**				
Severity ↓	**Rare - 1**	**Unlikely - 2**	**Possible - 3**	**Likely - 4**	**Almost certain – 5**
Catastrophic - 5	**5**	**10**	**15**	**20**	**25**
Major - 4	**4**	**8**	**12**	**16**	**20**
Moderate - 3	**3**	**6**	**9**	**12**	**15**
Minor - 2	**2**	**4**	**6**	**8**	**10**
Rare - 1	**1**	**2**	**3**	**4**	**5**

Implementation of Amber Critical Care Pathway

Situation

- Continuing challenges to the sustainability of the Green Critical Care pathway at the Prince Phillip Hospital (PPH) are now potentially causing harm to those patients who require urgent cancer surgery.
- The combined impact of COVID-19 and non COVID-19 demand for critical care, underpinned by an acute gap in available staffing necessitates urgent action to mitigate these risks.
- The current situation is due to continued patient acuity and limited availability of appropriately skilled nurse staffing resources at the Critical Care Unit on the PPH site. As a consequence, the Green Critical Care pathway which was successfully introduced in late 2020 can no longer be guaranteed on a sustainable basis.
- This became evident in February 2021 and as a result, there was a requirement to consider alternative pathways including the introduction of an AMBER pathway for patients who require Critical Care post operatively
- Whilst COVID-19 remains an underlying pressure on available capacity, the acuity of very sick medical patients needing Critical Care is a further complicating factor particularly at the PPH and Withybush General Hospital (WGH) sites where the units are consistently surged above capacity
- Option appraisal was undertaken to consider the management of these patients

Risks and Mitigation

Risk

That patients can not access Green pathway and as such there is a delay in surgical procedures resulting in increased emergency cases and late cancellation of surgery.

Options considered to mitigate risks:

- **Option 1**
- Clinicians to take a risk assessment on not continuing with the Green Pathway for Elective patients.
- Health Board assume the risk of moving away from the National Pathway to provide a Green Pathway or a Green Site.
- **Option 2**
- Locate a 24/7, 7 days per week, Green pathway ward at Glangwili General Hospital (GGH) and move all the Colorectal and Urology patients that require post operative High Dependency Unit. Continue with the Head and Neck, ENT and Endocrinology inpatient workload.
- Ophthalmology urgent patients continue via Madog Suite.
- Paediatric surgery continues to be facilitated via the Day Surgery Unit (DSU) at GGH.

Risks and Mitigation

- **Option 3**
- Agree to cap all unscheduled care admissions into PPH critical care with treat, stabilise and transfer.
- All new patients that require admission to Critical Care Unit (CCU) move to GGH.
- Flip the existing CCU to accommodate Green Pathway elective patients requiring HDU post op by stabilising patients and transferring to GGH.
- **Option 4**
- Move all elective colorectal surgery for patients requiring HDU post operative to Bronglais General Hospital (BGH).
- HDU would remain Amber and there would be a risk around Delayed Transfers of Care (DTOC) patients.
- **Option 5**
- To develop a hybrid across all sites with cancer surgery being introduced on all sites supported by Green ward space with an amber Critical care pathway.

Mitigation

Mitigation of risk

- To support service discussions full risk assessments were undertaken by a multi- professional team and through careful Risk Assessments and identifying control measures Option 5 was agreed and implemented.
- The full Risk Assessment is Included in a separate document.
- The risks and the associated control measures are regularly monitored through the Acute Bronze (multi-professional) Group and any exceptions escalated through the Goverance structure to Tactical and Gold Command as necessary.

Recommendation

- Quality Safety & Experience Assurance Committee (QSEAC) members are asked to support Executive Team's decision to implement Option 5.

- Be assured that the appropriate governance arrangements are in place to monitor and escalate any related concerns.