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Chair, Health and Social Security Scrutiny Panel  
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*BY EMAIL*

15 July 2021

Dear Chair

## **HCS Response to the Health and Social Security Scrutiny Panel: Cancellation of Elective Surgeries**

### ***1. How many elective surgeries (i.e. non-emergency / urgent care surgery) have been cancelled / delayed / rescheduled / postponed at the Jersey General Hospital since 1st July 2021?***

- Week commencing 05/07/21 only patients whose surgery was considered clinically urgent had their procedures undertaken.

This resulted in 87 patients having their surgery postponed (66 public and 21 private). Emergency and Obstetric surgery remained unaffected.

During the week, 91 urgent elective cases, 19 emergency cases, and 5 obstetrics cases took place.

- Week commencing 12/07/21 only patients whose surgery was considered clinically urgent and soon had their surgery undertaken.

This resulted in 48 patients having their surgery postponed (43 Public and 5 private). Emergency and Obstetric surgery remains unaffected

During this week there are 109 urgent and soon cases scheduled to take place along with emergency and obstetric surgery.

#### ***i. Why have elective surgeries been cancelled /Delay/ rescheduled/ Postponed?***

Staffing levels within operating theatres are set within strict clinical parameters to ensure safe care is delivered to our patients. As the current number of staff absent fell below these parameters, a decision was taken to reduce the amount of surgery undertaken. After careful deliberation of the balance of risk, it was decided that 'Routine' elective surgery would have to be temporarily paused. We have assessed these patients using clinical case stratification (NCEPOD Category 4 - Elective), (appendix A) and determined these patients would be suitable to have their surgery rescheduled in order of need. We accept, however, that such rescheduling is very disruptive to patients, and we have contacted everyone impacted to apologise for this position.

The high level of absences are due to a variety of reasons, these being:-

### **Vacancies**

We currently have 8 Nursing/Operating Department Practitioner vacancies out of an establishment of 86. The reasons for staff leaving the organisation are as follows:

- Five staff members retired having recently reached or exceed normal retirement age.
- One member of staff has relocated to the UK for family reasons
- One member of staff gained promotion and moved internally within HCS.
- One Trainee Assistant practitioner decided to stand down from training.

There is currently an active recruitment campaign in progress with TMP, an external advertising company procured by the Government of Jersey.

### **Annual Leave**

There are currently 9 staff on annual leave which is an allocation based on the overall staffing establishment of the department. To reduce the number of staff taking leave would result in disruption of service at a later part of the year and may affect the wellbeing of staff and may further increase staff sickness/ absence.

### **Other Absences:**

- 2 members of staff isolating for 14 days having tested positive for COVID-19.
- 1 member of staff has suffered a bereavement
- 2 members of staff have had urgent surgery.
- 1 member of staff is on maternity leave
- 2 other staff are absent due to pregnancy working restrictions in line

#### ***ii. When will elective surgeries be resumed?***

Elective surgery for Urgent and Soon cases are continuing as planned. Routine surgery will be resumed once safe staffing levels are achieved. To facilitate the restarting of Routine elective surgery we are seeking 9 locum / agency staff. Additional agency staffing can be challenging to acquire at this time given the severe impact to the UK elective surgery position, and subsequent staffing demands. It is, however, envisaged that agency staff will be in place within the department and those staff absent through illness or other temporary absences will have returned to work. This will allow the Operating Theatre Department to restart all elective surgery following the routine maintenance closure on the week commencing 31<sup>st</sup> August 2021.

#### ***2. Have staff shortages impacted elective surgeries at the Jersey General Hospital since the 1<sup>st</sup> July 2021?***

Due to the staffing shortages outlined in detail in point 1. It was necessary to reschedule all Routine elective surgery from the 5<sup>th</sup> July 2021 with only urgent surgery taking place during this week. With a slightly improving staffing situation, Urgent and Soon elective surgery is taking place as from the 12<sup>th</sup> July 2021.

**3. *If yes to (2) above, please confirm how Covid-19 illness or contact tracing isolation requirements / precautions have impacted staff availability at the Jersey General Hospital since 1st July 2021.***

Currently 2 members of staff are self-isolating following being tested positive for COVID-19. Those HCS staff who have been double vaccinated and subsequently contacted traced by Public Health as being a direct contact of COVID -19 positive people are no longer expected to self-isolate, but undertake daily testing for COVID-19 - therefore minimising the impact of contact tracing.

Business continuity plans are in place across HCS and we are closely monitoring the impact of contact isolation requirements.

**4. *As part of the risk assessment for the Jersey General Hospital what, if anything, had been identified and recorded as a risk to the provision of elective surgeries?***

The current level of staff sickness / absences is unprecedented and not considered to be long term.

The current level of staff vacancies within the Operating Department is 9% of the overall staffing numbers. Although this figure is over the average turnover for HCS for the last 12 month period at 7.8%, this is considered to be an unusual and exceptionally low turnover due to the pandemic, and the inability of staff to submit applications for new posts within the NHS and elsewhere nationally and internationally. It is notable that staffing and routine elective care has been impacted in all health and care jurisdictions since the Pandemic.

***i. How were any identified risks mitigated?***

Mitigation against any further theatre cancellations is provided by the use of Locum/agency theatre staff.

In addition, staff wellbeing support has been increased as well as supporting back to work programmes being provided for those staff returning to work after an extended period of sickness.

Further and longer term mitigation is provided by a 'grow your own practitioner' initiative which was funded and commenced in 2017. Two streams of Operating Theatre training is offered on island and is open to local candidates only. The first, in partnership with Edge Hill University, is a BSc (Hons) in Operating Department Practice resulting in registration as an Operating Department Practitioner (ODP) with the Health Care Professions Council (HCPC). This qualification offers the same Terms and Conditions as a Registered Nurse. The second offer is for Theatre Assistant Practitioners which results in a foundation level degree qualification without HCPC registration. These theatre-specific career opportunities are now resulting in local people taking posts reducing the reliance on inbound / off- island staff.

Risks relating to adverse patient outcomes are mitigated by applying clinical risk stratification for all cases scheduled to ensure those cases that cannot be re-scheduled are prioritised and continue as planned.

**5. What is in place to ensure that availability to provide emergency / urgent surgery is not impacted by factors that have affected the delivery of elective surgery at Jersey General Hospital?**

The emergency, trauma, obstetric surgery service remains protected at all times throughout the 24-hour, seven-day period. Those considered clinically urgent and soon are having their surgery carried out. This position has been sustained throughout the entirety of the Pandemic.

**Appendix A**

**The National Confidential Enquiry into Patient Outcome and Deaths (NCEPOD) classification of surgical patients**

**IMMEDIATE** – Immediate life, limb or organ-saving intervention – resuscitation simultaneous with intervention. Normally within minutes of decision to operate.

Life-saving

Other e.g. limb or organ saving

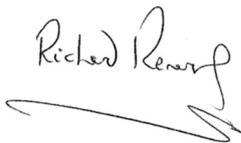
**URGENT** – Intervention for acute onset or clinical deterioration of potentially life-threatening conditions, for those conditions that may threaten the survival of limb or organ, for fixation of many fractures and for relief of pain or other distressing symptoms. Normally within hours of decision to operate.

**EXPEDITED** – Patient requiring early treatment where the condition is not an immediate threat to life, limb or organ survival. Normally within days of decision to operate.

**ELECTIVE** – Intervention planned or booked in advance of routine admission to hospital. Timing to suit patient, hospital and staff.

Whilst it is recognised that additional categories or sub-categories could be defined it is important that the classification remains as simple as possible to use.

Yours sincerely



Deputy Richard Renouf  
**Minister for Health and Social Services**