

Briefing Paper:

Our plans and aspirations for theatres and supporting services at Bronglais General Hospital (BGH)

Introduction

This briefing paper is supplementary to the SBAR submitted to Gold Command Group in April 2021, entitled “Update re development of plans capable of being implemented during 2021/22 to achieve Planned Care Recovery”.

This paper sets out our plans and aspirations for surgical services at BGH specifically, in line with the Bronglais Strategy “Delivering Excellent Rural Acute Care” and mindful of the pivotal role of BGH in the context of Mid-Wales.

Background

The BGH commitment as stated in the Board approved BGH strategy is that:

We will:

- Maximise the utilisation of BGH’s modern facilities
- Maximise the benefit of BGH’s high quality services
- Develop the range of services provided
- Extend BGH’s catchment area

So that:

- BGH becomes the provider of choice for access to specialist health care services both within the main hospital and at networked “Bronglais@” services across Mid Wales.

Following recent significant investment, Bronglais General Hospital (BGH) has excellent theatre provision. We aim to maximise the return on this investment and there is an opportunity to maximise theatre utilisation to support HDdUHB post-covid recovery. Also, we know that 35-40% of normal BGH activity services patients from South Gwynedd and Powys and there is scope to provide more services locally for this population. Contracting with our neighbouring Health Boards to provide an increased volume and range of surgical services to their populations, represents a significant potential income generation opportunity and will support the future stability and sustainability of BGH. Of course, if supported, delivery of the scheduled care and diagnostic service elements of the Clinical Strategy also stands to contribute significantly to the financial recovery of HDUHB.

Outpatient Care

There are currently 8 outpatient consulting rooms on the BGH site. Our Covid experience has successfully accelerated the adoption of virtual clinics and we believe there is further scope to deliver more follow-up activity by phone or video consultation. This will release capacity on-site for new patients who need to be seen face to face. We will also consider what outpatient activity can be delivered from the Aberystwyth Wellness Centre and other community settings, including

expansion of the existing outreach model where our consultants attend locations in both Powys and South Gwynedd.

Endoscopy

The current unit at BGH has just one scoping room. There is potential to expand the footprint to create a 2-roomed facility. This would require a Capital investment with additional staffing and operators. We will look flexibly at staffing and consider opportunities around roles such as Nurse Endoscopists.

The additional capacity created would service additional activity for diagnostic procedures for the population of Mid Wales, including the ability for Bowel Screening Wales to increase its lists in the area.

BGH is a constrained site and we are working on creative solutions to several issues that will move us closer to the BGH strategy vision. We want to explore the feasibility and cost vs benefit of creating a new clinical floor above Front of House. This would involve relocation of the plant (which is due for replacement in coming years) to the current roof and cover with "tin hat". The new clinical floor could be created in the former plant area. This solution unlocks options for extending the clinical service footprint on site, potentially relocating Endoscopy and creating a larger unit in a new location. The release of the current Endoscopy footprint would, in turn, allow consideration to be given to expansion of the ITU facility on the site.

Critical Care

BGH has an Intensive Therapy Unit with 5 bed spaces. Current funding allows for the opening of 3 of those beds for Level 3 patient based on 1:1 nursing basis. This funded staff base for the 3 level 3 patients can be converted to support a combination of level 3 (1:1) and Level 2 (1:2) patients e.g. 2 x Level 3 and 2 x Level 2 = 4 beds or 1 x Level 3 and 4 x Level 2 = 5 beds.

The planned increase in the scope and volume of surgical activity delivered at BGH will likely necessitate an increase in ITU provision. As mentioned above the release of the current endoscopy footprint would allow the current ITU to be expanded. Alternatively, there will be options if the Front of House plant area development is taken forward. In the interim and with the aim of utilising on site HDU capacity more efficiently, the site team have already established a Level 2 Post Anaesthetic Care Unit model within the ward which is supporting the green surgical pathway. This is enabling effective post op recovery for our newly re-established Colorectal Cancer Surgery service.

Theatres

During the closure for refurbishment of the two operating theatres on level 7 between 2016 and 2019, BGH ran a reduced sessional template. We have a 4-Phased plan to return to the pre-2016 session template and then to expand the service. The detail of the plan is appended to this paper, high level summary is as follows.

Phase 1: Session Upgrade

Conversion of 2 current Ophthalmology sessions from IVT to Cataract.

Approximate cost: £31.4K

Phase 2: Scheduled Care - Return to pre-2-16 session template

Reintroduction of 9 sessions across Orthopaedics, Cataract, Gynaecology, General Surgery and Urology.

Approximate cost:

- Pay Costs: £314.4K
- Non-pay £180 funding variant from 2017-18 budget.

Phase 3: Scheduled Care – Service Expansion

Additional 4.5 sessions in Ophthalmology and Trauma

Approximate cost:

- Pay Costs: £118.9K
- Non-pay costs £60k investment, mainly in Ophthalmology

Phase 4: Service Expansion

Additional 5.5 sessions to be used to service additional contracted activity for Powys and Betsi Cadwaladr.

Approximate cost:

- Pay Costs: £219.4K
- Non-pay investment which will be specialty dependant and will be mitigated by the income generation.

Full realisation of our ambitions for BGH will require a significant programme of recruitment and will need to be supported by Workforce colleagues. We are about to launch a BGH specific recruitment campaign which will showcase our facilities and enviable location. Service expansion as we move towards delivering the BGH strategy makes our services a more attractive prospect and should aid recruitment.

In addition, we are constantly looking at ways to maximise the clinical value of the BGH site and we are working towards developing a general procedures room in Radiology. This will enable cardiology (pacing) and endoscopy (ERCPs) to move out of theatres and release circa 3 theatre sessions per week.

Conclusion

We have a significant opportunity through the phased expansion of BGH Scheduled Care services to firstly, play a part in Hywel Dda's own post-Covid recovery and secondly to fulfil the commitment of the BGH strategy, providing local care and treatment for the people of Mid Wales.

APPENDIX: Theatre Services – BGH

Situation:

The two Operating Theatres on Level 7 in Bronglais underwent extensive refurbishment between 2016 and 2019. There was always an intention to return to pre-June 2016 session working. However, a grievance process which lead into a staffing restructure, to include night duty, re-appointed the Theatre staff funding. This precluded the ability for an automatic return to previous session template.

Background:

Prior to the level 7 Theatre closure in June 2016, the funded Theatre session template was:

<u>Funded session commitment until June 2016</u>			31.5 @ General Anaesthesia 6.5 @ Local Anaesthesia*
Number of sessions	9	NCEPOD	
	8	Orthopaedic	
	8.5	General Surgery	
	2	Urology	
	4	Gynaecology	
	6.5	Ophthalmology*	
	38	Commitment: NCEPOD x 9 sessions, 29 x Elective sessions	

During the Level 7 Theatre closure Theatre Services ran from DSU 1, 2 and 3, from June 2016 until April 2019, and Sessions were reduced to:

<u>Funded session commitment from June 2016 to April 2019</u>			25 @ General Anaesthesia 5 @ Local Anaesthesia*
Number of sessions	10	NCEPOD	
	5	Orthopaedic	
	5.5	General Surgery	
	1	Urology	
	3.5	Gynaecology	
	5	Ophthalmology*	
	30	Current commitment: NCEPOD x 10 session; 20 x Elective sessions;	

Cardiology requested and were assigned a weekly session in DSU in May 2019, taking the session commitment to 31.

Anaesthetic and Surgeon funding remain at pre-June 2016 levels; with vacancy position and current requirement fully considered prior to going to advert.

Assessment:

In order to move Theatres sessions back to the pre June 2016 levels, and to address assessed expansion for Ophthalmology and Trauma; a full assessment of staffing has been completed and costed. This will be through a phased approach:

BGH Theatres - Current funding		Sessions	31	Theatre Staff FTE	50.47	Anaesthetic Sessions	144.5	
				Theatre staff FTE - mixed skill and grade	Assessed approximate cost (K)	Anaesthetic Sessions	Assessed cost	Non Pay
Phase 1	Session upgrade	*	Ophthalmology - convert 2 current sessions from IVT to Cataract	0.86	31.4	0	0	0
Phase 2	Scheduled Care - return to Pre June 2016 session template	3	Orthopaedic	8.44	314.4	0	0	Need to replace 180K funding variant from 2017-2018 non pay budget
		1	Cataract					
		0.5	Gynaecology					
		3.5	General Surgery					
		1	Urology					
		9						
Phase 3	Scheduled Care - Service expansion	3.5	Ophthalmology	3.86	118.9	2.5	TBC	60K - mostly Ophthalmology
		1	TRAUMA					
		4.5						
Phase 4	Service expansion	5.5	6 x week 1; 5 x week 2	6.32	219.4	7	TBC	Would be specialty dependent
	TOTAL SESSIONS	50		19.48	684.1	9.5	TBC	TBC
				FTE	££	Sessions	££	££

Phase 1, 2 and 3 address the plan to manage the requirement of returning BGH Theatre session template to pre-June 2016 numbers and to meet the service change and expansion planning associated with assessed patient need. Appropriate funding followed by recruitment would be required.

Phase 4 is the number of sessions which will NOT have any Scheduled Care Hywel Dda workload specific commitments, but which would be available subject to appropriate recurrent pay and non-pay funding followed by related recruitment.

Recommendation:

This is an overview of the Schedule Care plan for Theatres session recovery for Bronglais; detailed information can be found in the SBAR and paper submitted in April 2021.