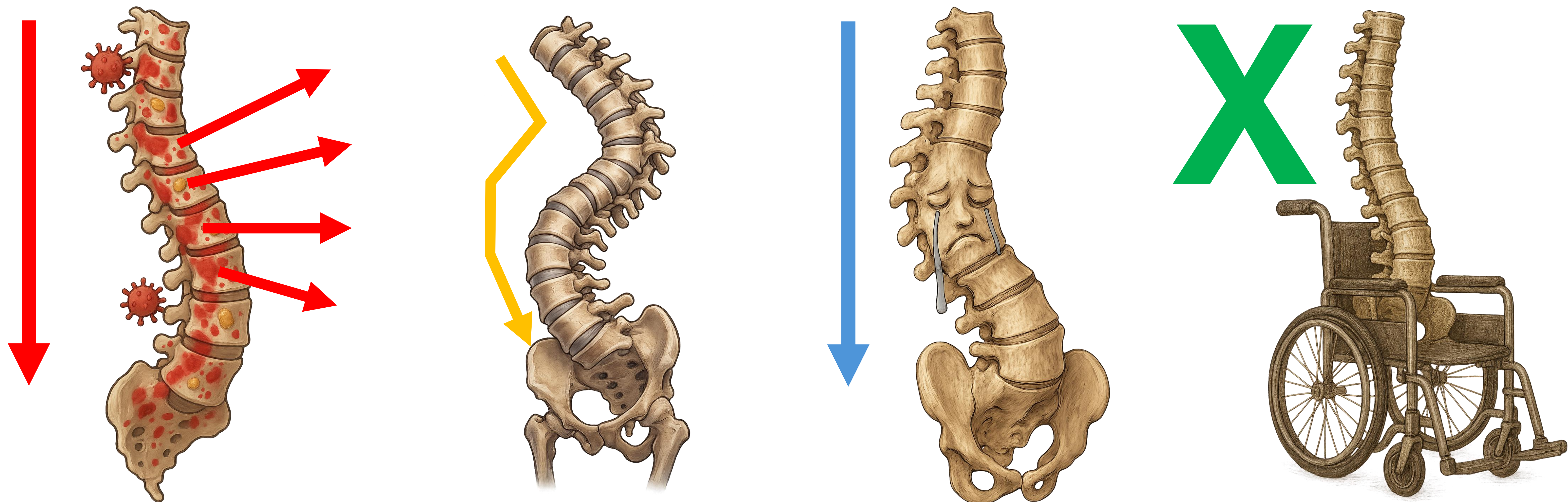




# South Wales Spinal Network: Creating The Spinal Infection Guidelines (CG07) A Compassionate And Collective Approach: *“There Is NO Compassionate Spinal Infection”*

Spinal Infection: Spreads unchecked and its scale worsens, it causes deformity, emotional distress and harm ...



## THE FOUR COMPASSIONATE PILLARS OF SPINAL INFECTION

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| <p><b>Attending:</b> being present, listening fully, noticing distress or risk to patients</p> <p>The clinicians fail to identify infection or red flags, arrange an MRI, diagnose the infection, and identify neurological decline</p> <p>Examples:</p> <p>A NEWS2 score is missed</p> <p>A patient with nocturnal back pain isn't heard properly</p> <p>ED or primary care are too stretched to recognise patterns</p> <p><b>Current system is septic</b></p> <p>The Guidelines: create clear triggers (e.g., MRI ≤4 hours, red-flag algorithm), reduce variation and ensure patients are seen and managed appropriately</p> | <p><b>Understanding:</b> exploring context, causes, systems, pressures</p> <p>There is siloed working, inconsistent referral routes, gaps in Health Board provisions, and uncertainty over responsibilities</p> <p>Examples:</p> <p>Primary care unsure when or where to refer</p> <p>Delayed microbiology or infectious disease involvement</p> <p>Inconsistent MRI / biopsy timing</p> <p><b>Current system is deformed</b></p> <p>The Guidelines: unify all pathways, clarify roles (primary care, radiology, medical, surgical, micro, infectious disease), and eliminate ambiguity</p> | <p><b>Empathising:</b> feeling with others, valuing emotional experience</p> <p>There is a lack of empathy - clinicians feel alone, unsupported, fearful of missing infection, and exposed to risk</p> <p>Examples:</p> <p>Juniors afraid to escalate</p> <p>ED staff feel blamed for delays caused by system gaps</p> <p>Surgeons and radiologists frustrated by unclear processes</p> <p><b>Current system is crying</b></p> <p>The Guidelines: create psychological safety, shared ownership, transparent processes, and remove blame by embedding a collective system</p> | <p><b>Helping:</b> taking action that genuinely improves the situation</p> <p>With no system change: continued delays, recurrent cases of sepsis, deterioration, and inequity across South Wales</p> <p>Examples:</p> <p>Reactive instead of proactive responses</p> <p>Audit cycles not closed</p> <p>No standardised escalation plan for patients</p> <p><b>Current system is paralysed</b></p> <p>The Guidelines: are the help! Practical, actionable, evidence-based behaviours / processes that improve safety, reduce delays, and support clinicians</p> |
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**Why?** – There is a large variation in spinal infection care across South Wales. There are delays in MRI access and inconsistent referral pathways. It is morally distressing for clinicians and there is risk of patient harm. There is a need for shared standards, shared language, and shared purpose. Compassionate leadership is required to reduce unwarranted variation.

**How?** – **1. Building the collective** – multidisciplinary meetings were held across South Wales. Psychological safety was emphasised in the meetings (“every voice counts”). Appreciative inquiry sessions were used to identify what worked well. The guidelines and pathway were co-designed rather than imposing them. **2. The guidelines were created** - over 70 evidence sources were collated. Standardised MRI timelines, biopsy steps, antimicrobial strategy were agreed. Clear responsibilities across primary → secondary → tertiary care were defined. **3. Spread and scale** – plans to educate and disseminate information once finalised: visual flow diagrams, laminated cards, VSIC integration, induction training, in-situ simulation, MDT update days, and audit dashboard (MRI ≤4h, ASIA charting, biopsy timing). Use the South Wales Spinal Network as a platform for collective action.

**So What?** – **1. Patient outcomes** - faster MRI access, earlier diagnosis, reduced neurological deterioration, clear escalation pathways, fewer unnecessary empiric antibiotics. **2. Workforce outcomes** - reduced cognitive load (clearer triage), lower staff anxiety, elevate staff confidence, and reduce moral distress. **3. System outcomes** - regional consistency across the Health Boards, embedded audit cycles, a sustainable and scalable pathway!

**There is NO compassionate spinal infection – only compassionate systems to prevent harm.**

References:

1. ChatGPT was used to generate the spinal images (QR Code to prompts)
2. South Wales Spinal Network (QR code to Sharepoint NHS webpage)
3. Michael A West: Compassionate Leadership: Sustaining Wisdom, Humanity and Health And Social Care. The Swirling Leaf Press 2021



GIG  
CYMRU  
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WALES

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