The Editors welcome topical correspondence from readers relating to articles published in the Journal. Letters should be submitted electronically via the BJS submission site (mc.manuscriptcentral.com/bjs). All correspondence will be reviewed and, if approved, appear in the Journal. Correspondence must be no more than 300 words in length.

Understanding risks, mitigation and innovation for surgery in a COVID-19 world

Editor

COVID-19 presents an unquantified risk for operating theatre teams, and surgeons have some of the highest mortality rates for healthcare staff exposed to the virus. It is unclear how teams should function, how risk is distributed by specialty, procedure and technology, and how risk is mitigated. What is clear, however, is that in these situations, surgeons and teams are often creative and innovative.

It is well recognized that innovation can occur during adversity¹. Sharing good ideas and lessons learnt from novel solutions to overcome risk will disseminate good practice. Currently, guidelines are emerging that are valuable². We propose that qualitative interviews about these complex situations will provide important and rich insights into surgical teams' experiences of current practices³. This will complement and add to the evolving guidance.

We are undertaking a focused and dynamic qualitative project to understand current experiences in the National Health Service (NHS) as they evolve, and the international response by surgical teams, with the aim of improving outcomes for staff and patients. We will conduct 'virtual interviews' with a multidisciplinary cohort of surgeons, theatre nurses, operating department practitioners and anaesthetists. This will take the form of semi-structured interviews to explore experiences, perceptions of risk and responses/ innovations to reduce risk. These valuable discussions will generate themes around the main challenges, concerns and potential solutions. The international theatre team response will be particularly important in identifying how 'best practice' has evolved outside the UK, particularly in those nations 'ahead of the curve'. We will also generate hypotheses to be tested by high impact, targeted follow-on interventional research.

The work will be led by the Surgical Innovation Theme of the Bristol National Institute for Health Research Biomedical Research Centre (NIHR BRC) in collaboration with the NIHR Academy Incubator for Robotic and Minimally Invasive Surgery, the NIHR Surgical MedTech Co-operative, and the Royal College of Surgeons of England. It will collaborate with other groups (for example Operation COVID) to share findings and optimize emerging guidance in real-time.

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