



Deep Dive: Emergency General Surgery

Introduction



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The purpose of this report is to provide the Quality, Safety and Experience Committee with an understanding of the impact of the fragility on current service provision, incidents, complaints, patients experience and risks and understand how these are being managed and how the out of hours surgical service is being maintained and risks mitigated, whilst the outcome of the Clinical Services Plan is awaited.

The service is providing an update on the management of the Emergency General Surgery (EGS) rota for Glangwili and Withybush Hospitals and the developments since the issue was initially highlighted in November 2022.

Situation – Current Rota Position



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Glangwili Out of Hours, (OOH) Emergency General Surgery (EGS) consultant rota	
Rota Frequency	1:8
Current Position	4.5 substantive consultants covering the rota (0.5 covers weekdays only, no weekends)
	3 Locum Consultants – 2 of these are long term NHS, 1 is a recently appointed Locum Consultant fixed term for 1 year, the substantive Consultant post (colorectal) will be advertised January 2026.
	0.5 gap which is covered by internal Consultants as ADH within card rate.
Withybush Out of Hours, (OOH) Emergency General Surgery (EGS) consultant rota	
Rota Frequency	1:4
Current Position	2 Substantive Consultants covering the rota
	2 NHS Locum Consultants covering the rota, both fixed term (1 upgraded Internal Associate Specialist and 1 NHS Locum Consultant)
	The NHS locum consultant has submitted their resignation, and will finish on 25/09/2025, the service has submitted an AG1 to request Medacs agency locum cover, whilst substantive recruitment takes place.

Situation



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In the interest of medical workforce stabilisation, the service advertised three substantive Upper Gastrointestinal (Gi) consultant Posts, 1 at Glangwili Hospital (GGH) and two at Withybush (WGH) to replace the current Locum Consultants. Interviews took place on 02 September 2025. An AAC decision was made to recruit substantively to GGH and to offer 1 substantive and 1 locum consultant for WGH, after interview. To date, the GGH appointee and the locum consultant for WGH have accepted the posts, the third candidate needs time to consider accepting the post.

The high turnover of agency and locum consultants, particularly at WGH, has had an impact on training continuity of resident doctors and the team dynamics in the department. This became evident during a Health Education Improvement Wales (HEIW) targeted visit in April 2025, which was arranged in response to concerns raised by trainees relating to the quality of education provided, as part of the 2024 National Training Survey. There were positive comments and areas of concern, the key themes of concern were behaviour of senior clinicians, distribution of the workload and bedside training opportunities. An action plan was provided with 20 actions and a group was set up to work on the action plan. 19 of the actions are complete with 1 action in progress, which relates to workshops being set up for the team, one of which has taken place on 05/09/2025. A further targeted visit is arranged for 29/10/2025, to review the success of the actions.

In context, it is a challenge to maintain consultant on-call rotas for EGS on all three sites, with rotas at GGH and WGH in an unsustainable position. There is a risk of being unable to provide consultant-led out of hours EGS services on each site. There is also a fragility at WGH, with no Upper GI services on the site. This means that some patients are already being transferred to GGH for treatment, which has increased the workload on this site.

Background



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- The service has advertised on several occasions for both substantive and for NHS locum consultant cover. Below is the timeline for recruitment.

September 2022	Locum Consultant – WGH	1 successful candidate who left after 6 weeks
January 2023	Substantive Consultant x 2 – WGH	No suitable candidates shortlisted
September 2023	Locum Consultant – WGH	Upgraded substantive associate specialist at WGH, who is still in the locum consultant post. Was appointed fixed term for 1 year and has been extended
September 2024	Locum Upper GI Consultant – GGH	Appointed – still in post
January 2025	Locum Consultant – WGH	Recruited – locum consultant has now given notice and will leave in September 2025
August 2025	Locum Colorectal Consultant – GGH	Appointed – still in post
September 2025	Substantive Upper GI consultant x3 1 for GGH, 2 for WGH	Appointed the locum upper GI consultant at GGH to the GGH post. Appointed 2 external candidates for WGH, 1 substantively and 1 as a locum

Consultants felt that the failure to recruit to substantive consultant posts was due to the geography of the area and the frequency of the on-call rotas. It was felt that amalgamating the rotas at GGH and WGH would be beneficial and result in a more attractive rota frequency in line with other EGS rotas across Health Board's in Wales.

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Between May and November 2023 an interim model was put in place for the Out of Hours (OOH) on call at WGH whereby the patients requiring surgery were transferred from WGH to BGH or GGH on alternating weeks. There were concerns amongst the consultants with this model, in particular relating to delays in Welsh Ambulance Service Trust (WAST) transport and senior decision making from a distance. There were delays in patient transfers and Datix incidents reported, which resulted in the cease of this model.

Delay in patient transfer data

Whilst the interim model was in place, a total number of 11 patients required transfer from WGH on this pathway. From consultant feedback, we are aware of 5 occasions where transfers from WGH took a number of hours:

Site	Month	Number of patients	Details of delay
BGH	June 2023	1	6 hours
GGH	July 2023	1	8 hours
BGH	September 2023	2	6 hours 8 hours
BGH	August 2023	1	2.5 hours

Reported Incidents

The service were made aware of 2 reported incidents that relates to the EGS interim model.

ID43347 – Patient not accepted by receiving consultant on-call at GGH.

HDD40373 – Delayed transfer from WGH to BGH with use of Emergency Transfer and retrieval service, patient subsequently passed away.

The service has not been made aware of any complaints or patient feedback relating to the fragility of the general surgery consultant on-call rotas.

Concerns regarding the delays in patient transfers were raised in writing by the BGH consultants. Following this, a decision was made to revert to the on-call rota at each site. An agreement was made by the WGH consultants to return to a 24/7 service on a 1:4 on-call rota.

The service has reviewed the outcomes of Ombudsman investigations from June 2022 to present. The investigations which have outcomes relate to episodes of care prior to June 2022. There is an ongoing Ombudsman investigation, Datix 15777, which relates to miscommunication and disconnection between WGH and GGH in regard to upper GI referrals.

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The fragility of the consultant on-call rotas at GGH and WGH has been on the Corporate Risk Register since November 2022, the risk reference is 1531. The current risk score is 15. The risk score was reduced from 20, after the appointment of the NHS locum consultant at WGH, where the 1:4, 24/7 on-call rota was being maintained without the need for Medacs agency locum provision. The control measures in place are mitigating the risk, however there will be a gap in controls, when the NHS locum consultant terminates on 25/09/2025, there will need to be a reliance on Medacs locum cover until the upper GI consultants are on boarded.

The EGS is part of the Health Board's Clinical Services Plan (CSP), with all options focusing on the consultant on-call rotas at GGH and WGH, there are no planned changes to the EGS service at BGH.

There is also no emergency Upper GI service available at WGH, due to no consultants with a sub-specialty interest in upper GI being present on the WGH rota. The consultants feel that this issue should be resolved in parallel to the on-call rotas. The lack of Upper GI service at WGH is on the operational risk register as risk 2067. The current risk score is 16. There are clinical pathways in place to mitigate this risk, the service has also recruited upper GI consultants for GGH and WGH.

In May 2023, the General Surgery service in Hywel Dda was subject to a GIRFT (Getting it Right First Time) inspection, 22 recommendations were issued from the report, which are all now complete. The 5 recommendations below are relating to Emergency General Surgery. The GIRFT report acknowledged that the current model of 3 emergency general surgery on-call rotas across the health board is unsustainable.

5	WGH to review emergency appendicectomy minimal access rates and develop an improvement strategy.	22/08/2024 - Audits are undertaken at the local site and will be ongoing. Audit findings are presented at the quarterly Health Board Wide General Surgery business meeting, which are recorded.
6	GGH to review emergency readmission within 30 days following emergency appendicectomy and develop an improvement strategy.	10/10/2024 - Confirmation in Health Board Wide General Surgery Business meeting that the BGH audits are now taking place. Data is being collected and there is an agreement for this to be presented in the meeting in January 2025.
7	BGH to review their Emergency laparotomy pathway in order to improve length of stay rates.	22/08/2024 - Audits are undertaken at the local site and will be ongoing. Audit findings are presented at the quarterly Health Board Wide General Surgery business meeting, which are recorded.
8	HB to review the care of patients having emergency laparotomy at WGH at this site is an outlier on the NELA data with an extremely high 30-day mortality rate	22/08/2024 - Audits are undertaken at the local site and will be ongoing. Audit findings are presented at the quarterly Health Board Wide General Surgery business meeting, which are recorded.
9	HB should develop plans to implement and staff dedicated surgical SDEC on is acute sites	29/01/2025 - Surgical SDEC in place in GGH with plans to further develop and expand this model. Part of the annual plan. Surgical SDEC in place in WGH and part of ward 4.

Key lines of enquiry and any benchmarking comparisons

In comparison to other health boards in Wales, three of which have a centralised model for EGS, with emergency surgical units providing a service to a population of approximately 500,000. This creates better training centres which attract more surgical trainees. These health boards can run 1:16 emergency general surgery rotas which would be more attractive to potential candidates when recruiting into vacancies. There is a further health board, Cwm Taf Morgannwg, that are currently exploring the options to reduce the out of hours on call surgical service from 3 to 2 sites. Another health board, Betws Cadwaladr (BCU) have emergency on call services across three sites, due to the population of circa 720,000 which is almost double Hywel Dda's population. The GIRFT report acknowledged that EGS on-call rotas are in place across 3 sites in Hywel Dda health board, and that they are all low volume and the frequency of the on-call rotas are high in comparison with other health providers in England and Wales.

Whilst the outcome of the CSP is awaited, and following an extraordinary meeting in March 2025, the service has been advised to maintain and strengthen the current rota provision by replacing the 2 NHS locum consultants at WGH with 2 substantive upper GI consultants, and fill 2 gaps in GGH with 1 substantive upper GI consultant and 1 NHS locum lower GI consultant, advertising substantively in parallel to this. This plan addresses the fragility of the rotas and the absence of an upper GI service on the WGH site and would provide a sustainable and equitable service.

Actions for improvement

- ❑ The service management team continually maintain both rotas, to ensure that there is no gap in the service.
- ❑ On board the 3 x Upper GI consultants following the interviews on 02/09/2025.
- ❑ Gain approval for Medacs locum cover at WGH, in readiness for the termination of the NHS locum consultant on 25/09/2025 and whilst awaiting the on boarding of the upper GI consultants.
- ❑ Continually review the upper GI pathways, this is led by the consultant surgeons.
- ❑ If there is a failure to recruit substantively to all posts, the service would continue to be reliant on NHS locum consultants until a decision is made regarding amalgamation of the on-call rotas for GGH and WGH.



Conclusion



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- The service will continue to maintain two surgical consultant on-call rotas at GGH and WGH whilst awaiting the outcome of the CSP. This will be done, either by recruiting substantively or continuing to utilise NHS locum consultants. Rotas are monitored daily by the service management team, incidents and concerns are escalated to the clinical lead and clinical director.
- Any Questions?



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The Duty of Candour

Openness and honesty should be at the heart of every relationship between those providing treatment and care and those experiencing it.



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

The six domains of quality



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Safe

Our health care system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again. People's health, safety and welfare are actively promoted and protected; risks are identified and monitored, where possible, risks to safety are reduced or prevented and this is delivered by appropriate numbers of suitably skilled workforce



Effeithlon
Efficient

Our health care system takes a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We make the most effective use of resources to achieve best value in an efficient way. We only do what is needed and undertake treatments targeted at those likely to gain the most benefit, ensuring any interventions represent the best value that will improve outcomes for people.



Amserol
Timely

Our health care system ensures people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time. We care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority



Teg
Equitable

Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life which does not vary in quality because of personal characteristics such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation; the organisation that provides care; or location where care is delivered. We embed equality and human rights in our health care system and promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.



Effeithiol
Effective

Our health care system ensures decision-making, care and treatment reflects evidence-based best practice, to ensure that people receive the right care to achieve the optimal outcomes possible for them and that matter to them. We design transformative, evidenced-based, whole-of-life pathways that cover prevention, care and treatment, rehabilitation and embed these into local service delivery.



Person ganolog
person centred

Our health care system meets people's needs and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce. We care about the well-being of individuals, their families, carers and our staff. We ensure that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity and human rights. We are committed to working better together to put people and their families at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience.