



Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	08 August 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Collapse of the general surgery consultant on-call rota at Withybush Hospital
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Ken Harries, Clinical Director, Scheduled Care Stephanie Hire, General Manager, Scheduled Care

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

Since the 30 April 2023, the General Surgical Clinical team has been unable to sustain a 24/7 consultant on-call cover at Withybush Hospital (WGH) due to staffing vacancies and staff absences. The Surgical consultants at Bronglais Hospital (BGH) and Glangwili Hospital (GGH) have agreed to take on the out-of-hours surgical responsibility for WGH patients on a planned rota basis.

The purpose of this report is to provide assurance to the Committee that the risks associated with the collapse of the on-call surgical rota in WGH as described has appropriate mitigating actions and monitoring.

Cefndir / Background

The 24/7 consultant on-call general surgery rota became unsustainable in April 2023 which presented a significant service quality and governance risk. Of particular concern was the potential negative impact on patient outcomes, patient experience and the risk of causing harm. The service has formally recorded the risk on the Planned Care Risk Register.

The current rota for general surgery is a 1:3 rota covering Monday – Friday and is made up of the following establishment:

- 1 x Substantive Consultant undertakes the 1:3
- 1 x Substantive Consultant undertakes a 1:4 (due to RTW)
- 1 x Substantive Consultant not on the rota
- 1 x Medacs Locum Consultant covering all the Gaps

There are no anticipated plans for the 2 substantive consultants to return to the rota in the short/medium term, and attempts to recruit into the vacant posts have been unsuccessful.

Due to reliance on expensive temporary locum cover, alongside internal solutions from within the wider Hywel Dda consultant workforce, the pay position within the WGH General Surgery budget significantly deteriorated. This is evidenced by a recurrent monthly overspend since July 2022.

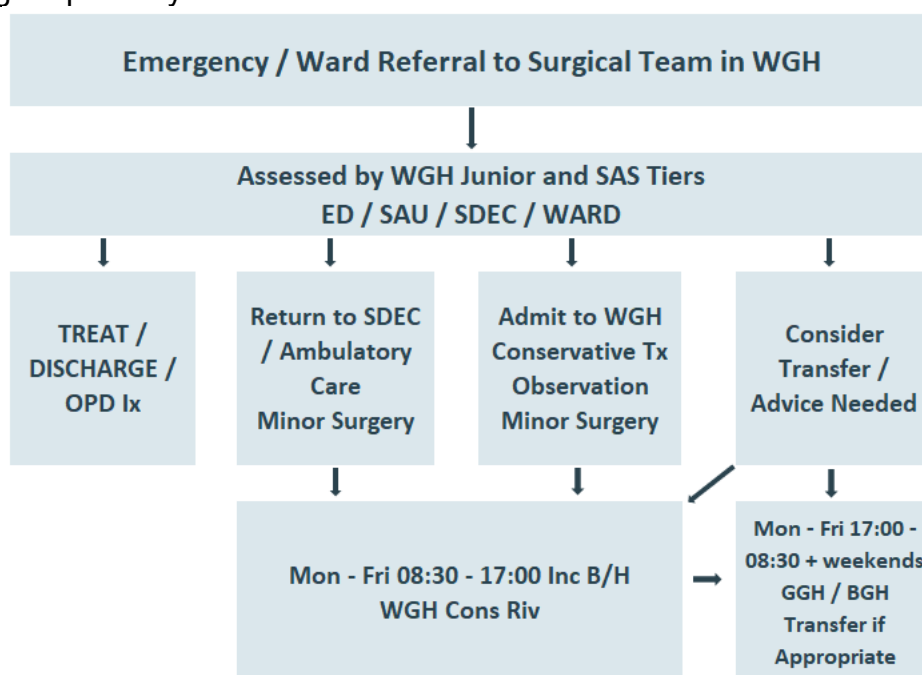
The cost of covering the on-call for the 3 consultant has ranged from £24k up to £68k per month, which equates to an average of £34k over the period of M05-M10. The cover of the 1 gap on the Speciality Doctor rota at an additional cost of £10k per month.

The general surgery consultants in GGH are currently providing an on-call rota on a 1:8 rotation, which is managed by the 7 consultants in post. The deficit is covered by internal locums. Succession planning is required to secure the future of this provision.

Asesiad / Assessment

Since 1 May 2023, out of hours consultant cover for general surgery has been facilitated by consultants at GGH and BGH. During the out of hours periods, the consultant teams at GGH/BGH provide remote support and advice to the SAS tier of surgical doctors at WGH, who continue to provide 24/7 emergency surgical cover for patients at the hospital. In hours, WGH consultants provide supervisory cover for admissions requiring conservative treatment or minor surgical procedures, much of which will be delivered by the SAS team. Out of hours advice and major surgery is provided by the on-call teams in GGH or BGH. The emergency referral route in WGH for General Practitioners (GPs) and Welsh Ambulance Service Trust (WAST) has not changed, and any patients referred (via general practice or the emergency department) are reviewed by the SAS surgical doctors. The pathway is demonstrated in Figure 1.

Figure 1: Surgical pathway



The Surgical consultants at BGH and GGH have supported the out-of-hours surgical responsibility for WGH patients on a planned rota basis since April 2023. In the event of patients requiring complex / major surgery, the SAS on-call doctor at WGH contacts the named consultant on-call at GGH/WGH as applicable for advice. If transfer of patients is required, surgical bed capacity on the accepting site will be prioritised to mitigate the risk of delayed transfer for surgical patients. The WGH site management team are aware of the importance of prioritising repatriation of the patients treated via this pathway.

The responsibilities of the surgical teams in WGH and the accepting hospitals is outlined below.

WGH Consultant Cover/ Rota (1 May 2023)

- 1 in 3 rota
- Office hours- 08:30 to 17:00 Monday to Friday
All patients admitted during these times will remain under the WGH Consultants name and they will remain responsible for the patients care

Ensure that all patients are on the handover sheet (on the shared drive)

WGH Consultant Activity

- Daily ward round of previous 24 hours admissions
- Review of In-patient referrals
- Supervision of SAS doctors in theatre
- Hot clinics: Face to face or virtual
- Emergency procedures for theatre at WGH
- Consultant Connect to provide support to Primary care
- If at 5pm there is an issue with a patient the WGH on Call Consultant must contact the Consultant who is covering the on call that night to ensure that they are aware

WGH SAS level / Junior Cover

Junior and SAS level doctor cover remains unchanged

- Daytime- F1/ Senior House Officer (SHO) Resident, SAS level doctor Non-resident
- Night time- Head of Nursing Team, SAS doctor Non- resident

GGH/ BGH Cover 5pm – 8.30am Monday to Thursday, Weekends 5pm Friday – 8.30am Monday

- GGH/ BGH to provide out of hours consultant support to WGH GS SAS doctors
- Cover will be provided at GGH (2 in 3 weeks) BGH (1 in 3 weeks)
- Transfer of patients to GGH or BGH based on rota, prior to any patient being transferred the SAS GS doctor at WGH must discuss with the on call Consultant (BGH/GGH)
- Weekend ward rounds must take place by the SAS level Doctor at WGH at 9am
- Weekends at 11am a team's meeting and any new patients admitted after 11am will be discussed with the on call Consultant as appropriate.
- For all patients that require emergency surgery at WGH should be discussed and agreed with the on call Consultant
- Any concerns or unexpected deterioration of patients must be communicated to the on call Consultant

Transfer data

To date (1 May 2023- 18 July 2023) a total number of 5 patients have required transfer on this pathway, on 6 occasions. There is one patient who was transferred on two separate occasions. The breakdown is as follows:

Transfers to BGH: 3 transfers for 2 patients

- weekend of 10 and 11 June
- weekend of 17 and 18 June
- weekend of 17 and 18 June

GGH:

- 3 transfers

Adverse incidents

In June 2023, an Incident Management Group (IMG) was convened to explore the circumstances relating to one patient transfer.

The details of the incident as reported on Datix are as follows:

Transfer requested for patient to be moved from Withybush to Bronglais for surgical intervention (laparotomy for anastomotic leak). Limited ongoing cardiovascular support (phenylephrine running). Emergency Medical Retrieval & Transfer Service requested to undertake a transfer for urgent escalation of care.

Primary concerns:

Use of Emergency Medical Retrieval & Transfer Service team (only critical care team available overnight) to facilitate transfer of a patients with limited ongoing critical care management requirement (only intervention a phenylephrine infusion).

Exposure of patient to the risk of an air transfer due to distance involved when there was potential for a much shorter transfer (to Glangwili)

Significant delay in patient receiving time critical intervention despite involvement of Emergency Medical Retrieval & Transfer Service (left Withybush 03:33, arrived Bronglais 05:07)

Reportedly (by Emergency Medical Retrieval & Transfer Service follow up notes) not in theatre until 10:30 on 18/6/23 – unable to corroborate time to theatre at time of filling this incident report

The convened IMG is active, albeit in the early stages of review. While the investigation is ongoing, there is no update to share at this point. The QAS team are leading the incident review and are in the process of drafting the Terms of Reference.

Recruitment position

Active recruitment attempts have been ongoing with a recent advert for a substantive post, however no suitable applications were made. Following this, an advert was made for a locum consultant post, and two candidates were recruited. Unfortunately, one candidate has since withdrawn from the post. The other candidate is going through recruitment process and is expected to be in post by the 4 September.

Argymhelliad / Recommendation

The Committee are asked to consider the information provided in the report. The information is provided for assurance that mitigation was implemented to support the unsustainability of the WGH general surgery on-call rota from April 2023 and the arrangements remain in place. As detailed in the report, there has been one reported concern, for which an investigation is underway. The governance and monitoring arrangements remain in place while attempts are made to recruit into the vacant posts.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

3.9 Provide assurance to the Board that current and emerging clinical risks are identified and robust management plans are in place and any learning from

	concerns is applied to these risks as part of this management.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1531 – (General Surgery) inability to safely support on call rota at WGH and GGH. Current Score 20.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 3. Effective
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems perspective 3. Data to knowledge 1. Leadership
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	1a Recruitment plan 4a Planned Care and Cancer Recovery 6a Clinical services plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	
Rhestr Termiau: Glossary of Terms:	
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	WGH Urgent Planning Group

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
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Ansawdd / Gofal Claf: Quality / Patient Care:	Reflected in paper
Gweithlu: Workforce:	Reflected in paper
Risg: Risk:	As reflected in Risk Register Reference 1531.
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Potential for political or media interest or public opposition mitigated by impact of protocols in place.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable