



**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 March 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Emergency General Surgery
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Executive 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)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This paper outlines the proposed contingency model to mitigate the risks of the increasing fragility of the Withybush Hospital General Surgery emergency consultant on call rota due to the combined impact of vacancies and long-term sickness/absence, with staffing cover solutions proving to be increasingly difficult to source and maintain. The General Surgery teams across Pembrokeshire and Carmarthenshire are concerned that the 24/7 consultant on-call rota will become unsustainable from April 2023 and, as such, presents a significant governance and service quality risk, with the potential for impaired patient experience resulting in reduced patient outcomes and risk of harm. This service risk is reflected on the Planned Care Risk Register, with a current risk score of 20.

Cefndir / Background

The Withybush Hospital General Surgery Consultant on call rota is a 1:5. The rota currently comprises:

- 1 Substantive Consultant working full time on the on-call rota
- 2 Substantive Consultants on reduced duties not on the on-call rota
- 1 Locum Consultant who is due to retire on 31 March 2023 – on the on-call rota
- 1 Agency Consultant who is currently covering the vacancy of a Substantive Consultant

There are currently 3 gaps on the rota. Currently, there is no anticipated plan for the 2 substantive consultants to return to the rota in the short/medium term. The Directorate continues to have a rolling advertising campaign and is currently advertising 2 substantive consultant posts and 1 interim locum post and continues to work with agency and internal cover from General Surgery teams at Glangwili General Hospital (GGH) and Bronglais General Hospital (BGH).

The Clinical Team does not consider this to be a sustainable solution beyond April 2023. The Consultant rota is supported by a 24/7 Speciality Doctor rota (Specialty and Associate Staff

(SAS) level), this is a 1:5 rota and there is currently 1 gap, which is covered by internal locums. The sustainability of the SAS doctor rota is not currently viewed as an immediate risk.

In addition to the identified quality, safety and patient experience concern, this has also led to financial challenges. Due to the 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 has deteriorated, with recurrent monthly overspends since July 2022. The cost of covering the on call for the 3 consultant gaps ranges from £24k up to £68k per month, this equates to an average of £34k over the period of month 5 to month 10. Cover of the 1 gap on the Speciality Doctor rota incurs an additional cost of £10k per month.

The current GGH General Surgery Consultant on call rota is 1:8. 1 consultant will be retiring in May 2023 and has shown interest in returning to provide elective services for Outpatient, Theatre and Endoscopy. He will not be participating on the on-call rota. 5 of the remaining 7 Consultants have signalled that they would not wish to continue participating in the on-call rota beyond a 5-year window, which highlights the importance of succession planning for the future provision of emergency surgical cover, and the need for a sustainable strategy for the Consultant on call rotas across the south of the Health Board.

Asesiad / Assessment

The General Surgery Clinical Team across Pembrokeshire and Carmarthenshire is committed to maintaining an emergency surgical service at Withybush Hospital. However, based on previous and recent experience, there is increasing concern within the team that current recruitment efforts will prove to be unsuccessful. This, along with the issues detailed above, has elevated the risk to the ongoing viability of the rota in its current form.

Consequently, with the ongoing recruitment challenges, the General Surgery Clinical Team has informally explored alternative emergency surgical pathway solutions with the ambition of maintaining a 24/7 emergency surgical pathway at WGH. The consensus view of the wider General Surgery Clinical Team is that, in the absence of the successful identification of alternative cover solutions, out of hours consultant cover will need to be concentrated at Glangwili and Bronglais Hospitals whilst recruitment efforts continue. During out of hours periods, the consultant teams at GGH/BGH would provide remote support and advice to the SAS tier of surgical doctors at WGH, who would continue to provide 24/7 emergency surgical cover for patients at the hospital.

Under such a model, it is proposed that on-site daytime consultant support will continue to be available, supported by the remaining substantive consultant with short-term locum consultant support pending the return of remaining members of the substantive consultant team to on-call duties. This tier of consultant cover will 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 would be provided by the on-call teams in GGH or BGH.

In so doing, the General Surgery Clinical team anticipates the reduction in intensity of on call activity and hours in WGH will serve to extend the participation of the current consultants and, potentially, increase the prospects of a full return to on-call commitments in the longer term. It was noted that initial exploratory discussions with the staff who would be impacted indicate a willingness for such an arrangement. Under such a model, the General Surgery Clinical team proposes that patients referred from primary care and via the ED (Emergency Department)

would be reviewed by the SAS surgical doctors as is currently the case. As clinically appropriate, patients would then be:

- Treated and discharged
- Admitted (or discharged to return) for ambulatory surgery the next morning (hernias, appendicectomy, incision and drainage)
- Admitted under surgery (or medicine) for medical management of conditions not requiring surgery (cholecystitis, diverticulitis, pancreatitis)
- Transferred to GGH or BGH as felt appropriate by WGH surgical team (complex patients, major surgery/laparotomy).

Currently, an average of 2-3 general surgical emergency patients are admitted daily to WGH. The General Surgical Clinical Team has identified that the proposed contingency model may result in the likely transfer of an average of 1-2 patients per week to either GGH/BGH for major/complex emergency surgery.

It is important to note that this alternative contingency model will not change the current surgical emergency referral route into WGH for GPs or ambulance services, which would continue on a 24/7 basis. The proposed contingency model is to continue with the current junior and SAS level doctors' rotas at WGH.

The Surgical consultants at BGH and GGH have agreed to take on the out-of-hours surgical responsibility for WGH patients on a planned rota basis. In the event of patients requiring complex / major surgery, the plan would be for the SAS on-call doctor at WGH to contact the named consultant on-call at GGH/WGH as applicable for advice. Should transfer of patients be required, surgical bed capacity on the accepting site will be prioritised to mitigate the risk of delayed transfer for surgical patients. Priority will need to be considered for repatriation to WGH for these patients.

The General Surgical Clinical Team is currently refining the operational protocol to ensure patient safety in support of the proposed contingency model.

There is a potential for concern from other specialities which interact with and support the emergency surgical pathway. These concerns relate to the operational implications of the proposed contingency model, and the longer term implications if 24/7 consultant surgical on-call cover cannot be re-established. The Hospital Director for WGH has met with and informally briefed the wider clinical body at WGH regarding the nature of the workforce challenge affecting the General Surgery consultant rota and the proposed contingency model. Whilst reassurances have been provided regarding the commitment of the wider General Surgery Clinical team to maintaining a 24/7 emergency surgical service at WGH, it is recognised that concerns remain regarding implications for future recruitment, retention and training of medical staff at the hospital. Further discussions are being progressed at a senior medical leadership level to address these concerns.

Senior regional Welsh Ambulance Service NHS Trust (WAST) colleagues have been appraised of the potential for the proposed contingency model to be implemented if the workforce position does not improve.

The consensus view of the wider General Surgical emergency consultant team is that, in the absence of immediate recruitment solutions, the 24/7 consultant surgical rota at WGH cannot be sustained beyond April 2023 and the proposed contingency model is the only viable option to sustain the 24/7 emergency surgical pathway at WGH until/unless the recruitment position improves. The General Surgical consultant team is currently working to identify appropriate

cover arrangements for the 24/7 rota in the immediate short-term but these are not considered sustainable beyond April 2023.

Longer Term Considerations

The ambition of the General Surgery Clinical team is to maintain the viability of emergency surgical services at WGH.

If continuing recruitment attempts do not prove successful and/or the return of current members of the consultant team to full on-call duties is not possible, further consideration will need to be given to the longer-term model for sustainable provision of emergency surgical cover across the Health Board. As detailed within the Clinical Services Plan report and due to the current risk score, it is proposed that this service pathway be prioritised for early review.

Argymhelliad / Recommendation

Subject to the absence of suitable recruitment solutions ahead of 31 March 2023, the Board is asked to **APPROVE** the implementation of the proposed contingency model from April 2023, in order to:

- Ensure the safety of patients admitted via an emergency surgical pathway at WGH; and
- Support the continued sustainability of the 24/7 emergency surgical pathway at the Hospital

REQUEST that an update paper be brought to the 25 May 2023 Public Board meeting.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
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.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 2. Safe Care 7.1 Workforce 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	6. Sustainable use of resources 5. Safe sustainable, accessible and kind care 2. Working together to be the best we can be 1. Putting people at the heart of everything we do
Amcanion Cynllunio Planning Objectives	5O_21 Fragile Services
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	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:	Contained within the body of the report
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	WGH Urgent Planning Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Detailed within the paper
Ansawdd / Gofal Claf: Quality / Patient Care:	Detailed within the paper
Gweithlu: Workforce:	Detailed within the paper
Risg: Risk:	Detailed within the paper
Cyfreithiol: Legal:	Detailed within the paper
Enw Da: Reputational:	Detailed within the paper
Gyfrinachedd: Privacy:	Detailed within the paper
Cydraddoldeb: Equality:	Detailed within the paper