

COVER SHEET

| | | |
|---|---|--|
| Meeting and Date of meeting | Trust Board Thursday 28 th September 2023 | |
| Title of paper | Emergency General Surgical Services in the Southern Trust – Update on Contingency Arrangements – 18 months since implementation | |
| Accountable Director | Name | Cathrine Reid |
| | Position | Director of Surgery & Clinical Services |
| Report Author | Name | Amie Nelson, Head of General Surgery & Paula Vennard, Head of Planning |
| | Email | amie.nelson@southerntrusthscni.net paula.vennard@southerntrust.hscni.net |
| This paper sits within the Trust Board role of: | Strategy | |
| | Assurance | |
| Links to Trust Corporate Objectives | <input checked="" type="checkbox"/> | Promoting Safe, High Quality Care |
| | <input checked="" type="checkbox"/> | Supporting people to live long, healthy active lives |
| | <input checked="" type="checkbox"/> | Improving our services |
| | <input checked="" type="checkbox"/> | Making best use of our resources |
| | <input checked="" type="checkbox"/> | Being a great place to work – supporting, developing and valuing our staff |
| | <input checked="" type="checkbox"/> | Working in partnership |



The report author will complete this report cover sheet fully. The Accountable Director must satisfy themselves that the cover sheet is accurate and fully reflects the report. The expectation is that the Accountable Director has read and agreed the content (cover sheet and report).

Its purpose is to provide the Trust Board/Committee with a clear summary of the report/paper being presented, how it impacts on the people we serve and the key matters for attention and the ask of the Trust Board/Committee

1. Detailed summary of paper contents:

- This paper has been developed to provide an update to Trust Board on the contingency model for Emergency General Surgery, which has now been operational for 18 months.

2. Areas of improvement/achievement:

- Patient safety & improved pathways for emergency general surgery
- Maintaining equitable delivery of general surgery to the population on basis of need
- Stabilisation of workforce
- Enable optimisation of access to elective surgery

3. Areas of concern/risk/challenge:

- Patient access/risk to timely services
- Impact on staff on CAH & DHH sites
- Impact on other specialties on CAH & DHH sites
- Impact on NIAS

4. Impact: Provide details on the impact of the following and how. If this is N/A you should explain why this is an appropriate response.

| | | |
|---------------------------|-----------|---|
| Corporate Register | Risk | Patient access/risk to timely services Workforce challenges |
| Board Framework | Assurance | N/a |
| Equality and Human Rights | | Equality Screening Report plus a Rural Needs Assessment was completed |



Quality Care - for you, with you

Emergency General Surgery Contingency Arrangements 18 months since implementation

Briefing Paper

Trust Board

28th September 2023

1. Purpose

This paper has been developed to provide an update to Trust Board on the contingency model for Emergency General Surgery (EGS), which has now been operational for 18 months.

2. Background & Context

The Trust has been reviewing Emergency General Surgery provision from September 2020 when concerns were first raised with the Trust Senior Management Team due to staffing challenges.

Approval was sought from Trust Board in November 2021 to commence a review of Emergency General Surgery to agree a preferred service model.

Unfortunately, a further resignation was received from one of the two remaining substantive General Surgery Consultants in Daisy Hill Hospital in January 2022. As a direct consequence, with only one permanent consultant remaining, the Trust was required to implement a service contingency and take immediate actions to safely sustain the delivery of Emergency General Surgery Services across the two acute sites. An immediate contingency plan was developed and implemented from 28th February 2022 for the Southern Trust population and Emergency General Surgery was provided from the CAH site. The contingency arrangement sought to ensure patient safety was maintained for all patients accessing emergency general surgery services in the Southern area until such times as a permanent solution is agreed.

3. Update on Current Contingency Arrangements for Emergency General Surgery

From 08:00hrs on Monday 28th February 2022 the Trust implemented a temporary change to the Emergency General Surgery Service Model; that of a single-site model for emergency general surgery admission and operating, with Craigavon Area Hospital being the nominated site.

What has the contingency model meant for Daisy Hill Hospital (DHH)?

- DHH Emergency Department has continued to assess patients who present to their department. If general surgical advice or referral is required the Emergency Department contact the General Surgery On-Call Team via the Emergency General Surgery Mobile Phone. This phone-line is operational 24 hours a day, 7 days week and is held by a senior General Surgeon. Should a patient require admission under the General Surgical Team they will be transferred directly to an emergency general surgical bed in Craigavon Area Hospital (CAH). On **average 3 patients a day** are transferred from DHH ED to an EGS bed.

- Medicine, Obstetrics & Gynaecology and Paediatrics have continued to admit and have inpatients in DHH. As with DHH Emergency Department, if any of these specialties have required general surgical advice or referral then the EGS mobile phone has been contacted and an appropriate management plan has been put in place. On **average 1 call a day** from DHH Inpatient Specialties. **Approximately 10 patients in the 18 months** have had their care taken over by General Surgery and thus were transferred from a DHH Inpatient ward to an EGS Bed in CAH.
- Monday to Friday the General Surgery Team have continued to undertake outpatient, endoscopy and elective theatre lists on the DHH Site. This weekday elective presence also provides the opportunity for DHH Inpatients requiring General Surgery input to have an on-site assessment by a senior member of the General Surgical Team, thus negating unnecessary inter-hospital transfers. On average **1 to 2 DHH inpatient assessments a week**.
- NCEPOD Emergency Theatre access has been maintained on the DHH site and has in the last 18 months been used by ENT and Gynae, with **General Surgery undertaking 4 emergency procedures** (of which 3 were emergency endoscopy).
- General Surgery Consultant and Middle Grade on-call cover has been in place for both acute sites on a 24/7 basis. There has been **three occasions** in the last 18 months where the General Surgery First Consultant on-call has been required to attend DHH. The General Surgery Second Consultant on-call has **not been required to attend either site**.

What has the contingency model meant for Craigavon Area Hospital (CAH?)

- CAH has accommodated all emergency general surgical admissions for the Southern Trust. The average number of admissions continues to be **12 admissions a day** (two-site model would have had approximately 14 admissions a day).
- All surgical beds which prior to contingency were being used for medical patients have been realigned for surgical use.
- The General Surgical Department has implemented new Consultant and Junior Doctor rotas to provide a Consultant-Led Team based approach for all general surgical inpatients in CAH. This has ensured the **maintenance of three tier rota cover 24/7**, whilst also allowing for a **dedicated ambulatory team** during normal working hours.

- The General Surgical Team have opened and implemented a Consultant-Led Surgical Ambulatory Unit located on the ground floor by the main entrance. Attendances at SAU have increased from **an average of 5 patients per day to 10 patients per day**. Patients attending this Unit are a combination of expedited discharges, ED attenders and GP referrals.
- The General Surgical Team have made the Emergency General Surgery Phone-line accessible for GPs Monday to Friday 9am-4pm thus providing access to senior General Surgical advice with the aims to reduce surgical ED attendances and admissions by identifying patients (older than 16 years) suitable for ambulatory assessment at SAU. The Team receives **approximately 3 to 5 calls from GPs a day**.
- As expected there has been an increase in the number of Emergency General Surgery cases being booked on to the CAH Emergency Theatre List. Although it should be noted the number of “major” cases i.e. laparotomies has remained largely the same, the increase is with more “minor” cases such as emergency endoscopy.

Keys Achievements:

- The single-site model has delivered a better service for the EGS patients through improved access to specialist care creating a safer, higher quality, sustainable service.
- Positive patient feedback, particularly in relation to Surgical Ambulatory, but also a reduction in complaints associated with continuity of care.
- Positive Trainee feedback in relation to training opportunities on the DHH Site due to dedicated elective weeks, but also due to exposure of surgical emergencies and operating on the CAH Site, as well as Team working.
- Redesign of Surgical Rotas to ensure Trust-wide cover for emergency and elective work, as well as allowing implementation of new Team-based approach to patient care.
- Daily dedicated USS and CT Slots for Surgical Ambulatory Unit allowing increased ambulation.
- Use of private ambulance and patient own transport for those requiring admission following attendance at DHH ED, reducing reliance on NIAS.
- Direct admission to EGS Ward for those requiring admission following attendance at DHH ED.
- No SAIs and no increase in mortality and morbidity associated with the single-site model.
- A number of General Surgeons are now interested in joining the Trust (applications for current round of recruitment closes on 28th September 2023).

- Single-site model has allowed strong compliance against of the Department of Health's EGS standards, with the model meeting 27 of the 28 standards.

Aspects requiring further work:

- Mobile phone coverage/reception for the EGS phone is patchy throughout CAH. Wifi phone being piloted from mid-September;
- Managing expectations of those outside of the General Surgical Team re: what can be delivered e.g. expectation that the EGS phone will be answered instantaneously; expectation that all inpatient referrals from DHH will be physically assessed by a General Surgeon, expectation that Surgical Ambulatory Unit will function as a Surgical ED;
- Enhancing some of the already established ambulatory pathways;
- Improving pathways and increasing awareness with General Practice re: the service that can be delivered via Surgical Ambulatory; and
- Identification and implementation of theatre lists for Ambulatory patients.