

DRAFT: Major Trauma Centre: Management of emergency patients with thoracic injuries

Consultant workforce requirements

Situation

This paper sets out the combined view of the Cardiff and Vale and Swansea Bay University Health Board Medical Directors for the Consultant workforce requirements required to implement a sustainable Consultant workforce plan to support the management of emergency patients with acute thoracic injuries as part of the Major Trauma Network for South and West Wales and South Powys. Currently, thoracic surgical services are based at the University Hospital of Wales in Cardiff and at Morriston Hospital in Swansea.

Background

In March 2018, all six Health Boards approved the establishment of the trauma network, in line with the recommendations of earlier independent panel review and following a period of public consultation. This included:

- A major trauma network for South and West Wales and South Powys
- The adults' and childrens' major trauma centres should be on the same site.
- The major trauma centre should be at University Hospital of Wales, Cardiff.
- Morriston Hospital should become a large trauma unit and should have a lead role for the major trauma network.

In November 2018, the five south Wales Health Boards and Powys Health Board, considered the outcome of the public consultation and recommendations on the future of thoracic surgery in south Wales. All Health Boards confirmed, with some caveats and requests for further assurance, their approval of the recommendation for a single thoracic surgery centre at Morriston Hospital, Swansea.

The establishment of the Major Trauma Centre in Cardiff, and a tertiary Thoracic service in Swansea will require the availability of a consultant thoracic surgeon to be available to provide advice and to attend either centre in an emergency 24 hours a day, 365 days of the year. This represents a significant increase in the commitment to out-of-hours work from the current model.

Analysis

The current consultant workforce in thoracic surgery in Cardiff and Vale UHB (CAV) and Swansea Bay UHB (SB) are:

| | |
|------------------|--|
| Cardiff and Vale | 3 consultants |
| Swansea Bay | 3 consultants (2 in post; 1 vacant post) |

For the purposes of this paper it is assumed that, other than the additional volume of out-of-hours work, that the demand for thoracic surgical services remains at the current level. However, it should be noted that during the current planning discussions regarding the establishment of the tertiary thoracic service it has been highlighted that there is likely to be an additional volume of work (e.g. rib fixation) that is not part of current demand. From data presented at the recent first Thoracic Clinical Summit (15.3.2019) in Bridgend it is likely there will be 1200 cases per year and expected growth of 20% in the number of surgical cases.

The external review of the service, provided by the Royal College of Surgeons, considered that 5 surgeons would be sufficient to cover such a rota. However, this does not take into account:

- There is no existing on-call rota and therefore all out-of-hours workload will be in addition to current workload.
- There is a requirement to provide timely input across two geographically separate sites in order to provide safe and effective cover to the MTC as well as improve the outcomes in Thoracic Surgery.
- Taking annual leave and study leave into account, the prospective cover for 5 consultants equates to a 1 in 4 rota, which is not sufficiently robust to deal with sickness or unexpected absence.

The additional workload associated with out-of-hours cover is detailed below and takes into account:

- The Direct Clinical Care (DCC) sessions required to have a consultant thoracic surgeon present on the UHW site between 9am and 5pm Monday to Friday – as has been agreed.
- The additional workload of the on-call rota for out of hours (covering weekday evenings 5pm – overnight, and 24 hours at weekends), with a conservative estimate that this will involve approximately 2 hours/week of additional work.
- Estimated daily hours includes time taken for providing telephone advice, for review of postoperative patients, as well as the more significant annual workload of emergency management of MTC patients. This estimate includes the approximate 5-8 cases that following immediate resuscitative care require the emergency on-site attendance of a thoracic surgeon.

Table 1. Additional DCC sessions required

| Daytime | | | |
|----------------|---------------|---------------|----------------------------|
| UHW presence | Sessions/week | Sessions/year | Sessions/week per 42 weeks |
| Monday-Friday | 10 | 506 | 12.0 |

| Out of hours | | | |
|---------------------------|---------------|---------------|----------------------------|
| 7days/week; 365 days/year | Sessions/week | Sessions/year | Sessions/week per 42 weeks |
| Estimated 2h/day | 3.7 | 194.1 | 4.62 |

An intensity banding supplement would also apply in recognition of the frequency of the rota.

This additional volume of DCC activity could only be accommodated through the appointment of 2 additional posts, with the addition of Supporting Professional Activity sessions for post-holders' professional development, as required by the Welsh Consultants' Contract:

| | |
|---------------|----------------------------|
| Post 1 | 8 DCC; 2 SPA = 10 sessions |
| Post 2 | 8 DCC; 2 SPA = 10 sessions |

It is not proposed that these new posts' clinical commitments are isolated to the additional activities identified above, but rather that the sessions are distributed as part of a wider group job plan amongst the new posts and all existing post-holder, to ensure equal distribution of workload supporting the MTC as well as tertiary activity. It is anticipated this would be accommodated with a 1 in 8 "hot" on-call covering the Thoracic Centre in Morriston Hospital and a separate quieter 1 in 8 on-call covering the Cardiff and Vale MTC at the University Hospital of Wales. This would mean an on call overall of 1 in 4 and means there would not be a situation where either centre is not physically covered by a Consultant Thoracic Surgeon.

The sessional requirements and job plans of the whole Consultant body would be subject to a review after 6 months operational working of the new Thoracic Surgical service.

Again data and discussion at the first Thoracic Clinical Summit indicated that each surgeon would require approximately 150 operations a year to maintain their clinical skills. With 8 surgeons, even before the expected increase in number of operations this is achieved with 1200 operations annually.

Recommendation

It is recommended that the appointment of two additional thoracic surgery consultants is required to ensure that appropriate expertise is available 24 hours/day 365 days/year to provide safe and sustainable support for the MTC in Cardiff and the tertiary thoracic service in Swansea.

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