NHS Grampian

Dr Gray's Hospital – Phase 2 Plan for Obstetric and Paediatric Services

Recommendations

1. The System Leadership Team (SLT) of NHS Grampian has considered the phase 2 plan for the future delivery of obstetric and paediatric services for the women and children of Moray. This is being taken forward in the context of the wider development of Dr Gray's Hospital as a modern District General Hospital (DGH) placed within a wider network of services across Grampian and the North of Scotland. It is recommended that the NHS Grampian Board:

    - Notes the obstetric and paediatric service proposals which have been formulated through engagement with public representatives and staff

    - Acknowledges the benefits and risks associated with delivering and sustaining the proposed services and supports ongoing assessment to ensure that the proposals can be delivered in a safe and sustainable way

    - Supports progression of the paediatric service plan, including further assessment of the requirements of the emergency department, with engagement and phased recruitment progressing in parallel. An update will be provided to the Board seminar on 5 September 2019

    - Requests an update on the risk mitigations which need to be addressed before further progress of the obstetric service at the Board meeting on 1 August 2019.

    - Requests an outline description of the future profile of Dr Gray's Hospital as a modern DGH at the Board meeting on 1 August 2019.

Strategic Context

2. Dr Gray's Hospital plays an essential role in the delivery of services for the population of Moray and west Aberdeenshire. Like other hospitals, its role has responded to changes in clinical practice and technology and this will continue as the hospital develops as part of wider networked pathways of care within the North of Scotland.

3. The proposals related to obstetric services and paediatrics are consistent with the ambition for Dr Gray's Hospital, the Grampian Maternity Services Strategy approved by the NHS Grampian Board in 2013, the Child Health 2020 strategy, and national strategies and policies relating to women and children's services. A key strategy that needs to influence the further development of obstetric and neonatal services is the national "Best Start" strategy which is currently being taken forward in NHS Grampian and other NHS Boards.

4. The key consideration for NHS Grampian for all services is to ensure that they can be delivered in a safe and sustainable way.

Issues Relevant to the Recommendations

5. Appendix 1 includes extracts from the phase 2 plan and sets out a summary of the obstetric and paediatric proposals. The full plan is currently available to the public and can be obtained here: DGH Phase 2 Plan. The proposals have been prepared with the involvement and engagement of staff and public representatives, including Keep MUM, and the Scottish Government. The proposals were considered by the Board with the support of Moray based clinicians and managers at a Board seminar session on 4 April 2019. The benefits of the plan are summarised below:

    - The retention of patient centred services at Dr Gray's Hospital with reduced requirement for travel and transfers from Dr Gray's to Aberdeen or Inverness

    - Promoting choice for Moray women and families, e.g. to birth at home, in a local Midwifery-led unit, a local consultant led unit or a regional tertiary centre when more complex care may be required

    - Future-proofing of services in alignment with the DGH role

    - Meeting public, staff and political expectations

    - More attractive, resilient and sustainable on-call arrangements for staff

    - Improved compliance with Royal College of Paediatrics and Child Health (RCPCH) 'Facing the Future' standards of care when compared with the previous models

    - Reduced reliance on locums

    - Significant benefit in Paediatrician sessional input to Dr Gray's and Royal Aberdeen Children's Hospital (RACH) as part of the investment case

    - Improved training opportunities for junior medical staff, with reduced out of hours commitments and more priority focus afforded to the educational experience

    - Exemplar models of advanced practice Midwifery, Paediatric Nursing and development of an innovative interface between Primary and Secondary Care in Paediatrics

6. Appendix 2 summarises the key risks of the overall plan that have been identified following the engagement process.

7. The direct recurring costs associated with the obstetrics and paediatrics proposals are currently estimated at £2m. The estimated expenditure on wider Dr Gray's Hospital services necessary to sustain the obstetrics and paediatrics proposals is estimated at £1.7m. This includes investment in anaesthetics and the emergency department (ED) and will also contribute to the wider role of the hospital as a modern DGH. The costs will be further reviewed taking account of the issues outlined in appendix 2.

8. The proposals will be further progressed as follows:

a. The Cabinet Secretary is content for NHS Grampian to embark on the planned engagement/consultation process on children's services at Dr Gray's. This will commence from the end of June until September 2019 to ensure that further advice and guidance is available.

b. The initial phase of the recruitment process for paediatrics will commence with immediate effect to ensure that opportunities to make appointments can be taken.

c. The paediatric co-dependencies with the emergency department will be further explored in parallel with the engagement process.

d. Engagement with Dr Gray's Hospital clinicians has resulted in a common understanding of the risks related to the re-introduction of consultant led intrapartum care for women with moderate risk factors in pregnancy, and the subsequent potential for emergency interventions. This will result in a further assessment of the risks and the formulation of mitigation plans in collaboration with staff and public representatives.

Responsible System Leadership Team Member

Pam Gowans
Chief Officer, Moray Health and Social Care Partnership
Strategic Lead, Dr Gray's Hospital
pamela.gowans@moray.gov.uk

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Appendix 1 – Summary of Proposed Models

Obstetric Services (Extract from Phase 2 Plan)

Description
Sustainable implementation of an Obstetric Unit at Dr Gray's Hospital with continued emphasis on Midwifery-led care, does not include Epidural service, and requires expansion of Consultant numbers from 4 to 6.
Key service elements
• Continued emphasis of Midwifery-led intrapartum care for mothers on a green pathway • Recommences Consultant-led intrapartum care for women on a red pathway (medium-risk, noting that higher-risk women have always been advised to book to give birth at Aberdeen Maternity Hospital). • Retains locally delivered day assessment • Retains locally delivered Consultant-led antenatal care • Retains Elective Caesarean Sections • Restores Emergency Caesarean Sections/Instrumental birth • Retains full gynaecology service • Does not include Epidural service • Requires Consultant workforce expansion by 2 posts, taking total to 6 • Requires investment in Midwifery roles and training
Benefits
• Supports continued delivery and development of Midwifery-led care for appropriate mothers • Promotes choice for mothers on a red pathway and restores Consultant-led intrapartum care where required • Avoids unnecessary travel to AMH • Reduced need for Ambulance transfer inter-hospital – benefitting local emergency ambulance provision • Negates need for intrapartum transfer to Raigmore Hospital and relieves some pressure on that system and Scottish Ambulance Service (SAS) also • Meets phase 2 objectives in optimising local service delivery • Creates resilient model of care with potential recruitment and retention benefits e.g. through reduced intensity of on-call • High degree of public support expressed • Retains full Gynaecology service • Increased scope to develop new ways of working with NHS Highland, in support of services across the North of Scotland • Scope for extended day or 7 day working in support of Gynaecology waiting times
Key risks and dependencies
• The Hospital-wide composite staffing model requires to be in place (reducing reliance on trainee Doctors) • Timeline for implementation • Financial support for 2 additional Consultants and Midwifery posts • Recruitment & retention potential

- Future ability to recruit candidates with combined Obstetric and Gynaecology abilities
- Potential fit with national Best Start policy versus expectations regarding promoting service access and choice at Dr Gray's Hospital

Paediatric Services (Extract from Phase 2 Plan)

Description
The implementation of a 24hr Short-stay Paediatric Assessment Unit at Dr Gray's, 7 days per week, with development of the interface with Primary Care

Key service elements

- Short-stay model of up to 24hrs, 7 days per week for assessment and management (admissions of >24hrs to be transferred to Royal Aberdeen Children's Hospital (RACH)
- Enhanced primary care paediatric nursing support
- Children requiring High Dependency care will be transferred to RACH (as per previous service)
- Children requiring Intensive care will be transferred to Edinburgh or Glasgow (as per previous service)
- Allows for appropriate day surgery to retain e.g. ENT, Dental
- Special Care Baby Unit (SCBU) provision is maintained (thus supporting key local obstetric service elements)

Benefits

- Reintroduces 24hr access to paediatric care/assessment at Dr Gray's Hospital
- Minimises requirement to travel to RACH
- Reduced need for ambulance transfer inter-hospital – benefitting local emergency ambulance provision
- Meets phase 2 objectives in optimising local service delivery
- Allows development of enhanced links with Primary Care and community paediatric nursing support
- Has the potential to form a unique and exemplar model of care with potential recruitment and retention benefits
- Allows for appropriate day surgery to retain e.g. ENT, Dental
- Will carry high levels of public support
- SCBU provision maintained – this is essential for retaining elements of Obstetric care

Key risks and dependencies

- The Hospital-wide composite staffing model requires to be in place (reducing reliance on trainee Doctors)
- Timeline for implementation
- Assuring a minimum 1 in 6 Paediatrician on-call cover is required to support SCBU
- Requires development of revised clear clinical accords between Dr Gray's Hospital and RACH
- Requires financial support for Consultant expansion (business case submitted for 4 Consultant Paediatricians to be based at RACH, to contribute to Dr Gray's Hospital, as part of a larger cohort of individuals than has been attempted before e.g. on a maximum 1:6 basis)
- Requires financial support for additional paediatric nursing roles
- Recruitment & retention challenges

Appendix 2 – Key Risks

1. **There is a risk that the proposed plan to re-establish a consultant led intrapartum model of care with provision for operative vaginal birth and emergency caesarean sections at DGH is not configured in line with national guidelines for maternity services.**
   Whilst it is clear that the Dr Gray's Hospital obstetric consultant and midwifery teams have worked collaboratively to produce a plan that they fully support there remain some significant concerns that require exploration, resolution or mitigation. Firstly, the proposed model does not include an epidural service which would be considered to be an essential component of a contemporary obstetric led service. Lack of access to an epidural service may also increase the use of opiate analgesia in labour which can have an impact on the condition of the neonate at birth. Secondly, the current model does not provide any out of hours resident obstetric trained medical staff, but relies on consultants on call from home. There are no obstetric specialist doctors in training at Dr Gray's Hospital. This means that, overnight, women in labour ward and in Ward 3 with antenatal or postnatal complications do not have immediate access to a specialist level of obstetric doctor. Thirdly, the overall number of moderate level risk births and caesarean sections would potentially provide insufficient experience for increased numbers of obstetric medical staff to maintain competencies

2. **There is a risk that the proposed plan is not supported by an adequate and sustainable anaesthetic service.**
   The phase 2 plan has been developed with anaesthetic input but a number considerations have led the local anaesthetic team to identify that their current service model is not suitable to support a consultant level obstetric service. Overall anaesthetic consultant capacity has been recently reduced by increased consultant vacancies and to a further degree following the establishment of the North Emergency Medical Retrieval Service. Recruitment has been difficult and the service is dependent on locum support. Workload analysis has also identified a very high night-time activity rate for the out of hour's anaesthetic consultant service (30-50% call rate) and a high rota frequency (1 in 3.5). In light of this there is a need for significant additional expansion in suitability trained staff (at least 6 additional consultants + other clinicians) on a dedicated resident out of hour's rota providing dedicated support to the obstetric team.

3. **There is a risk that the proposed 'composite workforce' plan does not provide sufficient resilience against the doctors in training workforce shortfall.**
   The development of a multi-professional team to provide support is not yet mature enough to be assured that it will mitigate the expected shortfall in trainee recruitment.

4. **There is a risk that the wider engagement process related to the paediatric service model identifies unrecognised issues.**
   The paediatric model proposed in the phase 2 plan has had strong endorsement from those involved in the service, co-dependent services and stakeholders involved in the options appraisal. Wider engagement is due to commence and this may identify concerns not yet considered.

5. **There is a risk that the Emergency Department is unable to support the transition of the paediatric service to the new model.**
   The Paediatric Model is dependent on our Emergency Department (ED). There is full commitment to support this plan but current staffing pressures are significant and require resolution.

6. **There is a risk that neonatal and paediatric airway management is not comprehensively supported at all times.**
   The Paediatric Model is dependent on training a number of staff groups to manage the neonatal and paediatric airway in an emergency situation. Whilst training has been undertaken provision of comprehensive cover will required further training and a programme of training for all new staff involved in this situation.

7. **There is a risk that the 'Doctors in Training' programme in Dr Gray's Hospital does not provide an attractive trainee experience which encourages higher fill rates or does not meet NHS Education Scotland expectations.**
   The initial difficulties in Dr Gray's Hospital were in part due to low fill rates of the GP training scheme based there. When fill rates are low the training experience can be compromised. It is essential that the new model develops an environment that enhances training and is resilient to low fill rates.

8. **There is a risk that recruitment to the large number of new posts may be unsuccessful or only partially successful.**
   Workforce supply and recruitment difficulties have been a long standing issue at Dr Gray's Hospital. Supply issues remain difficult and the success of the current model depends on attracting new staff to choose to come to work in a new model which is yet to start. Furthermore a failure to recruit may lead to more loss of staff in the face of workload pressure on a small workforce.

9. **There is a risk that restarting services will be delayed until a critical number of staff have joined the new service.**
   Workforce is critical to the success of these new models and partial recruitment may be insufficient to start the proposed service and may generate pressure to appoint locum staff to bridge the gap. This creates potential safety issues and high cost.