Board Meeting
07/11/19
Open Session
Item 4

NHS GRAMPIAN

Dr Gray's Women & Children's Service – Phase 2 Plan Progress Update

The Board has previously considered the Phase 2 plan for the future delivery of obstetric and paediatric services for the women and children of Moray. After its meeting on 25 June 2019, the Board requested an update on progress.

1. Actions Recommended

This paper provides that update and it is recommended that the Board:

- Notes the significant progress toward the implementation of the paediatric service model in accordance with our anticipated timeline
- Recognises the maintained success of the current interim midwifery-led service
- Considers the potential risk associated with the current interim position of consultant involvement in a midwifery-led unit, altering the risk profile of the women cared for in that setting
- Considers the risk associated with seeking to introduce a non-standard future consultant-led service model
- Acknowledges the growing challenge to the timeline for delivery of April 2020 for obstetric services
- Agrees to receive a further update on progress at the December Board 2019

2. Strategic Context

The proposals in the Dr Gray's Phase 2 plan are consistent with 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 further key strategy that needs to influence the 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.

Further pieces of work may influence the future shape of obstetric service provision. An independent review into obstetric care in Dr Gray's was commissioned by NHS Grampian in spring 2019 and is expected to report in November 2019.

Nationally, there are plans to develop a country-wide maternity network as part of the 'Best Start' arrangements and from a paediatric perspective, a review of child health services is underway across the north of Scotland Boards. We are linked in to these pieces of work.

3. Key matters relevant to recommendations

During 2018, for safety reasons, interim and reduced models of service were adopted in obstetric and paediatric care. An initial 'Phase 1' plan was developed and submitted to the Scottish Government, this was focused on immediate stabilisation and service continuity. The work required of the Phase 2 plan was to determine a medium to longer term sustainable future for these services, which optimised local service delivery. An inclusive process was put in place which delivered two preferred

options, in the form of the Phase 2 plan, which was submitted to the Scottish Government and made publicly available in April 2019.

The proposed model for obstetric care has been recognised as non-standard in that it would restore a level of consultant-led intrapartum care and continue midwifery-led care to enhance local delivery of services, but would not deliver all the features of a full consultant level obstetric service.

At its meeting on 25 June 2019, the Board considered a number of risks linked to the delivery of the Phase 2 plan. The risks that were presented to the Board were developed and agreed with Dr Gray's clinical staff and considered through the local Planning & Implementation process for Women & Children's services. The local oversight group continues to meet, taking forward necessary actions and communication required. These risks were also shared and discussed with Scottish Government officials, with whom we continue to work closely in the planning and development of these important services.

4. Risk Mitigation

The Phase 2 Plan sets out a position which aims to balance risk. For example, between having no consultant-led obstetric service and a service which is in-line with that which might be delivered in a larger centre i.e. a full obstetric service. The concerns which were discussed at the 25 June Board meeting provided an analysis of the risk associated with this approach. To further enable the Board to consider the recommendations of this paper the following points are offered:

- In relation to paediatrics, significant progress has been made. The public consultation on the paediatric model has concluded and the report is undergoing due diligence. The feedback is supportive of us moving forward with implementing the proposed model in line with our anticipated timeline of April 2020. There is no longer considered to be a risk that engagement regarding the model will unearth any new concerns previously not identified. The main issues raised were in relation to clarity regarding the function of the proposed assessment unit model and we are confident that we can address concerns as we refine the model ahead.
- Recruitment to the new paediatric posts is underway. We are confident in our ability to appoint to these roles through a combination of retaining local trainees and expression from external interested parties. The posts are expected to be appointed to by February 2020.
- Delivering any consultant-led service requires a certain minimum capacity, which in smaller centres is often driven by the need to staff out-of-hours emergency on-call arrangements. Modern standards for this require bigger teams than were required previously. Typically, the out-of-hours on-call arrangements require a minimum of six doctors on a rota in order to achieve an acceptable level of frequency and intensity. The preferred options for service delivery that were outlined in the Phase 2 plan were selected on the basis of risk and deliverability, in the knowledge that a degree of compromise was implicit e.g. not providing an epidural service, which would be commonly regarded as an essential feature and is therefore a risk not fully mitigated for within our proposals. Neither do we propose to introduce a model of resident obstetric medical staffing, which also presents a degree of risk. The maintenance of consultant staff skills can be

mitigated for through rotational arrangements where there may be concerns regarding low volumes of activity.

- Within any hospital, the anaesthetic service is critical to enabling many systems to work. In Dr Gray's Hospital, as the profile of the workforce has changed over time, the requirement for the anaesthetist to provide senior medical opinion, out-of-hours, for sick patients has increased. These changes place ever increasing demands on the anaesthetic service, and we are aware that to support the return to a consultant-led obstetric service would demand a significant increase in the workforce of anaesthetists. This risk is being mitigated by providing planning capacity to develop a clinically-led and detailed work programme to establish potential sustainable solutions for anaesthetics in Dr Gray's Hospital, with cross-system benefits. This work will involve many stakeholders and relates to regulatory and educational frameworks. As such it is unlikely to be delivered at pace. The lack of resident obstetric doctors places additional risk considerations upon the anaesthetic service.
- The risk profile has improved in terms of trainee doctor gaps in the Emergency Department (ED) and their support has been expressed for the proposed model. Although workforce challenges remain, we are optimistic that risks can be further mitigated this winter through enhancing the paediatric nursing support to the ED, linked to recent successful recruitment efforts.
- The Board was advised regarding a risk linked to Dr Gray's ability to ensure appropriate arrangements were in place for neonatal and paediatric resuscitation. However, this has progressed and is no longer considered a risk as a result of comprehensive on-call support from consultant paediatricians, training and confirmation of staff competencies via our management structures.

5. Responsible System Leadership Team Member and contact for further information

If you require any further information in advance of the Board meeting please contact:

Responsible System Leadership Team Member

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Contact for further information

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