

TRUST BOARD COVER SHEET

Meeting and Date of meeting	<i>Trust Board 30 January 2025</i>	
Title of paper	<i>Provision of Obstetric & Gynaecology Services</i>	
Accountable Director	Name	<i>Dr Stephen Austin & Cathrine Reid</i>
	Position	<i>Executive Medical Director & Director Surgery & Clinical Services</i>
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This paper sits within the Trust Board role of:	Accountability	
This paper is presented for:	Assurance	
Links to Trust Corporate Objectives	<input checked="" type="checkbox"/>	Promoting Safe, High Quality Care
	<input 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 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. Reason for Presentation of Paper / Report

The purpose of this paper is to provide an update on the provision of obstetric and gynaecology services and the need to develop a sustainable safe model.

2. Detailed summary of paper contents:

The Obstetrics & Gynaecology speciality like many others both nationally and regionally has been increasingly challenged by workforce issues for medical and midwifery staffing, rising demand and associated pressures across both hospital sites.

Staffing levels have necessitated increased diverts between sites due to sickness and absences. Measures to mitigate risk have been implemented and are ongoing.

The Trust has established a Project Structure to support the development of a sustainable model and meetings have commenced for both the Project Board and the working groups.

3. Areas of improvement/achievement:

- Immediate action plan developed to stabilise current services.
- No diverts since 9th December 2024.
- Daily sitrep circulated to nominated staff and SPPG
- Development and implementation of escalation framework including use of enhanced payment scheme.
- Engagement with wide range of stakeholders including staff, commissioners, and senior management to agree next steps.
- Project structure agreed and implemented and meetings have commenced

4. Areas of concern/risk/challenge:

- *Insufficient cover at Consultant level cover on Daisy Hill Site means increased reliance locums both in and out of hours.*

<ul style="list-style-type: none"> • 3 vacant posts at Consultant level within the Trust (2 DHH & 1 CAH) • Reduction in ability to continue some provision of gynaecology services due to medical workforce needing to focus delivery of service within obstetric care. • Increased waiting times for gynaecology patients due to reduction in outpatient gynae clinics. 	
<p>5. Impact on Statutory Duties: Provide details on the impact of the following and how.</p>	
<p>Financial Impact</p>	<p>Safety and Quality Impact</p>
<p>Yes, there are Financial Impacts <i>Increased financial pressure due to using high rate locums and enhanced payment scheme.</i></p>	<p>Yes, there are Quality, Safety or Experience Impacts <i>Ability to maintain quality, safety and patient experience with reduction in staffing and increased pressure due to divert.</i></p>
<p>6. Risk Assessment (Risk level and state if a risk assessment be completed)</p>	
<ul style="list-style-type: none"> • Risk assessment has been undertaken 11th October 2024 and identified as high risk. 	
<p>7. Other Business Intelligence/data (If appropriate)</p>	
<ul style="list-style-type: none"> • Work alongside the PHA to understand patient demand capacity and impacts along with consequences of patient flow and pathways. • Undertake demand modelling to support evidence based model. 	
<p>8. 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.</p>	
<p>Corporate Risk Register</p>	<p>Provision of Obstetric & Gynaecology Service is on the Corporate Risk Register</p>
<p>Board Assurance Framework</p>	<p><i>Senior Leadership Team Risk and Assurance Governance committee</i></p>
<p>Equality and Human Rights</p>	<p>Equality Assessment will be undertaken as review of services progresses.</p>

1.0 Introduction

This paper has been developed to provide an update to Trust Board on the current provision of Obstetric and Gynaecology services and the immediate actions taken to date to stabilise the service. A further update is included on work to date regarding the review on future provision of Obstetric and Gynaecology services for the Southern Trust population.

2.0 Immediate Actions Update

Our midwifery teams continue to provide a full range of antenatal, delivery and post natal services across the Trust. The recent pattern of short diverts between the two maternity units, and primarily from DHH to CAH has not been required since 9th December 2024 with no divert between either sites. The Trust continues to mitigate the need to divert.

To ensure the safe delivery of services, the Trust is monitoring any unintended consequences due to increased temporary diverts. There have been no issues identified through the Trust risk escalation system, Datix, or complaints in relation to the diverts that were put in place over recent months.

The following actions have been taken forward and are documented within the Trust's Immediate Action Plan:

- Risk stratification of high risk and multiple births is now in place and diverted to CAH as clinically appropriate. Review to be carried out in February 2025.
- Training needs analysis for both medical and midwifery staffing is complete with action plan to be developed as part of longer-term planning process.
- Locum Doctor in place to support DHH currently booked up to May 2025.
- International medical recruitment for consultant level appointments has been progressed but there have been no appointable candidates to date.
- Recruitment of additional midwives has yielded 43 applicants to be interviewed 20/21 January (15 posts available).
- Regional support for additional midwifery cover was unsuccessful.
- Reporting arrangements formalised via a Director Oversight group and weekly SPPG touchpoint with focus on immediate stabilization. The Directors Oversight group has been established to track the immediate action plan and to assess the impact of the actions and identify any concerns in relation to ongoing delivery of the maternity aspect of the O&G service.
- Project Board and structure established to progress longer term service planning.
- Medical Recruitment for consultant posts continues with interviews planned for February 2025. Two applicants have been shortlisted.

Actions in progress:

- Review of medical rotas and job plans to be further considered as part of workforce subgroup to inform longer term planning process.

- Ongoing rolling recruitment for midwifery bank to commence end January 2025
- Regional support from WHSCT being further explored with potential for 2 locums to support consultant on call weekend rotas.

2.1 Key Issues

The immediate action plan addresses the immediate challenges and unless medical recruitment is successful, it is likely that the current workforce and immediate action plan can only sustain the services in their current form for an interim period.

Sickness levels for the midwifery workforce on the DHH site remain constant at 14%. The sickness level on the CAH site has now reduced by 1% to 5%. Of the 14 midwives who were aligned to posts 12 will have commenced by end of January 2025 and 2 withdrawn who will be recruited from current recruitment drive as above.

3.0 Work to Date on Future Provision of Obstetric and Gynaecology Service Provision

The aim of the project is to take forward a review of the Obstetrics and Gynaecology service provision and develop a service model which will support the delivery of services in the medium and long term.

- A Project Structure has been established and documentation to support the structure completed. The Project Board have held two meetings to date and further meetings have been scheduled to take place every two weeks. The role of the group will include making recommendations for consideration to the Trust Senior Leadership Team and Trust Board to provide assurance that the project will deliver the following:
 - A service model with the aim to provide safe, sustainable, high-quality care for the population we serve.
 - A model which is compliant with professional practice standards and evidence-based practice.
 - Identify, monitor, and mitigate key risks.
 - Ensure Policies and strategies are being implemented as intended.
 - Ensure continuous improvement is taking place.
- Working groups have been established as follows.
 - Medical Workforce Working Group – a series of workshops have been scheduled for Medical Staffing and the first workshop took place on 8 January on the DHH site with consultants and was well attended with a focus on challenges and opportunities. The next workshop is scheduled for the CAH site on 22 January for Consultants with a joint workshop scheduled for 29 January. Further workshops are being scheduled for Staff and Associate Specialist Clinicians.
 - Bed Modelling/Theatre Capacity Working Group – the first meeting of this working group has taken place and actions developed.

- Information/Data Gathering Working Group – Working Group has been established and work continues to gather data and information to support the service review.
 - Service User Reference Group – Work has commenced with the PPI Team to agree how best to engage Service Users in the Review Obs and Gynae provision in the Southern Trust
 - Infrastructure Working Group – This group will be established once the Bed Modelling and Theatre Capacity Working Group has completed this piece of work.
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- Continuity Planning – A group has been established to ensure that there is a continuity model detailed and that this can be implemented if required.

3.1 Project Risks

The Risk Register is a live document and is being monitored and evaluated during the project, with range of mitigations in place:

- Recruitment and retention of staff
- Patient safety
- Impact on other Specialties
- Workforce impacts
- Public and political objections
- Impact of staff absences

4.0 Engagement

The Trust will continue to engage with a wide range of stakeholders including staff, SPPG, and senior management to agree the next appropriate steps. A detailed engagement and communication plan has been developed.

The Trust has identified several key immediate actions to support engagement with key stakeholders regarding this emerging issue. This has and will include:

- Support to O&G staff on both sites – including formal meetings and briefings alongside informal discussions with senior management team as and when required. This also includes proactive HR support for staff in addition to individual requests.
- Meetings and discussions with Staff side and Trade Union representatives.
- Ongoing engagement with SLT and Trust Board to ensure up to date on emerging issues, plans, mitigations, and actions.
- Planned communications to wider staff groups.
- Scheduled meetings with elected reps as requested.
- Schedule meetings with interested external stakeholders including DHH Future's Group.
- Ongoing discussions with PHA, SPPG and DOH colleagues alongside discussions with other Trusts.

5.0 Conclusion

The Trust welcomes the ongoing engagement and involvement from the Trust Board, Department and PHA colleagues on the issues outlined above, with the expectation of gaining a shared understanding and support to take necessary actions to safely deliver O&G services to the Southern Trust population.