

Maternity Governance Meeting; 20th December 2024

Agenda item				
Report Title		CNST Safety Action 4 : Obstetric Workforce		
Executive Lead		Paula Gardner, Interim Chief Nursing Officer		
Report Author		Dr Mei-See Hon		
CQC Domain:		Link to Strategic Goal:		Link to BAF / risk:
Safe	√	Our patients and community	√	Trust Risk Register id:
Effective	√	Our people	√	
Caring		Our service delivery	√	
Responsive	√	Our governance	√	
Well Led	√	Our partners		
Consultation Communication				
Executive summary:		<p>CNST MIS Year 6, Safety action 4 (Obstetric Workforce) contains four actions regarding</p> <ol style="list-style-type: none"> 1. The employment of short-term locums 2. The employment long-term locums 3. Compensatory rest after working non-resident obstetric on-call out of hours 4. Compliance of consultant attendance in specific clinical situations. <p>This paper reports on the audit findings evidencing compliance for actions 1 and 4. We did not employ any long term Tier 2 locums and we have 24/7 resident consultants on the Delivery Suite. Therefore actions 2 & 3 are not relevant.</p> <p>An action plan to complete action 4 is included.</p>		
Recommendations for the Board:		<p>The Board is asked to: Take assurance from this report and receive it in line with CNST Safety Action 4.</p>		
Appendices:		CNST SA4 Obstetric Workforce, sub action 4 action plan		

1.0 Introduction

- The purpose of this paper is to provide the evidence required to meet the standards CNST Year 6, Safety action 4 which states: “Can you demonstrate an effective system of clinical workforce planning to the required standard?”
- This paper specifically refers SA4 to part a, Obstetric Workforce, which contains 4 sub actions.

2.0 Action 1

NHS Trusts / organisations should ensure that the following criteria are met for employing short-term (2 weeks or less) locum doctors in Obstetrics and Gynaecology on tier 2 or 3 (middle grade) rotas:

- a. Currently work in their unit on the tier 2 or 3 rota or
- b. Have worked in their unit within the last 5 years on the tier 2 or 3 (middle grade) rota as a postgraduate doctor in training and remain in the training programme with satisfactory ARCP or
- c. Hold a RCOG certificate of eligibility to undertake short-term locums

Minimum evidence requirement:

Trusts/organisations should audit their compliance via Medical Human Resources.

Relevant time period February to August 2024

If standards not met report to Trust Board, Trust board level safety champion and LMNS meetings that process and actions have been put in place to prevent deviation.

Evidence: An audit was conducted of shifts that required Tier 2 locums between 1 February 2024 to 31st August 2024. In this time period there were there were 181 shifts that needed covering. All shifts were covered by doctors currently in post and no external locums were used.

(In our Trust the Tier 3 rota consists of consultants not middle grades)

This standard has been met.

3.0 Action 2

Trusts/organisations should implement the RCOG guidance on engagement of long-term locums and provide assurance that they have evidence of compliance to the Trust Board, Trust Board level Safety champions and LMNS meetings.

Minimum evidence requirement:

Use the monitoring / effectiveness tool contained within guidance (p8) to audit compliance and have a plan to address any shortfalls in compliance.

Relevant time period 2 April 2024 to 30 November 2024

Evidence: The RCOG document 'Guidance on the engagement of long-term locums in maternity care in collaboration with NHS England, Scotland & Wales' refers to the employment of long-term locums who are working on the middle grade rota.

In this time period we did not employ any long-term middle grade locums therefore the standard has been met.

This standard has been met.

4.0 Action 3

Trusts/organisations should be working towards implementation of the RCOG guidance on compensatory rest where consultants and senior Speciality, Associate Specialist and Specialist (SAS) doctors are working as non-resident on-call out of hours and do not have sufficient rest to undertake their normal working duties the following day. While this will not be measured in Safety Action 4 this year, it remains important for services to develop action plans to address this guidance.

Minimum evidence requirements:

Trusts/organisations should be working towards developing standard operating procedures, to assure Boards that consultants/senior SAS doctors working as non-resident on-call out of hours are not undertaking clinical duties following busy night on-calls disrupting sleep, without adequate rest. This is to ensure patient safety as fatigue and tiredness following a busy night on-call can affect performance and decision-making. Evidence of compliance could also be demonstrated by obtaining feedback from consultants and senior SAS doctors about their ability to take appropriate compensatory rest in such situations.

Evidence: This action is not relevant as we do not have any non-resident Obstetric doctors. This SOP details the Roles and Responsibilities of the on call Obstetric consultant:

[Roles and responsibilities for Consultant on call in Obstetrics & Gynaecology.pdf](#)



Roles and
responsibilities for Co

This standard has been met.

5.0 Action 4

Trusts/organisations should monitor their compliance of consultant attendance for the clinical situations listed in the RCOG workforce document 'Roles and Responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their service when a consultant is required to attend in person. Episodes where attendance has not been possible should be reviewed at unit level as an opportunity for departmental level with agreed strategies and action plans implemented to prevent further non-attendance.

Minimum evidence requirement:

Trusts' positions with the requirement should be shared with the Trust Board, the Board-level safety champions as well as LMNS

Relevant time period 2 April 2024 to 30 November 2024

Consultant MUST attend

	Number of cases	Consultant present	%
Caesarean birth for major placenta praevia / abnormally invasive placenta	4	4	100%
Caesarean birth for women with a BMI >50	12	12	100%
Caesarean birth <28/40	2	2	100%
Premature twins (<30/40)	0	0	100%
4 th degree perineal tear	1	1	100%
Unexpected intrapartum stillbirth	0	0	100%
Eclampsia	0	0	100%
Maternal collapse eg septic shock , massive abruption	1	1	100%
Massive obstetric haemorrhage >2000mls where haemorrhage is and the MOH protocol has been instigated	28	27	96.4%

- One case of a massive obstetric haemorrhage >2000mls managed by a Tier 2 doctor with no consultant attendance. Discussed case with doctor involved. Bleeding had settled and was measured after the event and found to be >2000mls. Discussion re situational awareness and escalation took place. To formally reflect with Educational Supervisor.

There are a number of scenarios that it is not possible to identify from a Badgernet report. Therefore these cases have been identified by the Governance team via their reporting systems.

	Tier 3	No attendance	Compliance
High levels of acuity	0	0	100%
Any return to theatre	3	0	100%
Team brief	0	0	100%
Consultant requested to attend	0	0	100%
Early warning score protocol or sepsis screening where HDU/ITU care is likely.	5	1	80%

- No incidents have been reported where a consultant was not in attendance during high levels of acuity. SaTH have resident consultant cover 24/7 to support this.
- 3 incidents were reported where the patient was returned to theatre for further management of blood loss. A Tier 3 was in attendance for the review and the return to theatre in 100% of the cases.
- No incidents have been reported where a consultant was not in attendance during a team brief. SaTH have resident consultant cover 24/7 to support this.
- No incidents have been reported where a consultant was asked to attend but did not. SaTH have resident consultant cover 24/7 to support this.
- 5 incidents have been reported for women who have presented with a raised early warning score or a maternal collapse. In 4 cases there was consultant attendance shortly after the woman became unwell. In 1 case it was unclear whether the woman was reviewed by a consultant after admission to delivery suite. The first documentation by a consultant was 12 hours after the incident.

Consultant must attend UNLESS the most senior doctor present has documented evidence as being signed off as competent

	Number of cases	Consultant present	Appropriately trained Tier 2 present	Compliance
Any patient with EBL >1.5 litres and ongoing bleeding (earlier if haemodynamically unstable, low body weight / low Hb / other complexities)	70	58	10	97.1%
Trial of instrumental birth	91	68	22	98.9%
Vaginal twin birth	4	4	0	100%
Caesarean birth at full dilatation	41	34	6	97.6%
Caesarean birth for women with a BMI >40	71	59	9	95.8%
Caesarean birth for transverse lie	0	0	0	100%
Caesarean birth <32/40	21	21	0	100%
Vaginal breech birth	9	9	0	100%
3 rd degree perineal tear repair	34	21	13	100%

- There were 2 cases of Massive Obstetric Haemorrhage >1.5l or unstable where on reviewing the notes it is judged that the standard was not met. In one there was no doctor involvement of any grade. In another the Tier 2 doctor was reassured that they had the blood loss under control but it was later measured and found to be more than expected.
- There was 1 trial of instrumental birth where there is no documentation of consultant presence and the Tier 2 doctor has not gathered written evidence to support independent practice.
- There are 3 Caesarean births for women with a BMI >40 and 1 second stage caesarean where there is no documentation of consultant presence. The Tier 2 doctor involved is very experienced and has performed many of these births however has not gathered written evidence to support independent practice.

Discussion

- The data shows overall good compliance.
- CNST technical guidance states that **“Episodes where attendance has not been possible should be reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent non-attendance”**. All cases have been reviewed by the Clinical Director and an action plan put in place (see Appendix)
- Massive Obstetric Haemorrhage of greater than 1.5l are identified through the incident reporting system and are reviewed by the governance team. The notes from all the cases without consultant attendance have also been reviewed by the Obstetric Clinical Director to confirm appropriate escalation took place. This standard requires a judgement call to be made on each case considering timely recognition and escalation and appropriate management.
- There was significant improvement in consultant attendance for Massive Obstetric Haemorrhage noted for this audit period compared to 2023
 - Consultant must attend >2000mls = 96.4% in 2024 vs 87.5% in 2023.
 - Consultant may attend >1500mls = 97.1% in 2024 vs 83.7% in 2023.
- All other case of non-compliance have been reviewed by the Obstetric CD. Where specific concerns have been identified these have been fed back to individuals and their Educational Supervisor.
- Documentation of which staff are present needs to be improved within the Badgernet system.
- Identification of Tier 2 Doctors who do not need direct supervision for procedures that “may require attendance” is difficult and very time consuming.
- This audit required a large amount of manual review of patient records. It was intended that Dexter system would be used to automate the reporting. A significant amount of work was put into making this possible but it was not achievable within the required timeframe for reporting.

This standard has been met

6.0 Conclusion

- In conclusion, the compliance rate is good and an improvement on the 2023 data.
- The data presented here provides evidence for compliance to all 4 sub parts of Safety Action 4, Obstetric Workforce.
- Quality and completeness of documentation remains challenging.

7.0 Acknowledgements

Many thanks to Lisa Yeaman (Digital Midwife) and Silje Almklow (W&C Governance lead) all their hard work compiling data for this audit.

Appendix

Action plan for CNST SA4 audit re consultant attendance on the Delivery Suite

Problem identified	Action	Progress
Documentation of who is present needs to be improved.	Present audit findings and need for escalation, consultant attendance and accurate documentation at obstetrics and gynaecology governance feedback meeting.	Planned for 13 th January 2025
Tier 2 doctors lacking documented evidence of competence	<p>Discussion at Consultant meeting re importance of confirming competency evidence for trainees when on call</p> <p>Discussion with all educational supervisors re analysing their trainees evidence and recording on spreadsheet housed on Y drive</p> <p>Individual doctors and their ES informed re need to gather evidence</p> <p>Trainees to review cases identified and reflect with ES</p>	<p>Completed 16th December 2024</p> <p>Email to Educational Supervisor and Trainees</p> <p>17th December 2024</p>
Identification of Tier 2 doctors who do not need direct consultant supervision for the procedures that 'may' require attendance is challenging	<p>Work with the College tutor to reinstate a record of assessed competencies that consultants can access.</p> <p>Monitor at monthly consultant meetings</p>	<p>Discussed 16th December 2024.</p> <p>New spreadsheet uploaded to Y drive. Email to all ES to complete & all consultants to check 16th December 2024</p>

Incomplete documentation of surgical procedures	Present audit findings and accurate documentation at obstetrics and gynaecology governance feedback meeting.	Planned for 13 th Jan 2025
Significant challenges to obtain all the audit data, requires extensive manual searching.	Continue work with Dexter team to automate reporting	Dexter team ongoing work.