Caithness Maternity and Gynaecology Services

PROJECT INITIATION DOCUMENT

11\textsuperscript{th} February 2005
1. BACKGROUND

Maternity and Gynaecology services in Caithness have been through an extended period of instability, associated with a range of clinical and professional factors. After an extensive public consultation on a series of options for service change, the Highland NHS Board has agreed to an outline proposal for local maternity and gynaecology services, and tasked the north Highland Community Health Partnership to bring forward a detailed service development plan.

The outline proposal relies upon the ability to achieve significant role enhancement within the wider clinical teams in Caithness General Hospital. It also provides opportunities for potential clinical development within local Primary Care services. The complexity of interrelationships between the clinical functions involved requires a carefully structured service development process, and effective links between this work and other strands of work in progress across NHS Highland.

2. OBJECTIVE

To develop a work plan which will provide a detailed examination of the outline Caithness M&G service, and to advise the CHP Committee of the feasibility of the current service proposals in context of both clinical/professional factors, and the four stated decision making criteria of the Highland NHS Board:

- Quality of clinical care, including compliance with requirements of NHSQIS
- The ability of local services to promote positive patient experiences, and to optimise the safety of patients using services
- Sustainability built into service design, reflecting the challenges of recruitment to rural health posts
- Affordability with an overall resource envelope

The outline Caithness M&G proposal has the following elements:

- A dedicated team of Midwives supported by Obstetricians, and working together with the Caithness General Surgeons, Anaesthetists, and Nurses who would all be trained to have enhanced skills especially in emergency care.
- Obstetric support provided locally and/or on a visiting basis to provide the best combination of “on the ground” leadership and support, together with visiting specialists
- Formal networking through professional and technical links between the Caithness Maternity Team and the wider Highland Maternity Team.
- Increased range of specialist services – midwife clinics and specialist gynaecology out patient clinics eg. uro-dynamics, colposcopy, infertility - and specialist gynaecological surgery.
3. OUTCOMES

It is proposed that the North Highland CHP establishes a local Action team to take forward the many tasks involved in developing this outline model of M&G care.

The Action Team will report to the North Highland CHP Committee, and will link to an agreed list of other strands of work in progress.

The North Highland CHP Committee will bring forward recommendations to the Highland NHS Board according to a timetable which will be agreed.

The work of the Action Team will focus mainly on the clinical and professional factors, and will link to the ongoing work into technical support services initiated by NHS Highland. This includes highland wide initiatives in transport, non patient accommodation, and IT systems to support clinical care.

The Action team will have regard to the community acceptability of the outputs from this Project.

However, the Action Team will consider the specific transport and accommodation requirements of Caithness women and families associated with local M&G service change and will feed that into the wider process as above.

There are 7 task sets identified within the overall Project brief.

1. Midwifery
2. Obstetrics
3. Gynaecology
4. CGH clinical departments and specialties
5. Primary Care & public health
6. Transport and accommodation
7. Resource framework

These are described in section five.

It is recognised that implementation of service change is not a short-term goal, and that change may have to be introduced in phases.

4. PRINCIPLES AGAINST WHICH THE PROJECT WILL BE MEASURED

This project proposal sits within the overall national Framework for Maternity services, and is part of a broader process of modernising maternity care in NHS Highland.

It recognises the importance of the organisational change policy and the impact that organisational change may have on staff involved in service provision. The project structure is therefore designed to support, facilitate and involve staff. The project will be taken forward in line with NHS Highland staff governance standards.

The direct involvement of service users/potential service users is vital to the effectiveness of the Project, and local women will be involved in all aspects of the work. Stakeholder organisations also have a vital role to play, and will be key members of the project teams. The project will have community involvement embedded from the start, and will reflect good practice in public involvement.
The C&S Maternity Action Team will commit to the following principles:

- clarity of purpose and a shared ownership of aim and objectives
- commitment to learning together – developing understanding of each other’s contribution
- openness and transparency - including publication of work plans, notes and updates
- honesty from all participants in the process
- trust – between members to enable free, honest communication and collaborative working
- Respect between all staff across the service and all patient/public participants as equal contributors to the project.
- Keeping staff informed of up-to-date progress.
- Providing clarity of advice, information and reports.
- Operate standard systems and processes.
- Provide continuity and consistency of approach.
- Facilitate forward planning.
- Take corporate responsibility for the delivery of this project

The Action Team will, therefore:

- include direct staff involvement, and will encourage links with staff organisations and professional bodies
- include (actual/potential) service users to promote patients’ perspectives, and to provide a broader local community perspective
- promote effective links with partner organisations, and include the key local organisations in the membership of the Group
- be supported by many other functions within NHS Highland

5. IMPACT

This project will have an impact on a wide range of clinical services and staff in both hospital and primary care services in Caithness & Sutherland.

The various strands of work involved in this project will raise a number of real challenges. In particular, the process requires a full exploration of the balance of risk associated with efforts to enable the CGH general surgical and anaesthetic services to provide emergency caesarian section. The process will also include a detailed examination of the nature of Informed Consent within the context of this service change. This area of work can be supported by the NHS Highland Clinical Ethics Committee.

The C&S Maternity Action Team will initiate detailed exploration of:

1. The role of the Midwife within the outline model, with particular reference to:
   - Scope of professional practice
   - Learning and development
   - Opportunities for service enhancement

2. The role of Obstetricians within the CGH Maternity Unit, and working systems to provide:
   - Routine, regular Obstetric input on site, and the development of clinical networking systems with midwives, and general hospital staff.
   - Assistance to midwives with clinical decision making – face to face when on site, and by telecommunications when not.
3. The opportunities for provision of Gynaecology services, including:
   • outpatient assessment
   • investigative and diagnostic procedures
   • day case & inpatient surgical interventions and follow up.

   From this work there may follow a process of identification of potential opportunities to offer local elective interventions to women from outwith Caithness & Sutherland. This would form a second stage of the development process.

4. The roles of the CGH general hospital staff in supporting M&G services, specifically:
   • General Surgeons
   • Anaesthetists
   • Operating Department Nurses
   • A&E staff
   • Surgical Ward staff

   to clarify what actions are needed to enable staff in these specialties to undertake a range of emergency care procedures, to be defined as part of the work of the Group.

5. The interface between M&G services and the wider Primary Care Teams, including examination of opportunities for developing the public health role of all practitioners involved in women’s health.

   Any potential Primary Care inputs to support midwives in the clinical care of women and neonates (GPs and/or local Community Paediatrician).

   There may be potential for developing further the local provision of services to children, but this would represent a separate piece of work. Any links from the M&G development will be channelled through the CHP Management Team.

6. The impact of service change on women and families’ need for transport and accommodation, and any requirements for increased social support. The local dimension to be fed into the wider Highland review of non patient accommodation which includes examination of the charging policy, and into the joint work in progress with the Scottish Ambulance Service on transport systems, including the national initiative on neonatal retrieval.


   There are four other areas of work, which weave through the clinical tasks set:
   • Retention and recruitment of clinical staff
   • the development of a framework for informed consent
   • adaptation of local clinical guidelines for maternity and gynaecology patients
   • the development of a clinical governance and risk assessment framework.

   There is a number of other potential service developments for the locality, which would have impacts on the CGH staff. For example, future enhancements in the range of specialties providing day surgery at CGH. The Action Team will refer any associated development proposals to the CHP Management Team.
6. ISSUES AND ASSUMPTIONS

Issues:

The public consultation on the future of Maternity and Gynaecology services led to the beginning of a meaningful dialogue between NHS Highland and the local community. Feedback to the consultation demonstrated the very different priorities of local women and families, and those expressed by the clinical and professional bodies. The outline proposal for M&G services in Caithness and Sutherland is significantly different from the existing service, and there is a concern that the clinical implications of change are not well understood by the public.

The North Highland CHP has limited local capacity to undertake a complex project with many interlinking strands of work. It will require the support and active involvement of a wide range of staff from other parts of NHS Highland.

Staff involvement could be difficult in view of workload and staffing pressures.

The North Highland CHP has recently undergone some restructuring, and there are new managers and staff taking up post. There may be some key participants in the project who require time and assistance with personal learning at the start.

Initial assessment of service development options prior to and during the consultation period identified increased cost associated with any service change. The North Highland CHP will either have to resource future service development in local M&G services within the overall financial allocation to the CHP, or will have to present a development plan to NHS Highland’s Planning and Prioritisation process.

Assumptions:

It is anticipated that a Project Co-ordinator will be appointed and that this will be part time and fixed term. This will be funded from within the North Highland CHP.

It is anticipated that administrative support for the project will be necessary and will be identified with the existing resources of the CHP.

Any recommended changes will be referenced against the NHS Highland Organisational Change Policy.

There are other concurrent projects and developments, which will impact on the work on M&G services. These include the enhanced services element of the new GMS Contract, Modernising Medical Careers, Agenda for Change, development and use of NHS 24 and any further changes to the European Working Time Directive. It is assumed that all the above projects will be overseen by the DHS Management Team, and therefore all the interdependencies will be identified and appropriately managed.

It is anticipated that the project managers from the above projects will be invited to a workshop with the project team or sub groups for this project in order to examine the interdependencies of this project.
7. INVOLVEMENT OF THE SERVICE REDESIGN TEAM

At this stage it is not possible to state exactly where the redesign team will be involved.

8. IMPACT ON AND INVOLVEMENT OF IT

IT involvement will be important to ensure information sharing to support the project and with the implementation of improved communication systems. Relevant representation from ehealth will be invited to participate in the project.

9. PROJECT STRUCTURE

Please note the number and roles of the project sub groups will be agreed at the first meeting of the Action Team.

PROJECT TEAM REMIT (to be agreed at first meeting)

- To develop and manage the project plan.
- To secure and retain commitment from staff and service users.
- To provide regular progress reports to all stakeholders.
- To ensure appropriate involvement with the Area Partnership Forum, as well as the stakeholder groups identified.
- To ensure that the project will deliver quality enhancements sought.
- To confirm and support the communication plan and ensure that this links with the wider NHS Highland change programme.
- To facilitate project monitoring and delivery of agreed milestones.
- To confirm governance arrangements are robust and can be monitored.
MEMBERSHIP

Project Director - Executive lead to be confirmed
Project Co-ordinator - to be confirmed

Membership – CHP Management Team
- General Manager
- Clinical Director
- CHP Chairman
- Nurse Manager

Membership – staff/clinical
- Rep of local midwives
- Rep of General surgeons
- Rep of anaesthetists
- Rep of Highland Obstetric staff
- Rep. of CGH based locum Obstetric staff
- General Practitioner
- NHS Highland Lead Midwife
Other departments feeding in to work plan, participating as required.

NHS Highland
- Medical Director
- Nursing Director
- Public Health

Support Team
Other NHS Highland wide functions will effectively become a support team, contributing as required. For example Corporate Affairs Team, Clinical Effectiveness Team, Risk Management and Clinical Governance resources, Human Resources function, Finance.

Membership – service users/wider community
- Maternity service user rep
- Gynaecology service user rep
  (Target one woman of ethnic minority?)
- Patients’ Council

Membership – stakeholder organisations
- Rep. from Scottish Ambulance Service
- Rep. from CASE
- 2 Reps from THC (one Caithness, one Sutherland)
- Rep from NAG

Chairmanship
Joint Chairmanship – CHP Chairman and Stakeholder organisation.

Project Management
Project Co-ordinator to be appointed
Administrative support from CHP
**Project Co-ordinator – key role in**

- co-ordinating work planning
- managing communications across and between the Working Group members
- including systems for keeping the wider local community informed
- ensuring effective links between aspects of work
- including links to pan highland/Technical work in progress
- managing effective links with other functions in NHSH eg. Area Partnership Forum, Public Health, Area Clinical Forum.
- facilitating links with other organisations/bodies eg. Royal Colleges, NHSQIS.
- Securing inputs from the support team
- Networking with other rural Maternity service providers outwith Highland

**REPORTING MECHANISM**

Regular, programmed reporting to CHP Management Team and Committee.

Formal reports at key stages to stakeholders

Public reporting of key actions and milestones achieved.

CHP Committee reports to Direct Health Services Committee. Programmed reporting to NHS Board.
10. PROPOSED TIME FRAME - to be confirmed

<table>
<thead>
<tr>
<th>Formation of Action team.</th>
<th>Action Team meeting</th>
<th>Action Team meeting</th>
<th>Progress Report to NHS Board and interim action plan</th>
<th>Action Team meeting</th>
<th>Final report to NHS Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creation of sub groups</td>
<td>Progress Report</td>
<td>Progress Report</td>
<td>Progress Report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appointment of Project Manager</td>
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January 2005

Progress Report to NHS Board and interim action plan

May 2005

Final report to NHS Board

June 2005

July 2005

August 2005