



Integration Joint Board  
Transformation, and Innovation/Futures Committee

10<sup>th</sup> August 2023

This Report relates to  
Item 5 on the Agenda

# Maternity Services Review - Wigtownshire

*Paper presented by:*  
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*For Discussion and Noting*

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<b>Approved for Submission by:</b>	Julie White, Chief Officer
<b>List of Background Papers:</b>	Item 4 from IJB Transformation and Innovation/Futures Committee on 10 <sup>th</sup> November 2022. Item 10 IJB Committee on 8 <sup>th</sup> December 2022 Item 10 IJB Committee on 23 <sup>rd</sup> March 2023 Item 9 on IJB Committee on 26 <sup>th</sup> April 2023
<b>Appendices:</b>	<b>Appendix 1</b> – Report paper: Independently chaired local service review of maternity services in the Wigtownshire locality <b>Appendix 2</b> – Maternity services review: Data and Information pack

## 1. Introduction

- 1.1 Following discussion at the Integration Joint Board (IJB) on 8<sup>th</sup> December 2022, a direction was issued for NHS Dumfries and Galloway (NHS D&G) to undertake an independently chaired local service review of maternity services in the Wigtownshire locality; this will be inclusive of an options appraisal.
- 1.2 This paper is to inform of the conclusion from the engagement period and to share the recommendations, and associated narrative of the process.
- 1.3 This paper is also presented for discussion and direction of next steps for the consultation period.
- 1.4 Whilst we accept the recommendation from the local service review, reasonableness around time and resources must be given to NHS D&G to implement a safe and sustainable model of care taking account of the challenges around deliverability.
- 1.5 The Independent Chairs and Professional Expert would like to thank the review team and all stakeholders for their contribution towards formulating the attached report.

## 2. Recommendations

- 2.1 **The IJB Transformation, and Innovation/Futures Committee is asked to:**
- **Note the completed report Independently Chaired Local Service Review of Maternity Services Provision in Wigtownshire Locality.**
  - **Consider the recommendations of the independent chairs in conjunction with the contents within this paper, notably section 5.0 – 7.0.**
  - **Provide direction for consultation option(s), considering the scoring from the options appraisal**

## 3. Background and Main Report

- 3.1 A review of maternity services commenced in January 2023 following direction from the IJB meeting on 8th December. This was following the temporary suspension of low risk, intrapartum maternity services at the Galloway Community Hospital in 2018 due to staffing pressures.
- 3.2 A detailed programme of engagement was established to ensure involvement of a number of stakeholders throughout February and March. This was inclusive of a number of methods; face to face drop in sessions, bookable one to ones, online survey and virtual/pop up stations. The engagement participation was inconsistent with good attendance at targeted sessions; however, the public drop in/bookable 1:1 sessions were poorly attended/utilised. The online survey attracted a good level of involvement. The purpose of the engagement period was to seek views of the public and stakeholders whilst informing and developing potential options for the future provision of Maternity services in Wigtownshire.
- 3.3 An analysis of the engagement activities were undertaken, including key themes

from the various stakeholders. This was then utilised in partnership with the benefits versus risk for developing an options appraisal.

3.4 As part of the options appraisal process, a professional expert reference group was established, these individuals were included for their external expertise in midwifery, anaesthetics, obstetric or relevant fields of practice. The scoring of the models was undertaken on the morning of 16th May 2023. The professional expert reference group were provided with an information pack in advance and the scoring matrix. During the collaborative workshop, the group had the opportunity to discuss the information provided and seek clarity on certain aspects. Following the answering of all requests for clarity, the group undertook an individual scoring process. The scoring was then reviewed and calculated, supporting the independent chairs and midwifery expert to articulate their recommendations and conclusions within the report.

3.5 The IJB are asked to consider the content of the report, the recommendation and associated conclusion, thereafter approving the recommendation for consultation. The consultation is anticipated to follow the below timeline:

October to December 2023	Formal Consultation on preferred option(s)
January/February 2024	Analysis of consultation and development of final paper
March 2024	Report to IJB for final decision

3.6 The Independent Chairs are recommending that they, along with the Professional Expert Panel step down following presentation of the report to IJB today, 10th August 2023.

3.7 A formal consultation period is planned for October 2023 to December 2023. During this period there will be:

- Public consultation events
- Consultation with community councils and elected members
- Consultation with key stakeholders
- Further online survey

#### **4. Conclusions**

4.1 The Independent co-chairs and Midwifery Expert were of the opinion that a robust scoring process had been taken of the options by an invited group of Clinical Experts in their field.

4.2 The Independent co-chairs and Midwifery Expert noted that Option 1 (Community Maternity Hub with homebirth model – current provision) and Option 2 (Community Maternity Hub with on-call intrapartum Community Midwifery Unit) scored equal weighting, 78 points overall, however, this score was inclusive of NHS D&G staff present. Option 2 was the preferred option of the professional expert's independent to NHS Dumfries and Galloway with a score of 80.

4.3 Therefore, it is the decision of the Independent co-chairs and Midwifery Expert that option 2 was to be presented to the IJB as the preferred option.

- 4.4 To ensure option 2 is deliverable and sustainable, the Independent co-chairs and Midwifery Expert highlighted the following essential actions:
- Changes will be required in the current Clenoch Birth Centre to achieve the standard required for low risk midwifery care, inclusive of all equipment
  - A robust communication plan will need to be implemented to ensure service users in Wigtownshire understand the level of service available and more importantly what provision is not available in a low risk on-call setting
  - Staff based at GCH require to have up to date training in Obstetric Emergencies to provide a stabilisation and transfer service. In delivering this, NHS D&G will have the additional issue of the high use of locum rate at GCH to take into consideration.
  - NHS D&G Maternity Services will need to embed pathways of care to support staff in the process of onward referral to DGRI, including the Scottish Perinatal Network pathway for transfer once published. This is a multi-disciplinary Once for Scotland approach to ensure equity of care.

## **5. Resource Implications**

- 5.1 This review has to date been funded by the WCSH directorate.
- 5.2 The conclusions of the report acknowledge that in order for the independent chairs' recommendation to be deliverable and sustainable there will be resource implications as noted in section 4.
- 5.3 This will include a financial resource requirement to update the Clenoch Birth centre to a suitable environment, with appropriate equipment and stock items for low risk birthing. A financial framework template will be completed for the preferred option for consultation; however preliminary associated costs of this option will be approximately £103,000. It should be noted that this cost was not identified in advance of the options appraisal.
- 5.4 Workforce and staff resource will also be required to facilitate the required standard of education and training for obstetric emergencies and stabilisation. This will be addressed further in section 7.4 owing to the concern that the current high rate of locum staffing within the GCH may make this difficult to achieve.

## **6. Impact on Integration Joint Board Outcomes, Priorities and Policy**

- 6.1 The proposals in this paper will support delivery of the following National Health and Wellbeing Outcomes:
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
  - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
  - Health and social care services contribute to reducing health inequalities
  - People who use health and social care services are safe from harm
  - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
  - Resources are used effectively and efficiently in the provision of health and

social care services.

6.2 In addition the proposals in this paper will support delivery of the following Strategic Commissioning Intention (SCI):

- SCI4 - People have access to the care and support they need
- SCI5 - People's care and support is safe, effective and sustainable

## **7. Legal and Risk Implications**

7.1 Clinical risks:

- Suitability for a low risk community birthing unit would be identified using the standardised risk assessment for pregnancy, labour and birth from the electronic patient record. This risk assessment would be following the same criteria as those who wish to birth at home.
- The unintended consequence of presenting to the GCH for intrapartum care whereby there is no pre planned on-call cover, or where the care provision is requiring high risk maternity care including obstetric or neonatal skills, is that emergency inter hospital transfer may be required.
- There is no facility for obstetric interventions, including instrumental birth or caesarean section, at the GCH.
- A robust communication plan will require to be developed for the preferred option to ensure the wider community are informed of the level of service that will be accessible from the GCH, recognising midwifery staff will not routinely be based in this location.
- Additionally, there is concern regarding the high use of locum medical cover (section 7.4) impacting the ability to robustly embed safe transfer of care pathway and provide emergency stabilisation presently. It should be recognised that the medical staffing model for GCH was not part of this independently chaired local service review.
- Postnatal care delivered from the GCH would be available to those who birthed there and working on the assumption of midwifery presence requirement as similar to that of a homebirth setting. Should either mums or babies require higher level of care, or request a longer length of stay, they would require to be transferred to DGRI.

7.2 Reputational risks:

- At present there is no associated reputational risk with the options but this should be reviewed as part of the consultation process.

7.3 Financial risks:

- The cost of the workforce is not posing a financial risk but there is a requirement to return the Clenoch Birth Centre into a suitable birthing environment. The equipment and stock items required would have an initial cost of approximately £103,000, of which there is no existing funding source. If this option is to be taken forward for consultation, a financial template will be completed as per section 5.3.

#### 7.4 Workforce risks:

- The current midwifery workforce establishment have been able to provide a region wide home birth option since August 2022 when this service was reinstated. Therefore, the assumption is that a region wide model would be utilised to staff the on-call community births.
- This means that on occasion women may still require to call for an ambulance or emergency assistance as the midwives may be commuting from anywhere in the region.
- It should also be recognised that if the midwives are called to a homebirth they would not then be available to attend the GCH and vice versa, there is not sufficient staffing to be able to provide two on-call teams.
- There is a requirement for GCH staff, as well as midwifery staffing, to be trained in obstetric emergencies, neonatal resuscitation and stabilisation of the newborn for the community birth centre at GCH to be safe and successful. Training and education is delivered via the Scottish Multi-Professional Maternity Development Programme (SMMDP). The current medical locum rate at GCH is in excess of 60%, therefore there is a risk that the workforce will not be suitably trained or experienced to this standard and therefore a robust plan and risk assessment would require to be undertaken for this option to be consulted on. Medical staffing at GCH was out with the scope of the Independently Chaired Local Service Review of Maternity Services Provision in Wigtownshire Locality.

#### 8. Consultation

- 8.1 A full statement of consultation is in development to accompany the final report to IJB in March 2024.

#### 9. Equality Impact Assessment

- 9.1 A full EQIA is being developed alongside this programme of work and will support the option(s) being taken forward for consultation.

#### 10. Glossary

<b>EQIA</b>	<b>Equalities Impact Assessment</b>
<b>IJB</b>	<b>Integration Joint Board</b>
<b>NHS D&amp;G</b>	<b>NHS Dumfries and Galloway</b>
<b>GCH</b>	<b>Galloway Community Hospital</b>
<b>SPDC</b>	<b>Strategic Planning, Delivery and Commissioning</b>