

**Board of Directors**  
**25 May 2022**  
**CNST Year 4 Safety Action 4 Assurance**

**Trust Strategic Goals**

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

**Recommendation**

For information	<input checked="" type="checkbox"/>	For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input checked="" type="checkbox"/>		

**Purpose of the Report**

To provide Board assurance on CNST Safety Action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?

**4a Obstetric medical workforce**

1. The obstetric consultant team and maternity senior management team should acknowledge and commit to incorporating the principles outlined in the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their service

<https://www.rcog.org.uk/en/careers-training/workplace-workforce-issues/roles-responsibilities-consultant-report/>

2. Units should monitor their compliance of consultant attendance for the clinical situations listed in this document 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 learning with agreed strategies and action plans implemented to prevent further non-attendance. Trusts' positions with the requirement should be shared with the Trust board, the board-level safety champions as well as LMS

**Executive Summary – Key Points**

The obstetric consultant team and maternity senior management team acknowledge and commit to incorporating the principles outlined in the RCOG workforce document:

<https://www.rcog.org.uk/en/careers-training/workplace-workforce-issues/roles-responsibilities-consultant-report/>

recognising that the Consultant roles incorporates multiple roles, including team leader and role model, trainer and supervisor, risk manager, patient advocate and innovator.

As clinicians they agree to the roles and responsibilities when providing acute care as detailed in the document.

A copy of 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynecology' (Provided in Appendix 1) is posted on York and Scarborough delivery wards and consultant and general team hand over offices. It is visible to all acute maternity staff groups and the labour ward coordinator on each shift will use it when considering the need to escalate care to the obstetricians.

The recent increase in numbers of consultant Obstetricians workforce on the York and Scarborough site has helped to make compliance with these standards possible

### Non Compliance

Non Compliance i.e: Non attendance by Consultant Obstetrician and Gynaecologist when requested to do so within the reasons outlined in the adopted RCOG workforce document will be added to the Datix trigger list, and monitored through the Datix reporting system. Episodes where attendance has not been possible will be reviewed at the weekly Maternity Case Review meeting.

This will provide an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance. Our position with the requirement will be shared with the Trust board, the board-level safety champions as well as LMS.

### Recommendation

The Datix trigger list has been updated to include this trigger. All Datixs are reviewed daily by the Quality & Governance Team, and discussed weekly at Maternity Case review. Any incidents of this type resulting in moderate and above harm would be reviewed by Patient Safety Incident Review at corporate level and any action planning agreed.

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**Date:** 23 May 2022

## Appendix 1

Roles and responsibilities of the consultant providing acute care in obstetrics and gynecology'

### 1 Acute Obstetric Situations where the consultant MUST ATTEND

#### GENERAL

In the event of high levels of activity e.g a second theatre being opened  
Unit closure due to high levels of activity requiring obstetrician input  
Any return to theatre for obstetrics or gynaecology  
Team debrief requested  
If requested to do so by most senior midwife on duty

#### GYNAECOLOGY

Any laparotomy

### 2 Situations a competent ("Entrustable") Registrar can manage

#### GENERAL

Any patient in obstetrics OR gynaecology with an EBL >1.5litres and ongoing bleeding

#### Obstetrics

Trial of instrumental birth  
Vaginal twin birth  
Caesarean birth at full dilatation  
Caesarean birth for women with a BMI >40  
Caesarean birth for transverse lie  
Caesarean birth at <32/40  
Vaginal breech birth  
3rd degree perineal tear repair

#### Gynaecology

Diagnostic laparoscopy  
Laparoscopic management of ectopic pregnancy

In these situations, it will be decided in advance for any particular entrustable trainee if the consultant will be INFORMED prior to them undertaking the procedure