

NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

Paediatric Medical Workforce Update

2. **Author(s) of Paper**

Dr Stewart Irvine, Director of Medicine
Dr Colette Fergusson, Director of NMAHP
Professor Bill Reid, Postgraduate Dean, South East Deanery

3. **Purpose of Paper**

The purpose of this report is to provide an update on paediatric and neonatal medical workforce issues across the SEAT region, the potential education and training implications and on the actions being taken to try to ameliorate the situation in the short, medium, and longer term.

4. **Key Issues**

Context

4.1 As part of our core business of training health professionals, the medical directorate has responsibility for delivering training in paediatrics, according to the curriculum written by the Royal College of Paediatrics and Child Health, and approved by the GMC¹. Currently, this curriculum sets out an indicative 8 year run-through training programme following the completion of foundation training, spread over training at level 1 (ST1-3) level 2 (ST 4-5) and level 3 (ST 6-8).

4.2 The numbers of trainees in paediatric training programmes in Scotland are determined as part of the SG Reshaping Medical Workforce Project, which provides advice to the Cabinet Secretary, and the distribution of trainees across the NES Deaneries has similarly been set at 50% (West), 25% (South East) 15% (North) and 10% (East). Modelling agreed as part of the reshaping project for 2012 indicated that an establishment of 189 doctors in training would provide sufficient workforce supply to meet anticipated consultant retirements

4.3 However, for 2013 recruitment, there was a general acceptance that more consultants will be needed to cover out of hours work in the near future and some Boards are already advertising for additional posts (consultant growth between

¹ <http://www.gmc-uk.org/education/paediatrics.asp>

March 2011 and March 2012 has been 2.5% - hc & wte). Given the existing service pressures and future issues relating to the medical workforce in Community Child Health the reshaping board agreed that no attempt would be made to reduce the **current trainee establishment of 234** for 2013. In addition to trainees in paediatric programmes, at any given time approximately 50 trainees in general practice programmes and 50 trainees in foundation training are placed in paediatric posts.

- 4.4 The current **consultant establishment** in paediatrics in Scotland is **241** (hc), with average predicted annual retirements running at 8. Our current training programmes are predicted to produce 23 CCT holders during 2012/13.
- 4.5 Doctors in training learn, in part, by gaining supervised experience, and contribute appropriately to service delivery as they do so. The delivery of service, particularly out of hours, remains heavily dependant upon doctors in training, particularly in what are known as 'the middle grades'. Almost 60% of the medical workforce in SEAT are doctors in training. Since 2009, Scotland has been taking steps to reshape its medical workforce, moving away from a service delivered by trainee doctors to one which is delivered predominantly by trained doctors².
- 4.6 Of the 234 trainees in paediatrics in Scotland, 64 wte (76 hc) are in SES. Of the 64 whole time equivalent placements, 49 are at ST3 or above (that is, working at middle grade level).

Paediatric Training in SE Scotland

- 4.7 South East Scotland Deanery provides comprehensive training for the available body of trainees in acute paediatrics, community paediatrics and neonatal medicine across the three health boards, Borders, Fife and Lothian. Lothian Health Board manages Edinburgh Royal Hospital for Sick Children/Simpson's Maternity unit, and St John's Hospital, Livingston.
- 4.8 As noted above, South East Region comprises 64 WTEs held by 76 trainees. Some 20% are less than full time. A high proportion (70-80%) are female (approximately 56% of all trainees in Scotland are female).
- 4.9 The South East region benefits from a high quality group of trainees who receive good training. Graduates of the Medical School are some of the highest achievers in the UK. They register high success rates in career advancement, registration for further research degrees, and success in National Grid application for paediatric subspecialty training. The competition ratio for recruitment is 6:1 compared to 2:1 in the rest of the UK.
- 4.10 The paediatric training programme in South East Scotland is of a very high quality. In the 2012 GMC National Training Survey, the SES paediatric programme achieved the highest score of any Deanery in the UK for overall trainee satisfaction, and scored above the UK average for 9 of the 13 indicators, including overall satisfaction, clinical supervision, handover, induction and adequate experience.
- 4.11 Similarly, looking at the feedback provided by trainees placed in paediatrics posts in the Borders General Hospital, the Victoria Hospital in Fife, St John's Hospital, the Royal Hospital for Sick Children in Edinburgh and the Royal Infirmary of Edinburgh, it is notable that there are no 'below outliers' (red flags), and several 'above outliers' (green flags).

² NHSScotland Chief Executive's Annual Report 2011/12

4.12 Basic specialty training in ST1 - ST2 takes place at RHSC and Simpsons. All trainees do 6 months of general paediatrics, community paediatrics, neonates and PICU. ST3 - 4 is spent in the District General Hospitals and the community services. The paediatric education programme in south-east Scotland is mapped to the RCPCH curriculum, and is quality managed by NES to ensure that it meets the standards required by the regulator³.

Current Position

4.13 It is widely recognised that there are growing problems in medical paediatric staffing across Scotland and the UK since 2008, with significant gaps in out-of-hours rotas as a result of:

- A reduction in the number of hours trainee doctors can work (European Working Time Regulation)
- The increasingly high percentage of paediatric trainees who are female, which has resulted in unprecedented levels of maternity leave and an increase in trainees working less than full time
- The loss of very experienced trainees going 'Out of Programme' to gain further specialist experience, either for academic research or to achieve subspecialty skills in so called GRID posts.
- The lack of available and suitably experienced locum doctors to fill gaps, due to changes in UK Immigration rules

4.14 For the reasons outlined above, the South East and Tayside Planning Group (SEAT) has reviewed the current position and challenges involved in workforce planning and service delivery for paediatric and neonatal services in Fife, Lothian and Borders and looked at options for the redesign of the paediatric and neonatal workforce and/or existing services across the region. This review has been carried out jointly by the SEAT Boards' Chief Executives and Medical Directors, the Post Graduate Dean and SEAT over a period of months.

4.15 Out of 64 whole time equivalent placements, 49 are at ST3 or above (that is, working at middle grade level). In this group it is anticipated that from February 2013 over 30% of the posts are occupied by trainees who are "out of programme" and therefore will not be available for service.

4.16 As a result the TPDs are unable to staff all existing middle grade rotas to meet the minimum safe staffing levels. This is detailed in the table below:

³ http://www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf

Unit	Borders General	Victoria Kirkcaldy	RHSC Edinburgh	PICU Edinburgh	Simpson's Neonatal Edinburgh	St John's	Total
Trainees required for a viable OOH rota	5.0	10.0	13.0	5.0	8.0	6.0	47.0
Anticipated trainee numbers for OOH from February 2013	3.0	8.1	11.6	3.6	5.0	3.1	34.4
Anticipated gaps from February 2013	2.0	1.9	1.4	1.4	3.0	2.9	12.6

4.17 In order to address the number of gaps, SEAT Boards have worked together to try to address the situation. The actions taken over the last four years in Lothian are listed in a paper presented to the NHS Lothian Board on 28 November 2012.(Attached).

4.18 One of the solutions to the challenge within the paediatric medical workforce has been the introduction of Advanced Neonatal Nurse Practitioners (ANNP) and Advanced Paediatric Nurse Practitioners (APNP). However, across Scotland there has been no single agreed model for ANNP and APNP within paediatric and neonatal workforce planning and therefore issues of sustainable education.

4.19 In light of the emerging pressures within the medical workforce and in response to service requests, NES commissioned three new Advanced Practice Modules and a clinical assessment module specifically for nurses and AHPs working in Childrens services. I

4.20 In response to service demand for neonatal nursing education a BSc Hons level programme commenced in October 2012.

5. Educational Implications

5.1 The implications for service delivery are set out in the enclosed NHS Lothian Board paper, and are restated below (5.2-5.4).

5.2 Prioritisation of services on the grounds of clinical risk and safety is paramount. SEAT Boards' Medical Directors and the Post Graduate Dean have agreed that, **where possible given training requirements**, paediatric trainees should be deployed to sustain services on this basis. On this basis the priority for SEAT is to sustain the paediatric and neonatal intensive care units in Edinburgh and the general and specialist paediatric services based at the Royal Hospital for Sick Children (RHSC) in Edinburgh. These highly specialist services support Lothian, the East of

Scotland and, at times, all of Scotland. It is therefore essential that these services be maintained to support very ill babies and children from across Scotland.

- 5.3 The next priority for SEAT is sustaining the paediatric and neonatal services at the Victoria Hospital; NHS Fife given it also has a neonatal intensive care unit and a wide range of paediatric services. Borders General Hospital and St John's Hospital with relatively low levels of inpatient activity are therefore the sites where the loss of paediatric trainees for out of hours working would have the least impact on the delivery of safe services. Given its more rural location and the longer travel time to services based in Edinburgh the SEAT Boards' Medical Directors agreed the next priority should be the Borders General Hospital.
- 5.4 At St John's Hospital, given its proximity to services in Edinburgh and that an alternative paediatric service model can be implemented quickly and safely if required (as demonstrated by the temporary closure of the paediatric inpatient unit for a three week period over July/August 2012), the least clinical risk is presented if trainee gaps were to lead to closure of the paediatric inpatient service.
- 5.5 However, NES also has an obligation to the **regulator** (GMC) to ensure that our training programmes comply at all times with their standards, and effectively deliver the approved curriculum to those trainees in programme.
- 5.6 The SEAT review has also reflected on a report from the Royal College of Paediatrics and Child Health, commissioned by the Postgraduate Dean, and provided in June 2012. As a result of the review of training in the South East it recommends that out of hours training opportunities do not justify the presence out of hours of trainees at St John's Hospital or possibly Borders General Hospital. The Post Graduate Dean is obliged to follow the recommendations of the College, in order that we are compliant with GMC standards, and has informed SEAT Boards that trainees will not be available to work out of hours on either of these sites from August 2013. It should be emphasised that we will be continuing to send trainees to all sites in SES during the daytime – and that we have no concerns relating to the quality of daytime training on either site.

6. Financial Implications

None.

7. Which NES Strategic Objective(s) does this align to?

Medical paediatric training is a key element of our core business, and one which effectively supports many of our key objectives particularly :

- 1 We will deliver consistent evidence based excellence in education for improved care
- 3 We will continue to build coordinated joint working and engagement with our partners
- 5 We will develop our support for workforce redesign
- 7 We will support education in partnership that maximises shared knowledge and understanding
- 8 We will develop flexible, connected and responsive educational infrastructure which covers people, technology and educational content
- 10 We will improve the sharing of knowledge across our organisation

8. Impact on the Quality Ambitions

The core business of training the healthcare professionals of the future relates directly to all three of the Quality Ambitions. As Sir John Temple noted '*Education and Training are Patient safety for the next 30 years*'⁴.

9. Key Risks and Proposals to Mitigate the Risks

- 9.1 The key risks to service delivery are set out in the NHS Lothian Board paper, along with proposals by the Board to mitigate these risks.
- 9.2 The key risks to NES are of failure to deliver the paediatric training curriculum and meet the GMC standards, leading to review by the regulator and loss of training approval from these programs.
- 9.3 The current Postgraduate Dean has now been in post for 4 years. At no point in that time has the middle grade staffing of paediatric rotas in the region been secure. The deanery has worked in partnership with all of the SEAT boards in both regular and "crisis" meetings to enable continuation of training and service delivery throughout this time. Extensive efforts have been made to maintain rotas, particularly those covering neonates, in order to sustain maternity services, and extensive contact has been maintained with Chief Executives and workforce planners, senior managers and politicians, including a meeting with the cabinet secretary on paediatric and neonatal services.
- 9.4 SEAT has achieved a clear professional view on the hierarchy of services to be maintained on clinical grounds, & the individual medical directors have a clear view of clinical safety thresholds in the services for which they carry responsibility.
- 9.5 At the current time, there are no immediate patient or trainee safety issues that have to be taken into consideration. Boards have ensured good supervision structures for trainees, through enhanced consultant and trained doctor input to out of hours work. Distribution of trainees across the various units is therefore more aligned to curricular needs and maintenance of essential services in the region. The regulator (GMC) has maintained an interest in the situation, but neither we nor the regulator feel that intervention is necessary at this point in time. Both GMC and RCPCH are supportive of our current approach to the issues.
- 9.6 NES is working in collaboration with SG to establish accurate information on the current ANNP/APNP workforce and to determine future education provision. A Seminar was convened in October 2012 with workforce planners, SG and stakeholders for Education and Service to consider solutions to education for small specialities. The plan is to develop a long term sustainable model of commissioning and delivery of Advanced Practice education for staff working with children and neonates.

⁴ Time for Training - A Review of the impact of the European Working Time Directive on the quality of training Professor Sir John Temple, 2010. ([Link](#))

10. Equality and Diversity Impact Assessment

An EQIA assessment has not been completed at this time.

11. Communications Plan

A Communications Plan has been produced and a copy sent to the Head of Communications for information and retention:

Yes

No

A Communications Plan format template is available in the 'Meetings' and 'Communications' sections of the NES Intranet.

12. Recommendation(s) for Decision

The Board is asked to note the current position with regard to paediatric training in SE Scotland, and in the enclosed paper recently presented to the NHS Lothian Board, and to endorse the approach set out in this paper.

NES
November 2012
DSI / CF / WR

NHS Lothian

Board Meeting
28th November 2012

Dr David Farquharson, Medical Director

PAEDIATRIC & NEONATAL MEDICAL WORKFORCE UPDATE

1 Purpose of the Report

- 1.1 The purpose of this report is to provide an update on paediatric and neonatal medical workforce issues across the SEAT region, the potential implications and on the urgent action being taken to try to ameliorate the situation in the short term.
- 1.2 The paper also requests the Board's approval to undertake an engagement process with stakeholders between December 2012 and February 2013 on the following:
 - An explanation of the developments in the paediatric and neonatal workforce;
 - The challenges that this presents in continuing the current service model to provide a safe and sustainable service for women and children across South East Scotland;
 - An outline of the extensive range of actions that have been taken to mitigate the problems;
 - An exploration of the full range of options for maintaining patient safety across the region in both the medium and longer term.

2 Recommendations

Members of the Board are asked to:

- 2.1 Note the forecast position regarding gaps in the paediatric middle grade rotas in the South East of Scotland from February 2013 and the service and patient safety risks that this presents for all of the services in the region.
- 2.2 Endorse the Board's absolute commitment to working with its partners to ensure the continued provision of safe services for babies and children in all acute facilities across the South East Region.
- 2.3 Approve the immediate actions to be taken with the intention of ameliorating the pressures in short term, including a further international recruitment initiative using external agency support to attempt to fill rota gaps left by trainee vacancies.
- 2.4 Confirm the need to identify and implement a long term sustainable solution for paediatrics and neonatal services across Lothian and the rest of the South East.
- 2.5 Approve the immediate development and implementation of a comprehensive engagement process with stakeholders between December 2012 and February 2013 to explore all the options for achieving that outcome.

3 Discussion of Key Issues

- 3.1 The South East and Tayside Planning Group (SEAT) has reviewed the current position and challenges involved in workforce planning and service delivery for paediatric and neonatal services in Fife, Lothian and Borders and looked at options for the redesign of the paediatric and neonatal workforce and/or existing services across the region. This review has been carried out jointly by the SEAT Boards' Chief Executives and Medical Directors, the Post Graduate Dean and SEAT over a period of months. However, the position has continued to evolve over this period and this paper sets out the most up to date position.
- 3.2 The SEAT review has identified that the current workforce models employed, in particular the reliance on paediatric medical trainees to deliver existing paediatric and neonatal services out of hours across the region, are unsustainable in the short term. There is a high risk that the circumstances that led to the temporary closure of the inpatient paediatric services at St John's Hospital will recur.
- 3.3 The SEAT review has taken account of the growing problems in medical paediatric staffing across Scotland and the UK since 2008, as a result of:
- A reduction in the number of hours trainee doctors can work (European Working Time Directive)
 - The increasingly high percentage of paediatric trainees who are female, which has resulted in unprecedented levels of maternity leave and an increase in trainees working less than full time
 - The loss of very experienced trainees going 'Out of Programme' to gain further specialist experience
- 3.4 In order to address the number of gaps, SEAT Boards have worked together to try to address the situation. The actions taken over the last four years in Lothian include:
- Repeated unsuccessful attempts to recruit specialty doctors (and also GPs) i.e. doctors who are trained and become permanent members of staff, as opposed to trainees
 - Changes to consultant job plans to provide extended out of hours cover into the evenings at St John's Hospital and RHSC
 - Repeated attempts to recruit Advanced Neonatal Nurse Practitioners (ANNPs) and Advanced Paediatric Nurse Practitioners (APNPs) to provide support to the services at St John's Hospital and to reduce reliance on trainee doctors out of hours
 - Recruitment of additional consultants with a job plan which involves a commitment to providing resident out of hours cover for the middle grade doctor rota, instead of trainees
- 3.5 Attempts to recruit more staff have been ongoing, with limited success, for almost four years. In the meantime, the burden of 'shoring up' the middle grade trainee rota has fallen primarily on a small group of the existing consultant paediatricians at St John's Hospital.
- 3.6 The SEAT review has also reflected on the report from the Royal College of Paediatrics and Child Health. As a result of the review of training in the South East it

recommends that out of hours training opportunities do not justify the presence out of hours of trainees at St John's Hospital or possibly Borders General Hospital. The Post Graduate Dean is obliged to follow the recommendations of the College and has informed SEAT Boards that trainees will be not be available to work out of hours on either of these sites from August 2013.

- 3.7 Prioritisation of services on the grounds of clinical risk and safety is paramount. SEAT Boards' Medical Directors and the Post Graduate Dean have agreed that, where possible given training requirements, paediatric trainees should be deployed to sustain services on this basis. On this basis the priority for SEAT is to sustain the paediatric and neonatal intensive care units in Edinburgh and the general and specialist paediatric services based at the Royal Hospital for Sick Children (RHSC) in Edinburgh. These highly specialist services support Lothian, the East of Scotland and, at times, all of Scotland. It is therefore essential that these services be maintained to support very ill babies and children from across Scotland.
- 3.8 The next priority for SEAT is sustaining the paediatric and neonatal services at the Victoria Hospital, NHS Fife given it also has a neonatal intensive care unit and a wide range of paediatric services. Borders General Hospital and St John's Hospital with relatively low levels of inpatient activity are therefore the sites where the loss of paediatric trainees for out of hours working would have the least impact on the delivery of safe services. Given its more rural location and the longer travel time to services based in Edinburgh the SEAT Boards' Medical Directors agreed the next priority should be the Borders General Hospital.
- 3.9 At St John's Hospital, given its proximity to services in Edinburgh and that an alternative paediatric service model can be implemented quickly and safely if required (as demonstrated by the temporary closure of the paediatric inpatient unit for a three week period over July/August 2012), the least clinical risk is presented if trainee gaps were to lead to closure of the paediatric inpatient service.
- 3.10 Boards continue to use a range of options for filling the gaps including asking trained medical staff to 'work down' and the employment of locums to cover overnight or weekend rota gaps. These options are expensive. For example existing consultants are currently paid 'triple time' to provide resident overnight cover at St John's Hospital, costing c£1,800 per twelve and a half hour shift. The cost of providing additional staffing to maintain services at St John's Hospital reached c£65k per month between April and July 2012.

NHS Lothian, in response to a similar level of gaps in paediatric trainee numbers in late 2011, advertised for an additional four consultants in both paediatrics and neonatology for St John's Hospital. Recruitment proved difficult and adverts were placed on a number of occasions from December 2011 onwards. Five additional consultants have been appointed, two paediatricians and three neonatologists, all of whom have been contracted to work a resident overnight shift on a 1 in 9 basis. All of the five consultants are now in post. However, even with the additional consultant appointments, there is still insufficient medical staffing to cover out of hours requirements on a sustainable basis with the level of trainee input that will be available from February. Current medical and advanced nurse staffing would be able to sustain cover for around seven out of nine neonatal shifts and around four out of nine paediatric shifts, based on a 1 in 9 shift pattern.

- 3.11 The option of asking existing consultants based in paediatric and neonatal services in Edinburgh to work resident OOH shifts to cover middle grade gaps at St John's Hospital has been considered. However, because of their specialist roles, only a small minority of the paediatricians at RHSC could cover the neonatal service at St John's and none of the current neonatologists could cover paediatric services there. It would therefore require two consultants to cover the middle grade trainee gap out of hours. Transferring consultant input from the RHSC and Simpsons to provide this would seriously deplete the level of cover at the busiest units within the region and create a patient safety risk for them.
- 3.12 Finally the Terms and Conditions of Service for consultants mean that any such change in consultants working patterns would have to be negotiated and agreed with existing consultants and they have indicated that they would not agree.
- 3.13 The SEAT review has examined a number of options for longer term workforce and service redesign and is likely to result in a recommendation that SEAT commissions a working group to develop a more detailed option appraisal for paediatric, neonatal and the interlinked maternity services on each site.
- 3.14 Because of the hierarchy of clinical priorities set out above, the key focus of the option appraisal is likely to be St John's Hospital which is at greatest risk and requires a sustainable workforce and service model. The aim is, if at all possible, to retain safe and sustainable 24/7 paediatric services at St John's Hospital. The proposal is that the options outlined through the SEAT review will form the basis of detailed engagement with a wide range of stakeholders in the next few months.
- 3.15 Since the SEAT review was initiated there has been a further deterioration in the paediatric medical trainee middle grade numbers forecast for February 2013. The Post Graduate Dean notified the Medical Directors in NHS Borders, Fife and Lothian in October that he had been informed by the Paediatric Training Programme Directors (TPDs) of further maternity leave and resignations from the programme. As a result the TPDs are unable to staff all existing middle grade rotas to meet the minimum safe staffing levels. This is detailed in the table below:

	Borders General	Victoria Kirkcaldy	RHSC Edinburgh	PICU Edinburgh	Simpson's Neonatal Edinburgh	St John's	Total
Trainees required for a viable OOH rota	5.0	10.0	13.0	5.0	8.0	6.0	47.0
Anticipated trainee numbers for OOH from February 2013	3.0	8.1	11.6	3.6	5.0	3.1	34.4
Anticipated gaps from February 2013	2.0	1.9	1.4	1.4	3.0	2.9	12.6

- 3.16 The above is a 'best case' scenario; it is highly likely that further gaps will emerge between now and February 2013. In addition to the above, gaps are also emerging in the advanced nursing workforce with two ANNPs having planned maternity leave during the same period. The position in February differs from previous occasions. Due to the training requirements of trainees, there are gaps emerging in the middle grade rotas in both the paediatric and neonatal Intensive Care Units in Edinburgh as

well as in the District General Hospitals. These intensive care units support the region, the East of Scotland and on occasions the West with provision of neonatal and paediatric intensive care on a Scotland-wide basis. Both units run at 100% occupancy. In addition, St John's Hospital will once again have at least 2.9 wte gaps in a rota of six.

- 3.17 Strenuous efforts are being made to try and address the above rota gaps, for example adverts have been placed for locum registrars and a substantive consultant in paediatrics at St John's Hospital. A national and international recruitment campaign using external agency support is also being launched. In light of the predicted position in February the Paediatric Staffing Group, jointly chaired by Dr Edward Doyle, Associate Medical Director and Fiona Mitchell, Director of Operations, Women and Children's Services will be re-established in order to lead the detailed work required to sustain services and maintain patient safety. Whilst every effort will be made to sustain existing services it is likely that the 24/7 inpatient service at St John's Hospital will once again come under pressure.
- 3.18 A key priority for the Paediatric Staffing Group will be sustaining the neonatal and therefore maternity services at St John's Hospital. Middle grade paediatric trainees currently provide out of hours cover for both paediatric and the neonatal services in the hospital. There are currently over 2,700 births per annum at St John's Hospital and the neonatal service is essential for sustaining this activity and ensuring patient safety. There is insufficient capacity within Edinburgh or across the region to safely absorb this number of births and it is therefore essential that the neonatal service at St John's Hospital is sustained.
- 3.19 In conclusion, SEAT has carried out a review of the ongoing issues within the paediatric medical workforce across the region and indicated that these are likely to necessitate change in both the current paediatric workforce and paediatric services. St John's Hospital will not have paediatric medical trainees working out of hours from August 2013 and is therefore at highest risk.
- 3.20 More detailed work and consultation with a wide range of stakeholders on the options for ensuring the delivery of a safe and sustainable service is now required. This work will need to be prioritised given the gaps forecast in the paediatric trainee numbers from February 2013 and the need to ensure safe, sustainable and affordable paediatric and neonatal services at St John's Hospital.

4 Key Risks

The key risks are:

- 4.1 Immediate actions do not result in sufficient additional resource being identified to compensate for increasing level of gaps in trainee rotas from February 2013 at all sites across the region.
- 4.2 Inadequate medical staffing of the Edinburgh paediatric intensive care unit impacting on the emergency admissions and complex planned surgery.
- 4.3 Inadequate medical staffing of the Edinburgh neonatal intensive care unit impacting on the provision of neonatal intensive care for South East Scotland.

4.4 Short notice of unplanned absences or changes to the availability of staff leading to an inability to fill a paediatric inpatient rota and the consequent clinical risk posed by an unmanaged and rapid change in the service provided on that site.

4.5 Inability to recruit to any short term measures to improve staffing particularly in the paediatric intensive care unit and Simpson's neonatal intensive care unit given the relatively short time scale.

5 Risk Register

5.1 The risks associated with the paediatric and neonatal medical workforce is already on the risk register. The register will be updated to reflect the high risk associated with the forecasted shortfall in medical trainee numbers in February 2013.

6 Impact on Inequality, Including Health Inequalities

6.1 An equality and impact assessment has not yet been undertaken. As full assessment will, however, be undertaken as part of the detailed option appraisal process.

7 Involving People

7.1 There will need to be comprehensive public engagement, which may require involving all three SEAT Health Board areas, on the options for a long term, sustainable solution for paediatric and neonatal services. This is in line with guidance from the Scottish Health Council and will require involving patients, carers and the public in the option appraisal process

7.2 Should a temporary and more urgent change to services at St John's Hospital be required to maintain patient safety, NHS Lothian will require to undertake an immediate and extensive interim process of informing those directly affected by this temporary reduction in service. This would include media coverage, Public Partnership Forum networks, the St John's Stakeholder Group, information for frontline staff to pass on to parents and families, linking into West Lothian Council's public networks and contact systems as well as informing key service providers such as GPs, NHS 24, Scottish Ambulance Service and related clinical teams. The PFPI engagement process in relation to the longer term options will need to start as soon as possible in early January with a draft plan currently being developed.

8 Resource Implications

8.1 Sustaining 24/7 paediatric inpatient and neonatal services at St Johns Hospital required additional funding of £65K over budget per month when trainees were withdrawn between April and July 2012.

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On behalf of SEAT Regional Planning Group
16th November 2012

DRAFT