



**DRAFT FOR NHS GRAMPIAN BOARD CONSIDERATION
15 DECEMBER 2022**

Moray Maternity Services Model 6 Milestones and Timescales

Executive Summary

NHS Grampian and NHS Highland have worked collaboratively during 2022 to jointly consider and map the journey that will culminate in the agreed model of maternity services for Moray: Consultant –led obstetric services delivered in Dr Gray’s Hospital, Elgin in 2026.

We know this journey is not straightforward. The challenges that led to a change in 2018 to a midwife led service in Elgin have not diminished and a long timeframe makes it difficult to plan precisely. What has been clear since the Cabinet Secretary’s announcement in March 2022 is the commitment and enthusiasm shown by many staff groups to achieving this ambition, and the milestones to be reached along the way, including being able to offer elective sections locally by 2025 and working more closely with colleagues in neighbouring Boards. We know too that some colleagues have concerns about feasibility and we will continue to support all staff and stakeholders.

The discussions that have taken place in recent months have been with a wide range of professionals to determine the way ahead. Colleagues from maternity and other services, from NHS Boards and other partner agencies have contributed their time, knowledge and advice to understanding and describing the conditions that will require to be in place to achieve our objective. The attached set of milestones and timescales is a reflection of those discussions and contributions and adopts an aspirational approach to what can be achieved by collaborative working.

Additional new roles in midwifery, obstetrics, medicine and other disciplines, exciting training opportunities, modern and future-looking job plans and new ways of working are all features of what we will require to implement in achieving Model 6. Whilst recognising the challenges, we also see exciting opportunities to be innovative in shaping healthcare services in the north of Scotland, developing a networked model to bring sustainability to services which are often delivered by smaller teams. Joint working between NHS Grampian and NHS Highland on workforce planning and development of the new roles will shape how posts can operate across a networked model.

The plan describes some of the interdependencies that are crucial to success. Working in partnership across Boards and with Scottish Government will be key to realising the vision and we also look forward to continuing to enhance our relationships with other stakeholders. As we progress in our journey to deliver consultant-led obstetric services in Dr Gray’s we will maintain these relationships as we further refine and develop planning for the changes and resources that will be needed.

In further support of implementing the planned changes, a clear strategic direction for Dr Gray’s Hospital will be available from early 2023. More detailed scoping of proposed estates improvements and associated costs will follow, as will further understanding of the opportunities offered by a networked model beyond maternity services. A wider context for health and care services in Moray is below:

Moray Health and Social Care Context

The Moray Integration Joint Board carried out a Strategic Needs Assessment in 2018 looking at the future health and care needs of the population; that assessment produced the following highlights:

There are continuing inequalities in health status across Moray, with an evident association between level of neighbourhood affluence and morbidity and mortality.

The population is aging, with a growing population represented by adults over the age of 65, and growing numbers of adults over 80, with implications for increasing morbidity.

Significant demand for health and social care services arise from chronic disease and a growing proportion of the population is experiencing more than one condition (multi-morbidity).

Significant morbidity and mortality due to mental health problems.

Significant morbidity and mortality due to lifestyle exposures such as smoking, alcohol and drug misuse.

Moray is characterised as remote and rural, and there are significant access challenges for some in the population to access services.

Care activity is highly demanding of informal carers, and there is evidence of distress in the informal carer population.

Moray's military and veteran population constitute a significant group, requiring both general and specific health services.

Background

In March 2022, the Cabinet Secretary announced that consultant-led services will be delivered in Dr Gray's Hospital (DGH), Elgin and that until these services are fully available, a 'Moray Networked Model' should be put in place with networked services available by December 2023.

NHS Grampian and NHS Highland are committed to delivering a consultant led obstetric service at Dr Gray's Hospital through a networked approach. The two organisations are working collaboratively to plan and implement the necessary changes with our population, workforce and partners. The model will ensure that women in Moray have access to safe, high quality, fully supported maternity and neonatal services.

It is important to note that although ‘Model 4’ and ‘Model 6’ are set out in the Ralph Roberts Report (2021) as different models, they are, in effect, on a continuum of service development and planning for implementing these models reflects that. Many of the changes and conditions necessary for achieving the final model require to be phased in a way that prepares staff and services for full implementation. It should also be noted that service planning take place on a system wide basis, with impacts and benefits considered across the system. A summary of those benefits is set out below

Service Benefits	
Model Four	Model Six
Women are able to receive care at Dr Gray’s, Aberdeen, or Raigmore Hospital	Consultant-led unit with midwifery-led maternity unit operating from Dr Gray’s
Antenatal care delivered at Dr Gray’s	This includes wrap-around support necessary to sustain an extended maternity service.
24-hour availability of Midwife-led triage and assessment at Dr Gray’s	The unit will include all antenatal, intrapartum and postnatal services.
This will support reduced travel times for a majority of births	Women will be able to receive care at Elgin, Aberdeen, or Inverness
Midwife-led intrapartum care in Dr Gray’s, offering the potential to provide approximately 20% of Moray births (all of these births would be those categorised as ‘low risk’)	A small number of women may still require, in the interests of the wellbeing of the mother and baby, to give birth in the tertiary obstetric unit in Aberdeen.
Access to planned consultant-led intrapartum care shared between Raigmore and Aberdeen Royal Infirmary as part of a ‘network’	

Planning for those earlier stages of implementation has included the submission in the summer of 2022 of a joint plan, produced by NHS Highland and NHS Grampian, that set out milestones and timescales for Model 4. In addition, NHS Highland’s Board have approved a capital business case for the refurbishment and upgrading of part of the maternity infrastructure at Raigmore Hospital to bring it to an acceptable standard.

While the joint plan is yet to be formally accepted by Scottish Government, NHS Grampian and NHS Highland are committed to delivering the Cabinet Secretary’s instruction. Planning has continued for the further stages of the new models as well as in creating the necessary conditions and this is part of a single planning process. As well as beginning to clarify the financial requirements for future services, there have also been a number of collaborative events supporting the further development of relationships for clinicians across medicine and midwifery from Highland and Grampian.

It is acknowledged that the milestones and timescales contained in this document are ambitious. They reflect the commitment and ‘can do’ approach that is needed to

achieve the highly challenging aim set out by the Cabinet Secretary and they are predicated on a number of assumptions and caveats, including those inputs from partner organisations, workforce availability and the availability of sustainable funding sources.

The Ralph Roberts Report (2021) noted that communications and engagement efforts could have been better on the part of NHS Grampian and in 2022, efforts have been made to improve this including regular meetings with stakeholders, support to stakeholder groups and the appointment of a dedicated role for community engagement. Linked to these efforts, there needs to be an equal shift in how public conversations are conducted so that we can rebuild the confidence of Moray women and families in the services they access. The successful achievement of the actions in this plan will require the support and commitment of the executive, managerial and clinical staff across NHS Grampian and NHS Highland, the Scottish Government and all stakeholders. It will be essential to support all parties to work collaboratively to ensure the objectives are met.

Foundation Model 4

One of the cornerstones of developing a safe sustainable model through collaborative working is the consistent, time critical intrapartum transfer of women from the Community Maternity Unit in DGH to Raigmore Hospital. Since it is the quickest, shortest journey to accessing consultant-led care for these women, it is proposed that current challenges in midwifery staffing can be mitigated by the provision of a midwife from DGH to the Raigmore team, offering additional capacity while also enabling closer joint working.

Women being able to choose Raigmore Hospital as their place of birth is a milestone and feature of Model 4. However, we have heard how it represents challenges for the Raigmore clinical team's capacity to meet additional demand. It is therefore proposed that this should be rescheduled to early 2025 to align with completion of the building refurbishment work in Raigmore and further scoping of staffing levels to be agreed locally. Given that these choices are generally indicated early in pregnancy, this will ensure that when the option is made available to Moray women, any rapid surge in demand can be met.

A further recommendation for early implementation was the provision of elective caesarean sections. Detailed narrative regarding this has already been shared as part of the joint plan submitted in the summer. It sets out the safety challenges to achieve this provision but the local aspiration remains to be able to offer elective sections in DGH ahead of Model 6; in early 2025. This will be as a result of planned recruitment and training of additional peri-operative staff in 2024.

Modelling to better anticipate the levels of activity that can be expected with each service change is not straightforward and there has been a wide range of proposed data with subjective degrees of confidence. For Moray women, the choice of Raigmore for birth is multi factorial and will include the journey time to Inverness, the future availability of the new Baird Family Hospital in Aberdeen and other unknown, personal preferences and circumstances. Despite these challenges, work has been undertaken to model the likely level of activity across the north, based on a modelled increase from the current 19.5% to 30% of women choosing to give birth in DGH. The following table sets this out

Data from Jan 2021 – Dec 2021 (source Badgernet)		Model if women choosing DGH increased to 30%	
Total Births Moray (and Banff)	952	Total Births Moray (and Banff)	952
Births commenced in DGH CMU (19.5% of total births)	186	Births commenced in DGH CMU (30% of total births)	284
Intrapartum transfers from DGH (Aberdeen and Raigmore)	41	Intrapartum transfers from DGH (all to Raigmore)	64
Moray (and Banff) women transferred and giving birth in Raigmore	13	Moray (and Banff) women transferred and giving birth in Raigmore (1-2 TRANSFERS PER WEEK)	64
1. modelling uses local transfer rates 2. Women in some parts of Banff are looked after by midwives in the Moray teams			

Final Model 6

The final target model, to which we are committed, and is the feature of planning work, is one in which there is a consultant-led unit with a complementary community maternity unit operating from DGH, providing all antenatal, intrapartum and postnatal services. This will mean that the women of Moray will have the option of a local consultant led birth, with only those women with specific clinical needs being recommended to give birth in the tertiary obstetric unit in Aberdeen.

It is acknowledged that many roles across the health sector in Scotland face shortages in workforce supply; this is particularly the case in the north of Scotland where lower population densities and smaller hospitals might seem to offer more limited career opportunities. In DGH specifically the lack of medical trainees meant that in 2018, the maternity service model had to change because of insufficient junior doctor cover. The challenge of workforce availability has not eased since 2018 and is likely to continue in the future. For the north of Scotland, service sustainability is therefore highly reliant on innovative and new ways of working that bridge traditional boundaries and Boards; through the development of networked models, offering specialist services and attracting the necessary specialist staff.

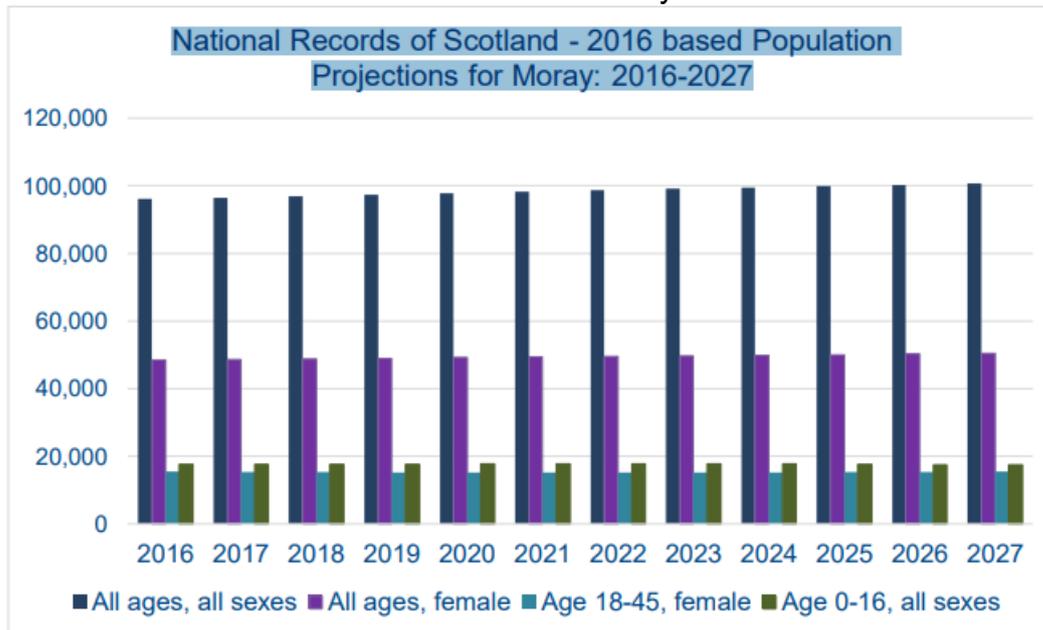
These new ways of working will take time to develop and embed and must reflect differences in culture, demand and activity levels, local practice and vicarious liability. It is also understood that these changes depend upon partner organisations being able to also make significant changes, i.e. sufficient levels of trainees to provide a safe and sustainable service; and recognised training programmes for new qualifications and national roles.

There is an eagerness to be able to provide the target model with the shortest delay, and despite the significant workforce challenges and other risks, it is proposed that consultant-led births could take place as early as the end of 2026 or early 2027. This is, of course, dependent upon NHS Education Scotland being in a position to supply a sufficient number of trainees to the north of Scotland.

Planning Assumptions and Principles

Planning for service provision and for service development takes account of a number of assumptions that provide the context for that planning. Key planning assumptions are set out here and help to establish a shared understanding of the objectives, of what is possible and what is yet to be fully scoped.

The following offers some insight into the Moray population, showing a small growth in the overall population but no increase among women aged 18-45. Planning is therefore on the basis of a static birth rate in Moray.



²⁰ This figure includes failed inductions

²¹ Otherwise referred to as a "spontaneous cephalic" or "spontaneous vertex delivery" or SVD

²² This record was changed to a mandatory field in the system from 2019 onwards

Further planning assumptions and principles are:

- Model 4 and Model 6, whilst offering different types of intrapartum care, are on a continuum of planning and service development, with the features of Model 4 as milestones on the journey.
- Clinical pathways already exist nationally for antenatal, intrapartum and postnatal care, our local work is to ensure these are shared and joined up across a network of care.
- Intrapartum transfers will be in place by early 2023.
- A networked model is the only sustainable approach to recruiting and retaining specialist and generalist workforce across the north of Scotland.
- Both models depend on clinical collaboration across a networked model, with workforces and pathways working jointly to support women and to mutual benefit across Boards and teams.
- Services will be delivered as close to home as possible and as specialist as necessary
- Capital and revenue funding will be available for Boards to develop and sustain new roles and services.
- Workforce numbers and associated resource requirements are not final and are subject to further review as the planning progresses.

People

This plan sets out the conditions necessary to implement the new models of care at DGH, and key to that is the people who will design, implement and deliver the services. While there is a clear need for non-clinical support staff, the following describes the need for new clinical roles and what services they will deliver. A summary of the additional posts is set out in the **Financial Plan at Appendix 2**. (*wte – whole time equivalent*).

Collaborative working and discussion to date has agreed that a joint approach to workforce planning is required to meet the challenges of recruiting and retaining the right people for these roles. Developing innovative roles working across traditional boundaries will be taken forward jointly by NHS Grampian and NHS Highland and this will be linked with the fresh approach to recruitment marketing described later in this plan.

Midwifery / Women's Health

Consistent practice around intrapartum transfers is a feature of Model 4 and is crucial to offering the shortest, quickest journey for those Moray women who need time critical obstetric input. Midwifery staffing levels in Raigmore have presented challenges to this pathway and it is proposed that a member of the DGH midwifery team is present on a daily basis to support colleagues in Raigmore Hospital and to support DGH colleagues to gain experience with a wider range of complexities. This service change can be achieved from June 2023 onwards and is sufficient resource to support the 1-2 transfers per week that might be expected if there was a shift from approx. 20% to 30% in women choosing to give birth in DGH as part of Model 4.

Also in 2023, DGH will benefit from enhanced midwifery leadership including 2wte Lead Midwives/Nurses, a consultant midwife and a specialist midwife. These roles will provide professional oversight and support as well as more specialist midwifery services including complex care needs, assessment and triage, early pregnancy care and bereavement. Further support will be offered via a dedicated Digital Midwife to ensure optimal use of digital modes and a new role in local senior service management will improve cohesion across women's pathways in DGH.

As part of full consultant-led obstetric services being available in DGH, a minimum of an additional 6.5wte midwives will be needed to support births. These roles would be based across the Moray service in line with the Best Start national programme.

Obstetrics / Medical

DGH currently has funding for 4wte consultants who provide services in both obstetrics and gynaecology.

As part of phasing and staging the workforce to match changes in the model, it is important that senior obstetric staff in DGH have exposure to a range of clinical scenarios, including those involving complexity in labour and birth, which will require some work outwith DGH. In addition to stabilising the current workforce with substantive appointments up to the establishment of 4wte, an additional 2wte

consultant obstetricians will be recruited. The new roles will operate across the network model and will ensure the enhanced antenatal provision that is part of Model 4; delivering a range of complex antenatal care including most fetal medicine services, and obstetric-supported day assessment and triage from DGH.

In order to ensure safe, sustainable consultant-led intrapartum care at DGH, there will also require to be a 24/7 resident tier of staff in DGH who can independently carry out emergency obstetric interventions including caesarean sections and assisted vaginal births. At the current stage of planning, it is anticipated that this will be a combination of medical trainees and non-training grade staff. There will also then require to be an increase in substantive obstetric consultants from 4wte to 6wte.

The paediatrics service will also require additional capacity as part of providing specialist care in Model 6; an additional 2wte Specialty Doctors and 2wte at a level of FY 1-2/GPST.

Anaesthetics

DGH operates with one of the smallest teams of anaesthetists in a Scottish district general hospital, with a consequence of high levels of on call and out of hours activity. A further 3wte posts will provide stability in the existing team, increase the attractiveness of the roles for new recruitment and enable the development of clinical practice and training needed for elective sections.

In order to provide the obstetric –led births in Model 6 within 3-4 years, it will be necessary to recruit up to 4wte additional middle grade anaesthetists with primary experience in obstetric anaesthesia and intensive care and 3wte anaesthetic speciality trainees. Once stabilised, the model could shift to a combination of middle grade anaesthetists (Speciality Doctors) and senior anaesthetic speciality trainees, with consultant anaesthetists providing an on call service from home to support resident anaesthetists out of hours.

Theatres

As part of providing obstetric led births in DGH, a dedicated theatre, available 24 hours for emergency obstetric usage is necessary. The costs for this will be more fully scoped as part of an Estates review, planned to take place in 2023 as part of the wider strategy work for DGH.

The majority of caesarean sections are uncomplicated, however, serious complications can occur without warning as with any major surgical procedure, and this means that the support services that are required to safely deliver planned caesarean sections are different to those that are available at the moment in DGH.

A robust tier of appropriately qualified staff will be required, resident 24 hours a day. The staff will be competent to provide routine post-operative care and to identify post-operative complications including supporting the midwifery staff with the initial resuscitation of a woman/neonate, while awaiting senior medical help or retrieval.

Sufficient anaesthetic assistants and other theatre staff are necessary to always allow safe and timely access to theatre for women who require it, for the management of bleeding or other surgical complications and for neonatal resuscitation.

Ranging from Band 3-6, the wte required for this cohort of staff is estimated at 22.13wte.

Recruitment Marketing

Recruitment across the NHS is a national challenge and this applies to the posts needed to implement the new models. There is also a stated need for more clarity about the role and function of the wider hospital and its place in Moray, Grampian, and the north of Scotland. In 2023, a strategic intent and delivery plan will be published, setting out a future direction for the hospital. This clarity and positivity is expected to benefit the recruitment position for DGH, as will a shift in tone about the hospital and services towards a more positive and optimistic future.

A blend of traditional and fresh recruitment tactics will aid the marketing of career opportunities in the north, including, of course, a focus on the natural beauty of the landscape and the lifestyle opportunities offered by the more rural locations. Targeted modern advertising campaigns including pop up events and media exposure will be combined with clinical partnering with the Royal Colleges and civic agencies will ensure an energetic approach to recruitment.

More detail is set out at **Appendix 3: Recruitment Marketing Plan**

Places and Equipment

Fit for purpose accommodation in hospitals and units across the north are vital to maternity service quality, accessibility and sustainability. A business case for upgrading and refurbishing maternity services accommodation is already approved by NHS Highland for Raigmore and Aberdeen Maternity Hospital will be replaced by the Baird Family Hospital by the spring of 2024. It is also noted that the theatre provision at DGH is fragile and in order to ensure availability for obstetric cases, including elective sections, a new dedicated theatre and associated equipment will be required. Scoping and production of a separate business case for this will be undertaken in 2023, as part of a wider Estates review. Costs for this are not included here. Similarly should forthcoming national guidance on neonatal care indicate a need for an upgraded Special Care Babies Unit (SCBU), associated costs will be calculated and shared,

Appropriate and modern equipment is also needed to support the changing models including that associated with cardiotocography and obstetric high dependency. These will need to be priced closer to the date of installation. Delivery of services as close to home as possible, and in particular for DGH to be able to provide the planned enhancements to the current ante-natal service, requires sonography equipment. This will mean that scanning appointments could be retained in Moray, rather than travelling to Aberdeen and to this end, NHS Grampian is scheduling the purchase of such equipment in early 2023.

Pathways

National clinical pathways for ante natal, intrapartum and post natal care already exist and are followed by territorial Boards, in line with national Best Start strategy. It is however always the case that pathways require adaptation to be implemented locally, taking account of factors such as workforce, skill mix, environment. These local guidelines will have minor differences across the different Board areas, however will still operate within safe parameters. Where women and families receive care across teams and local practice, clinical collaboration between teams in NHS Highland and NHS Grampian is already in place to reach accord on how these will join up, providing a seamless experience for women in the new models.

A major benefit of establishing the features of Model 4 in a Community Maternity Unit in DGH is that the skills and experience of the midwifery teams will continue to be available to those women who choose midwifery-led intrapartum care even after obstetric led services are available as part of Model 6.

Neonatal services were formerly delivered from a SCBU in DGH and as part of a consultant-led obstetric service, some babies would need additional care as part of Model 6. Nationally there is ongoing work to clarify the neonatal models recommended in Scottish hospitals as part of the Best Start national programme and this will inform and shape the future resource requirements for DGH. Should this guidance indicate a need for a SCBU model in DGH this will need to be scoped further, with crucial planning input from colleagues in ScotSTAR.

Interdependencies

Laboratory Services / Scottish National Blood Transfusion Service

DGH in recent years moved to the use of a Smart Blood Fridge, primarily to address longstanding issues around attracting, training and retaining appropriately HCPC registered scientific staff. This has proven successful, with other Board areas now following suit. This mode of provision is already sufficient for Model 4 and is also deemed to be appropriate service provision for elective sections when they become available in DGH. A fully risk-assessed Haemorrhage Protocol locally provides a higher level of transfusion service and is approved by Scottish National Blood Transfusion Service. (SNBTS)

As part of Model 6 and the provision of obstetric-led births in DGH, an increased level of activity may indicate a need for a subsequent increase in Smart Blood Fridge capacity. This will be supported centrally by SNBTS so may not require additional local workforce, but this will be scoped appropriately.

SAS/Scotstar

Hospital based teams and services work closely with colleagues in Scottish Ambulance Service (SAS) and ScotSTAR, and ongoing discussions have been a feature of planning since the publication of the Review Report in 2021. When

designing models of care that incorporate the challenges of intrapartum transfers across significant distances and across rural locations, there can be no service planning without including these services. Significant additional resource from Scottish Government into SAS/ScotSTAR and robust bypass policies will need to be considered as part of future planning.

With Model 6, staffing ambitions for potential neonatal care models will optimally consider the need for further partnership working with SAS to contribute to safe and sustainable ScotSTAR staffing, e.g. rotational nursing/practitioner posts, and sessional commitments from consultants. The requirement will be clearer with the national guidance on models referenced earlier on page 12.

NES – supply of middle grade trainee doctors

It has always been clear that any model of care offering consultant-led obstetric maternity services in DGH requires a stable rota of middle grade trainee doctors to be safe and sustainable; the lack of this workforce was a key factor in having to change the previous service in 2018. There will require to be significant change in the supply of trainees to DGH and the north of Scotland to effect this and this will take a number of years to plan. To this end, discussions have been taking place at an executive level between NHS Grampian and NHS Education Scotland to better understand what will be required and how it could be achieved. Discussions are ongoing and are likely to include colleagues from Scottish Government.

Risks

In 2022 a Joint Board was established as part of the approved governance structure; this Board is jointly chaired by senior leadership from NHS Highland and NHS Grampian. Risks have been reviewed and are owned by this group, and a summary of key risk areas is below.

Risk	Impact	Mitigation
Delays or inability to recruit to necessary roles	Aberdeen, Elgin and Inverness already holding vacancies across all disciplines, lack of additional recruitment would hinder deliverability of current and future services	<ul style="list-style-type: none"> • Fresh recruitment approach • Clear direction for DGH • Potential for joint roles as part of networked model
Inability to remove barriers to cross-Board working, e.g. vicarious liability, contracts, culture	lack of joint working prevents pathways i.e. deliverability of transfers, choice for women and networked model	<ul style="list-style-type: none"> • Joint Board governance • Joint planning • Clinical collaboration – formal and informal
Adequate level and timely availability of funding by Scottish Government	Delays in purchase of scanning equipment, recruitment to posts)	<ul style="list-style-type: none"> • Financial plan developed for additional resource required, with indication of scheduling

Recommended new roles e.g. Advance Midwifery Practitioner, without a national, recognised outline, development programme or training/qualification.	No recruitment possible to a role which has not been recognised	<ul style="list-style-type: none"> • Discussion with NES on potential for development programme
Delays in refurbishment programme at Raigmore Hospital	Delay in readiness and capacity for moving forward with redesign	<ul style="list-style-type: none"> • Project Management by NHS Highland expert team
NES and Professional Bodies not able to support increased number of trainees at FY1& 2 and ST 3 – 7 levels for Obstetrics, Anaesthetics and Paediatrics	Consultant-led services are not possible at all in DGH without this additional level of supply	<ul style="list-style-type: none"> • Planning discussions with NES underway at executive level.
Lack of recognition that future services require a networked model for the north	Recruitment and maintenance of specialist services in isolation in single Boards is likely unsustainable	<ul style="list-style-type: none"> • Discussion and development of networked model for maternity services and wider

Conclusion

We are pleased to be able to submit this plan as an indication of milestones and timescales for delivering Model 6; consultant-led obstetric services in Dr Gray's Hospital as part of a networked model.

It is acknowledged that many of these timescales have interdependencies and caveats linked to risks in workforce availability, finance and other areas; however the opportunity to redesign maternity services in Elgin can also be seen as an opportunity, and even a pathfinder, to reshape many healthcare services across the north of Scotland, where services are often vulnerable to operating in large areas with lower populations and delivered by smaller teams.

We do not underestimate the challenges ahead, nor the ambition of meeting the timescales set out in this plan. To meet those challenges we will need to, and look forward to, working with the support of all stakeholders; colleagues across territorial Boards, in Scottish Government and partner agencies and public and political stakeholders too.

We look forward also to hearing feedback on this Joint Model 6 Plan.

Appendix 1. Visual Model of Proposed Milestones and Timescales

Appendix 2. Financial Plan (NHS Grampian)

Appendix 1. Proposed Milestones and Timescales Visual

Moray Maternity Services Model 6 Milestones and Timescales									
People	2023		2024		2025		2026		
	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	
	1 x NHSG midwife on shift at Raigmore				11 x SCBU Band 4-6	Paediatrics 2 x Spec Doctors, 2 x FY1-2/GPST			
	6.5 WTE Midwives (Band 6)						Anaesthetics 7 x ST4-7 medical trainees or equivalent		
	3 x anaesthetic consultants		Theatre Team 22.1 x B3-6				Obstetrics 7 x ST3-7 medical trainees or equivalent		
	2 x 8b Lead Midwife		5.4 x B7 Neonatal Advanced Nurse Practitioners						
	1x 8b Cons Midwife								
	1 x B7 o/p Midwife								
	2 x substantive obstetrician roles to advert								

Places	2 x obstetrician roles to advert (Increased complex antenatal care)							
	1 x Unit Operational Manager (Band8C)							
	Training Analysis jointly undertaken with NES (obstetricians, paediatricians, peri-operatives, anaesthetists, midwives, nurses)		NES commissioned programmes in place ready to run					
	New scanners	New scanners in place and training completed	New Obstetric Theatre Business Case			Commence build of new Obstetric Theatre		
			Raigmore Hospital refurbishment complete					
Pathways	Intrapartum transfers of time critical Moray women to Raigmore in place	BTS scoping for any additional resource		BTS model in place	Elective Sections (2 lists per week)			

	Enhanced complex antenatal care; consultant led triage and day assessment			Moray women can choose Raigmore for consultant led birth			Consultant led births in DGH
	SCBU model to be scoped				SCBU upgrades made		

Moray Maternity Services Model 4 - 6 NHS Grampian Draft Finance Plan

As part of the Cabinet Secretary's announcement regarding the establishment of Consultant-Led Obstetric services at Dr Gray's Hospital, there was confirmation of funds of £5million to be made available to NHS Grampian to support planning and implementation.

A Draft Joint Plan has already been prepared for delivering Model 4, the foundation destination ahead of Model 6, and this was submitted to the Cabinet Secretary for his review on 1 July 2022.

The following has been identified to date as the costs for NHS Grampian to begin to progress to Model 4 and to establish a stable foundation for developing and implementing Model 6. As progress is made in developing the Model 6 planning, further recurring and non-recurring costs will become evident including multidisciplinary development and infrastructure and the potential need to recruit via locum staff. This will be submitted at a later date. Additionally, NHS Highland colleagues have prepared a separate Full Business Case regarding the local infrastructure requirements at Raigmore Hospital which has been approved by the NHS Highland Board.

The table below includes the resource that will be required to support the Programme approach for planning and implementation of the new models, working within local and joint governance structures between NHS Grampian and NHS Highland (Joint Maternity Board), within the scope of the Integrated Family Portfolio and Moray Portfolio.

It is important to note that women from Moray utilise maternity services across the whole of Grampian and wider North of Scotland therefore current additionality will enhance the quality of care experienced by Moray women as well as the whole pregnant population in Grampian and some women in the wider North of Scotland.

MORAY MATERNITY PLAN COSTINGS

Staff Group	WTE	2022/23	2023/24	2024/25	2025/26	2026/27
	For Model 6	£	£	£	£	£
Midwifery / Nursing	60.8	343,851	1,869,871	2,873,730	3,379,823	3,479,118
Medical	24.4	223,634	921,369	949,010	1,604,062	2,858,297
Programme Support & Non Clinical	8.1	233,948	638,066	630,858	649,183	668,059
Equipment		260,000	26,000	26,000	26,000	26,000
Total Cost year by year	93.3	1,061,433	3,455,306	4,479,598	5,659,068	7,031,474
<i>Additional Investment Required By Year</i>		1,061,433	2,393,873	1,024,292	1,179,470	1,372,406

Recruitment Marketing (Maternity Services) Draft 1.

'Wish You Worked Here?' Pilot Campaign

Situation Analysis

Maternity Services in NHS Grampian and NHS Highland are undergoing a period of development that requires additional staffing across a number of clinical specialisms in order to support future ambitions.

A networked model of maternity care, followed by a full obstetric service based in Moray is being developed in partnership by clinical teams in Elgin (Dr Gray's Hospital), Aberdeen (AMH) and Inverness (Raigmore Hospital) with oversight from Scottish Government.

This will deliver enhanced antenatal services, reduce travel time for mothers throughout their pregnancy and ultimately a safe and sustainable model of care that has a midwifery led unit in Moray alongside a consultant led unit - placing local needs at the heart of a wider and changing health system.

A Competitive Landscape

Recruiting NHS staff across Scotland remains challenging and across the UK there is a significant shortage of clinicians with those skills being sought. Whilst this is evident across a number of specialisms, the shortage includes those relevant to posts required to support Maternity Services in the North of Scotland, namely; midwives, neo-natal Advanced Nurse Practitioners, Consultant Obstetricians and Anaesthetists.

(See: [The Anaesthetic Workforce: UK State of the Nation Report | The Royal College of Anaesthetists \(rcoa.ac.uk\)](#))

Goals/Objectives

Joint plans have been submitted to the Scottish Government by NHS Grampian and NHS Highland describing the necessary upgrades to infrastructure at Raigmore Hospital as well as workforce requirements in both NHS Grampian and NHS Highland to enable delivery of the desired developments to Maternity Services.

For the safe and sustainable introduction of consultant-led maternity unit at Dr Gray's Hospital, included within the plans submitted to the Scottish Government are specific recruitment milestones.

In context of a challenging recruiting environment, it will be necessary for NHS Grampian to undertake a marketing campaign that will attract much greater visibility than traditional recruitment tactics deliver in order to attract the workforce required. Therefore our intention is to promote Moray, Grampian and the North of Scotland as an excellent location to live and work in more and different environments, as a means of drawing more attention to the positions that are available. By promoting what we believe to be a uniquely attractive set of criteria NHS Grampian intends to generate increased interest in current roles, as well as starting a conversation that will prime others for future rounds of recruitment.

Note: it is acknowledged that successful recruitment is interdependent upon a clear strategic direction for Dr Gray's Hospital (anticipated to be available from early 2023) and a shift in tone about the hospital and services (towards a more positive and optimistic future) if 'interest' is to be converted into applications and ultimately appointments.

Marketing Strategy

Activity will commence in Q1 2023, supporting the recruitment need set out within the Model 6 timeline. Campaign content will consist of a number of pilot phases that use fresh techniques to extend the reach of the Health Board to a broader audiences using new mediums. A pilot approach has been selected because the blend of traditional and fresh recruitment tactics that will be employed. This offers us the ability to adapt following performance measurement and scaled-up/down as required.

Advertising

Supplementary to traditional recruitment (job role) advertising within key clinical journals and relevant health publications, a 'Wish You Worked Here?' lifestyle campaign will be designed for deployment across these titles to create stand-out by promoting the wider benefits of living as well as working in Moray. A promotional film will also be commissioned supporting this theme, for use in a variety of forums including recruitment fairs, social media and specific event (see below).

Partnering

Clinical partnering - Opportunities to partner with specific bodies relevant to our recruitment needs will be incorporated into activity. Organisations including: The Royal College of Obstetricians and Gynaecologists, Royal College of Midwives and The Royal College of Anaesthetists will be approached to identify opportunities for direct marketing to their memberships, availability of editorial space within their respective newsletters/journals and promotional opportunities on websites and within their training literature.

Wider partnering – Opportunities to partner with less obvious but partners relevant to the lifestyle aspects of our campaign will also be incorporated into activity. Visit Scotland, Visit Aberdeenshire, Sustrans and Cycling UK are among those under consideration given the natural linkage between people who are already familiar with/planning a visit to the region for pleasure but may consider a more permanent stay.

Events

Pop-up exhibition stands using the 'Wish You Worked Here?' campaign branding will be created for deployment at specific clinical events, as well as for roll-out to high-footfall locations. These stands will be staffed by Comms, HR and (where appropriate) clinical colleagues - support face-to-face interaction and offering greater engagement than can be achieved through digital alone. Using a variety of locations also enables us to target the right clinical specialisms being recruited to, whilst generating wider attention/media exposure and reaching a mass audience to raise awareness of NHS Grampian.

Clinical events currently being considered for face-to-face engagement activity include:

- The Royal College of Obstetricians and Gynaecologists - World Congress 2023, 3-5 May, London
- The Royal College of Anaesthetists - Anaesthesia 2023 (Annual Conference), 16-18 May 2023, Birmingham
- Royal College of Midwives - Education and research conference 28 - 29 March 2023, Birmingham
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Wider locations being considered for face-to-face engagement activity include major railway stations and wider leisure/travel shows in partnership with Visit Aberdeenshire.

Radio Day

UK radio stations attract over 48 million listeners per week are an efficient way to reach a mass audience. Every day radio stations are looking for interesting and engaging content for news bulletins and programming, therefore a newsworthy 'hook' will be created in keeping with our Wish You Worked Here? campaign and used to secure broadcast coverage promoting NHS Grampian, Moray and the North of Scotland as a place to live and work, across both regional and national radio stations.

Resources/Budget & Plans

Anticipated spend for the campaign as outlined is £65,000. This will be drawn from the £5million commitment from the Scottish Government that has been promised to NHS Grampian to support the development of a consultant-led maternity unit at Dr Gray's.

Context: Investing in recruitment is essential given the challenging recruitment landscape as described and current financial pressures. NHS Grampian's pay budget for medical staffing was overspent by £6.02 million (6.2%) at the end of October. A significant factor driving these costs within the areas of Aberdeen Royal Infirmary, Dr Gray's Hospital and Mental Health is the continued use of expensive agency locums. Locum expenditure for the year to date (excluding IJBs) is £7.4 million (23% higher than the same period last year). October 2022 saw locum spend of £1.2 million.

- Advertising £12,000 *(including production of promotional film)*
- Partnering £18,000
- Events £25,000 *(including production of stand, supporting promotional materials and venue hire/fees)*
- Radio Day £10,000 *(including coverage on circa 10-15 major stations)*
- Total: £65,000

Timing

- January-March Campaign development
- March-April Advertising & Radio Day
- April-June Partnering activity & Events

Note: Above timings are dependent upon availability of the £5million funding allocation during Q1 2023 and posts being recruited to going live on schedule.