

## NHS Grampian

<b>Meeting:</b>	<b>NHS Grampian Board</b>
<b>Meeting date:</b>	<b>4 August 2022</b>
<b>Item Number:</b>	<b>5</b>
<b>Title:</b>	<b>Moray Maternity Services and Dr Gray's Strategic Plan Update</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Jenny McNicol, Integrated Family Portfolio Lead</b>
<b>Report Author:</b>	<b>Christina Cameron, Programme Lead</b>

### 1 Purpose

This paper provides the NHS Grampian Board with an updated position on planning in relation to the development of Model 4 for Moray Maternity Services.

This paper also sets out the process to finalise a commission for work to develop a Strategic Plan for Dr Gray's Hospital.

#### **This is presented to the Board for:**

- Assurance

#### **This report relates to a:**

- Emerging issue
- Government policy/directive

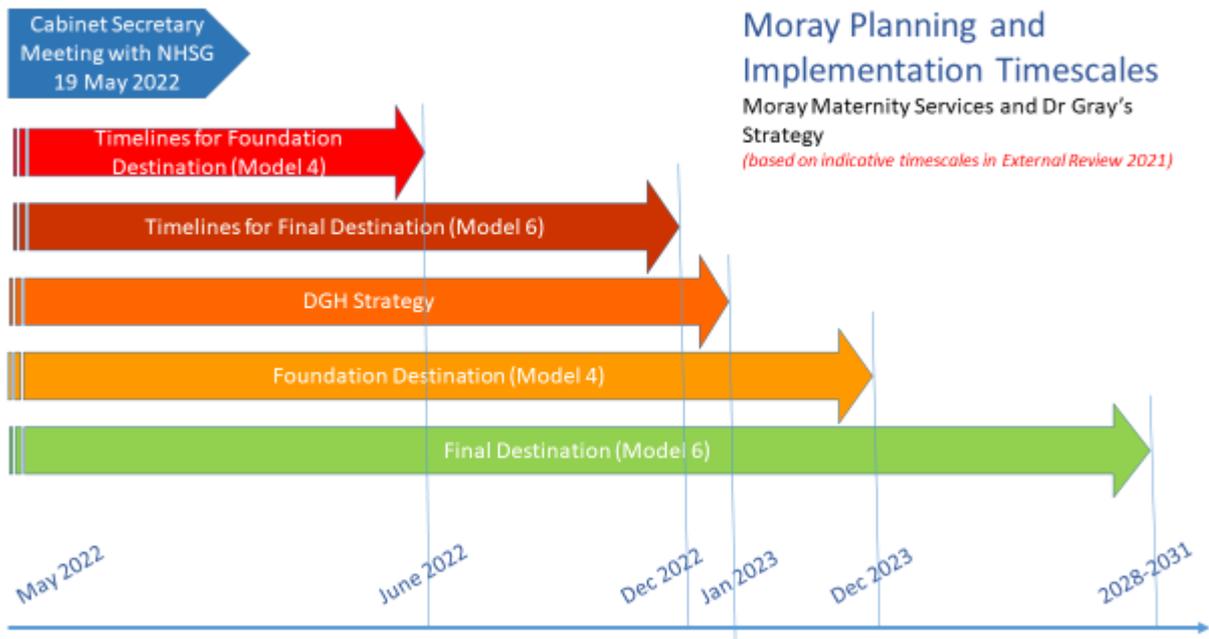
#### **This aligns to the following NHS Scotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

As part of delivering against the recommendations set out in Ralph Roberts External Review of Moray Maternity Services in 2021, planning is underway for the delivery of both Model 4 and Model 6. Whilst these models focus on delivering maternity and related services, there is a need for a clear vision for the future, role and purpose of Dr Gray's Hospital as part of the community, part of NHS Grampian and part of a networked model in the North. The phasing of these interlinked pieces of work can be set out as below:



## 2.2 Background

On 30 March 2022, the Cabinet Secretary announced an intention to establish a consultant-led maternity unit (Model 6) at Dr Gray's Hospital, Elgin following the report produced by Ralph Roberts' review team in 2021.

In progressing to this model of service delivery, it was further detailed that a networked Community Maternity Unit linked mainly to Raigmore (Model 4) should be developed within 2 years.

The Cabinet Secretary clarified the expectation that early planning with milestones and timescales for achieving Model 4 would be shared with Scottish Government in summer 2022; the Draft Model 4 Joint Plan (Appendix 1) was submitted on 1 July 2022. Communications included a briefing for public representatives on 30 June and for MSPs on 1 July.

## 2.3 Assessment

### Planning Update for Moray Maternity Services

Delivery of the networked Model 4 requires a joint approach between NHS Grampian and NHS Highland and colleagues from both Boards have worked to support planning in each area, including discussions on data, scenario planning and clinical protocols. This collaborative approach will continue as part of the implementation of Model 4.

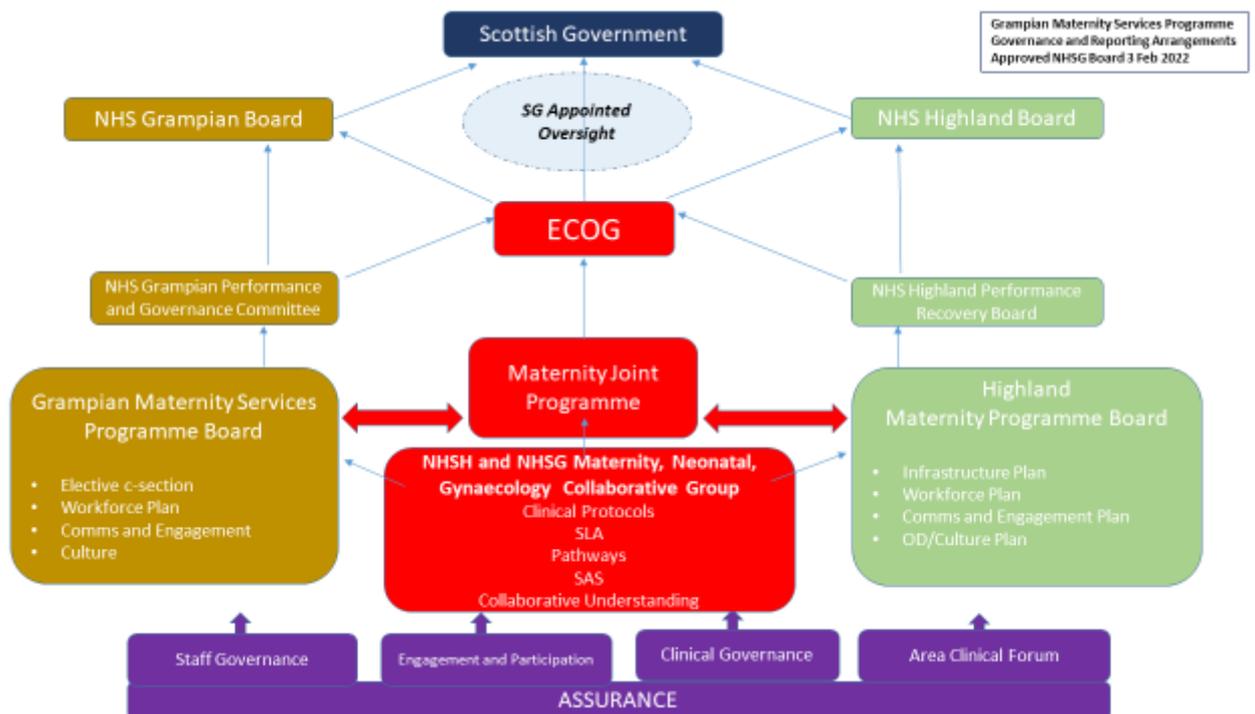
The milestones in delivering Model 4 by December 2023 are set out in the Draft Joint Plan, along with timescales for completing these. The milestones described are related to the features of Model 4 as set out in the Ralph Roberts Report 2021 and are described to highlight what will be different for women in Moray in the new model. Some of these features and milestones will be delivered and reached through collaborative working

between the two Boards, such as is already in place with the Joint Maternity and Neonatal Clinical Collaborative; others are more directly deliverable by one Board.

A significant feature of the model is the additional capacity required at Raigmore Hospital to be in a position to manage the increased level of service to women in Moray. The detail of the resources and local approach necessary to achieve this is set out in a separate Business Case from NHS Highland to support the relevant capital and workforce planning.

Another key feature of the model is the recommendation that elective sections be performed in Dr Gray's Hospital. There is a consensus amongst the clinicians in NHS Grampian that this cannot be safely offered within the hospital infrastructure of Model 4 and this is detailed as part of the Draft Joint Plan.

The activities and tasks involved in progressing this work will also be managed operationally with local, more detailed workplans as part of a programmed approach in each Board area. This will form part of the wider planning context for maternity and related services in NHS Highland and Grampian and will be managed through local governance processes (see diagram below). The Joint Plan is being managed through the Maternity Services Joint Board chaired by the Acute Chief Operating Officer in NHS Highland and the Chief Officer and Portfolio Lead in Moray and this Board held its inaugural meeting on Tuesday 5<sup>th</sup> July 2022.



Work has commenced to develop the plan for implementation of Model 6 and will include indicative timescales for the commencement of services that will remain and become established prior to the full implementation of Model 6. This will include the development of fetal medicine capacity within Dr Gray's that will reduce the travel commitment for women experiencing a complex pregnancy during the antenatal period

In addition, the Scottish Government has announced that Linda de Caestecker has been appointed as External Oversight Lead and a meeting with colleagues in NHS Grampian is currently being arranged.

## **Developing a strategic plan for Dr Gray's Hospital**

The NHS Grampian Board endorsed the Plan for the Future at their June 2022 meeting and this included a commitment to develop a strategic plan for Dr Gray's Hospital which set out the vision and role for the hospital within the NHS Grampian context. Such clarity will support the recruitment and retention of staff and support the regeneration of a vibrant place to work which will provide high quality services to the population, as part of a networked system with Aberdeen and Inverness.

Building and learning from the development of the Plan for the Future, comprehensive engagement with staff and the public is seen as critical to creating a successful plan. Initial engagement work has started and emerging themes from this work have already been shared widely. Ongoing and iterative engagement with staff and the public will allow for the rapid development of the Dr Gray's plan which will be set in the context of the Moray population and also fully cognisant of its role within Grampian. Work, initiated prior to the pandemic, is being used as a key aspect of the engagement process to ensure that all of the previous work and thinking is appropriately utilised and triangulated with the current engagement themes and the learning from the pandemic period.

The Board will receive a formal update on the development of a Strategic Plan for Dr Gray's at its October and December meetings.

A draft commission for this work is attached as Appendix 2, it is currently being consulted on with the wider Moray stakeholder group and will be presented to the Chief Executive Team for sign-off by mid August. The Board will be notified by email when the commission is approved.

### **2.3.1 Quality/ Patient Care**

Positive impacts on the quality and safety of patient care and the clarity of choice in maternity services for women in all of Grampian remain a key focus of local planning. This will encompass addressing the increased activity in Aberdeen.

### **2.3.2 Workforce**

Workforce modelling forms part of the planning already underway. It will be important to work closely with staff to ensure colleagues feel supported and engaged with this planning.

### **2.3.3 Financial**

The Cabinet Secretary's announcement of £5m for NHS Highland and £5m for NHS Grampian is welcomed and this will feature in the next stages of planning

### **2.3.4 Risk Assessment/Management**

A full risk assessment exercise is yet to be undertaken as part of the development of the Programme approach and will be shared in due course.

### **2.3.5 Equality and Diversity, including health inequalities**

Impact Assessments were undertaken in June 2021, with future assessments to be planned as part of the Engagement workstream.

### **2.3.6 Other impacts**

### **2.3.7 Communication, involvement, engagement and consultation**

An important element of the local programme approach is the work to ensure optimal communication, involvement and engagement across the range of stakeholders, including established service user groups and the population.

Engagement has begun in line with the Planning with People Guidance 2021, to build trust in relationships and to ensure a wider representation of voices are heard and able to influence future service design.

A Maternity Services Communication and Engagement Steering Group was established this year to work in partnership with representation from service users. Communication and engagement work for Moray is well supported by colleagues from Corporate Communications.

### **2.3.8 Route to the Meeting**

This paper is an update on Moray Maternity Services since the previous report in April 2022 and the first paper to set out the work to develop a Strategic Plan for Dr Gray's Hospital.

## **2.4 Recommendation**

The Board is asked to:

- Note progress of planning for, and developing Model 4, attached as Appendix 1.
- Agree to receive regular updates on the progress of the strategic planning process for Dr Gray's Hospital at its October and December 2022 Board meetings.
- Note the consultation with Moray stakeholders about the commission for the strategic planning work and the draft of this attached as Appendix 2, that the commission for the strategic planning work will be signed off by the Chief Executive Team by mid August 2022 and then circulated to the Board by email for information
- Note that the engagement work has commenced.

## **3 List of appendices**

The following appendices are included with this report:

- **Appendix 1** – Model 4 Draft Joint Plan

- **Appendix 2** – Draft Commissioning Brief to Develop a Comprehensive Strategy for The Future Role and Function of Dr Gray’s Hospital. (2023-2033)



## **Moray Maternity Services - Model 4**

**(Model 4: Community Maternity Unit linked mainly to Raigmore “Moray Networked Model”)**

### **A Draft Joint Plan with NHS Grampian and NHS Highland**

In March 2022, the Cabinet Secretary announced that consultant-led services will be delivered in Dr Gray’s Hospital, Elgin. 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 making this happen and 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.

The table below sets out what the differences will be for women in Moray and when those changes will take effect.



			with other key and support staff	
Antenatal Care - Planned and Unplanned	<ul style="list-style-type: none"> <li>• Antenatal care that is delivered mainly by Midwives, but supported by consultants in Dr Gray's Hospital and Aberdeen Maternity Hospital.</li> <li>• Maternity Triage 24 hours a day delivered by Midwives supported by on call obstetrician for emergencies</li> <li>• Antenatal Day Assessment services supported by obstetricians</li> </ul>	<ul style="list-style-type: none"> <li>• Antenatal care that is delivered mainly by Midwives, but supported by consultants in Dr Gray's Hospital, Aberdeen Maternity Hospital and Raigmore Hospital as close to home as possible</li> <li>• Maternity Triage 24 hours a day delivered by Midwives</li> <li>• Care closer to home in Moray for women who require input from a Fetal Medicine Specialist.</li> <li>• Expanded Antenatal Day Assessment supported by obstetricians.</li> <li>• Reduced travel to Aberdeen for antenatal care</li> </ul>	<ul style="list-style-type: none"> <li>• Scope the flexibility of existing workforce to deliver antenatal care as close to home as possible in a networked model</li> <li>• Develop the Fetal Medicine service in Dr Gray's Hospital</li> <li>• Scope expansions to the antenatal day assessment provision</li> </ul>	<ul style="list-style-type: none"> <li>• December 2023</li> <li>• Scoping complete Autumn 2022</li> <li>• Scoping complete Autumn 2022</li> </ul>
Midwife-Led Births	<ul style="list-style-type: none"> <li>• Midwife-Led births in Dr Gray's Hospital. This is a hybrid model with contingency emergency support from local consultants on a 24/7 basis. Women with intrapartum complications which are time-critical, transfer to Raigmore Hospital. Transfers which are not time critical</li> </ul>	<ul style="list-style-type: none"> <li>• Midwife –Led births in Dr Gray's Hospital. This is a nationally recognised, evidence based Midwife – Led model of care where all women with intrapartum complications transfer to the agreed consultant unit in Aberdeen Maternity Hospital or Raigmore Hospital.</li> </ul>	Continue to ensure that women have all the information they need to make informed choices about their place of birth.	Already in place; Midwives have discussions early in pregnancy to provide information on choices of type and place of birth to support women to make decisions.

	transfer to Aberdeen Maternity Hospital.	<ul style="list-style-type: none"> <li>• Tertiary support will also be available in Aberdeen Maternity Hospital if required.</li> </ul>		Information is also available on the Birth in Grampian website.
Consultant-Led Births	Consultant-Led births in Aberdeen Maternity Hospital	<p>Choice of</p> <ul style="list-style-type: none"> <li>○ Consultant Led births in Aberdeen Maternity Hospital</li> <li>○ Consultant Led births in Raigmore Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Recruit additional staff in Raigmore Hospital to accommodate the extra births as described in the choice section above.</li> <li>• Provide high quality information to women which supports informed choice.</li> </ul>	<ul style="list-style-type: none"> <li>• December 2023</li> <li>• Already in place; Midwives have discussions early in pregnancy to provide information on choices of type and place of birth to support women to make decisions. Information is also available on</li> </ul>

				the Birth in Grampian website.
Elective Caesarean Sections	Women from Moray can choose to have an elective caesarean section in Aberdeen Maternity Hospital.	Women from Moray can choose to have an elective caesarean section in Aberdeen Maternity Hospital.	<ul style="list-style-type: none"> <li>• Develop the physical and clinical staffing infrastructure in Dr Gray’s Hospital to provide elective sections as a safe option. This will be considered as part of Model 6 planning and is likely to include additional staffing, additional training and potentially additional space for high dependency care.</li> <li>• Consider how we could develop a service that offers the choice for the women of Moray to have elective sections within Raigmore Hospital in the future</li> </ul>	<ul style="list-style-type: none"> <li>• The timeframe for Model 4 is not sufficient for the level of development. This will be offered as part of Model 6.</li> <li>• December 2023</li> </ul>

<b>What might delay this happening?</b>	<b>What are we doing about it?</b>
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<p>Before full implementation we need to make sure we have appropriate staffing and clinical pathways in place to deliver safe and effective care</p>	<ul style="list-style-type: none"> <li>• We are working with NHS Education for Scotland to support our increased workforce requirements</li> <li>• We are ensuring we get the maximum amount of places available on the accelerated training for Midwives</li> <li>• Advertising to attract people to come and work in NHS Highland</li> <li>• Ensuring we get the full business case completed so that funding is received as quickly as possible to allow us to begin recruitment</li> <li>• Ensuring our clinicians work together to develop pathways, review and have oversight of the care we deliver to our women and families</li> </ul>
<p>The way Raigmore hospital is refurbished to make it a safe and comfortable place for the women and their family</p>	<ul style="list-style-type: none"> <li>• Ensuring we have a good plan so we continue to have a clinically safe temporary maternity and neonatal unit while we refurbish our current unit</li> <li>• Making sure we are working with our construction colleagues to forward plan if any delays are experienced in the refurbishment period</li> <li>• We will work collaboratively to ensure we are reviewing the number of Moray women choosing to give birth in Raigmore so we have enough room</li> </ul>
<p>Being able to offer safe elective caesarean sections in Dr Gray's depends on having lots of other services and skilled staff available that won't be available by December 2023</p>	<ul style="list-style-type: none"> <li>• This will be available as part of implementation of Model 6 and we are working on when we can deliver that</li> <li>• We are working on our plan of how to get to Model 6 and how to overcome the recruitment challenges</li> <li>• Until we get there we will work together to consider how we might be able to offer elective sections in Raigmore Hospital for Moray women</li> <li>• This will require further planning and possible changes to the Model 4 plan to allow this to happen safely</li> </ul>

Prepared by NHS Grampian and NHS Highland

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## **NHS Grampian**

### **Elective Caesarean Sections in Dr Gray's Hospital as part of Model 4**

In NHS Grampian, our clinical teams are keen to provide the option for the women of Moray to have an elective (planned) caesarean section closer to home in Dr Gray's as soon as the infrastructure and workforce is in place to ensure it is safe to do so.

In Model 4, midwife led labour and birth care will be offered as a choice to women who are eligible in a community maternity unit (CMU) model. **(1)**

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 required to safely deliver planned caesarean sections are different to those that are available in a CMU.

Local clinicians and vital clinical partners, e.g. the national neonatal transport service ScotSTAR, have told us that the staffing and infrastructure in Dr Gray's is not currently sufficient to make planned caesarean sections a safe part of Model 4.

Some examples of elements that are required to deliver planned caesareans safely are:

- A robust tier of staff, resident 24 hours a day, who are competent to provide routine post operative care and identify post operative complications including supporting the midwifery staff with the initial resuscitation of a woman, while awaiting senior medical help.
- Sufficient obstetric anaesthetists, anaesthetic assistants and other theatre staff to always allow safe timely access to theatre for women who require it, for the management of bleeding or other surgical complications.
- An on-site blood transfusion service to provide support in the management of a major haemorrhage during or after surgery.
- Access to on-site obstetric High Dependency Unit (HDU) facilities. Requires sufficient physical capacity and staff with relevant up to date knowledge and experience of caring for women in the immediate postnatal period.
- Access to on-site suitably staffed Special Care Baby Unit (SCBU) facilities to prevent separation of mothers and babies who require additional care for some breathing difficulties, which is more common in babies born by caesarean section.

The elements set out above will not be available as part of the Community Maternity Unit in Model 4.

Further considerations include the maintenance of skills of all staff involved in routine or post-operative emergency care where a low volume of planned surgery is expected. (1-2 per week)

We know it is vital to have absolute clarity about which services are available at Dr Gray's so that women can make informed choices about place of birth; and so that partner organisations such as the Scottish Ambulance Service can create and support appropriate pathways of care for women who

fall outwith CMU admission criteria. We also know that making elective caesarean sections a part of what is offered in a midwifery-led model can lead to confusion for women around the support that may be available if complications arise during their labour.

It may be possible to create the option for Moray women to have an elective section in Raigmore and we are keen to explore this possibility. However, as this depends on the availability of additional capacity in NHS Highland we are unable to suggest a timeline at this stage.

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(1)

*Who is suitable for giving birth in a Community Maternity Unit (CMU)?*

- *Singleton pregnancy*
- *Cephalic presentation*
- *In spontaneous labour at  $\geq 37$  weeks gestation*
- *No known or envisaged medical, obstetric, anaesthetic or neonatal complications*
- *No evidence of a small for gestational age (SGA) baby in current pregnancy*
- *Nulliparous women with BMI at booking  $< 35$*
- *Multiparous women with BMI at booking  $< 40$ , with previous vaginal birth*
- *If membranes have ruptured, must be clear/ insignificant meconium*
- *Rupture of membranes must be less than 24 hours at onset of labour*
- *Age if  $< 16$  and  $> 40$  following a MDT risk assessment*
- *Hb  $\geq 85$ g/l and no maternal tachycardia or dyspnoea.*

*Any women with clinical characteristics, medical conditions, previous or current pregnancy complications that fall outwith the above criteria may consider and choose to labour and birth in a midwife led setting following a discussion and individualised care planning with a consultant obstetrician.*

*If a woman attends a midwife-led setting with any factors outwith the above criteria but birth is imminent, an assessment should be made as to whether birth in the current location is preferable to transferring the woman to an obstetric unit and discuss this with the on call obstetrician/ coordinating midwife.*

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# **DRAFT Commissioning Brief**

## **Developing a Comprehensive Strategy for The Future Role and Function of Dr Gray's Hospital. (2023-2033)**

**DRAFT**

## **1. Background and Purpose of Commissioning**

- i. Important to be able to set out, describe and plan for the optimal role and function(s) of Dr Gray's Hospital in the local community, in Grampian and as part of a networked site.
- ii. Purpose of commissioning a strategy is to enable NHS Grampian to engage with and hear a range of voices and views to contribute to the range of possible options.
- iii. Formal process is necessary to ensure transparency, equitability and engagement and to be able to demonstrate integrity in the methodology.

## **2. Vision**

- i. Dr Gray's Hospital is an important asset and site for NHS Grampian and the Grampian population, with a need for a more clearly articulated role and future.
- ii. NHS Grampian's relationships with the community calls for a clear and shared understanding of the value of Dr Gray's Hospital and its purpose.
- iii. Contextually, the vision will be set against the Plan for the Future, the wider strategy for NHS Grampian, and other planning drivers.
- iv. A future vision of Dr Gray's Hospital will also be shaped by the emerging picture of elective capacity as described by the development of the National Treatment Centres

## **3. Scope, Principles and Parameters:**

- i. The scope of the strategy encompasses all the services that Dr Gray's Hospital currently provides.
- ii. The scope for option appraisal may also include services not currently delivered at Dr Gray's Hospital or might be delivered at a higher level of specialty.
- iii. Potential new models of service delivery may also be included within the scope of appraisal, e.g. networked models of care, working across traditional boundaries of Boards.
- iv. Strategic objectives may include changes which seek to stabilise service delivery at Dr Gray's Hospital in the shorter term.
- v. Current influences and parameters are in place which are non-negotiable; these include the need to deliver maternity services at a level and via models prescribed by the Cabinet Secretary in April 2022. These parameters will provide planning assumptions for related services such as anaesthesiology and others.

#### 4. Leadership and resource

Executive Leadership will be provided by:

- Adam Coldwells, Deputy Chief Executive, NHS Grampian
- Simon Bokor-Ingram, Moray Portfolio Lead, Moray HSCP
- Jenny McNicol, Integrated Family Portfolio Lead, NHS Grampian
- Fiona Strachan, Consultant Physician and Senior Staff Committee Lead

Planning and programme leadership will be provided by:

- Christina Cameron, Programme Lead, NHS Grampian
- Carmen Gillies, Strategy and Planning Lead, Moray HSCP

Additional resource will be required for project management/support and will form a project team, overseen and directed by the executive leadership.

#### 5. Governance and accountability arrangements

NHS Grampian is the commissioner of this piece of work and the executive leads will provide regular progress updates via CET.

#### 6. Deliverables

The key deliverable/output of this piece of work will be a document - **Strategy for The Future Role and Function of Dr Gray's Hospital (2023-2033)**. This document will clearly set out a defined future role and function for Dr Gray's Hospital that will support the optimal use of resources and will inform planning for the future.

In addition, it is likely that appending plans will be developed which may include but not be limited to:

- Capital Investment Plan
- Workforce Plan
- Education and Training Plan
- Community Engagement Plan
- Specialty Service Plan(s)

Where appropriate, these plans may be linked to other projects and programmes such as those related to maternity or paediatric services.

#### 7. Timescales

Given the context set out in section 2 above, this work will formally begin in June 2022, following on sequentially from the publication of the Grampian wide strategy **Plan for the Future**.

This will be taking place simultaneously with a number of other lined planning projects and will be completed in **January 2023**.

An estimated timeline is likely to feature the following elements and interdependencies

Tuesday 26 <sup>th</sup> July 2022	Chief Executive Team DRAFT Commission for Strategic Review of Dr Gray's Hospital
Friday 29 <sup>th</sup> July 2022	NHS G Board papers issued (Planning Update on Moray Maternity Services and Dr Gray's Strategic Review)
Thursday 4 <sup>th</sup> August 2022	NHS GRAMPIAN Board DRAFT for Approval (Commission for Strategic Review of Dr Gray's)
July – Dec 2022	Planning Process for Development of Model 6 including engagement with public and staff, programme leadership and governance via Portfolio Leads (Double Diamond Approach)
July – Dec 2022	Planning Process for Development of Strategic Plan for Dr Gray's including engagement with public and staff, NHS GRAMPIAN leadership and governance (Double Diamond Approach)
1 <sup>st</sup> – 9 <sup>th</sup> December 2022	Final briefing rounds of local MPs / MSPs, service user representative groups (Model 6)
Friday 9 <sup>th</sup> December 2022	NHS Grampian Board paper DRAFT with Chief Executive/Chair (Model 6)
Friday 16 <sup>th</sup> December 2022	NHS Grampian Board paper DRAFT for wider circulation (Model 6)
Thursday 22 <sup>nd</sup> December 2022	NHS Grampian Board DRAFT for Approval (Model 6)
Monday 16 <sup>th</sup> January 2023	NHS Grampian Board paper DRAFT with Chief Executive/Chair (Dr Gray's Hospital Strategic Plan)
Friday 20 <sup>th</sup> January 2023	MP / MSP monthly briefing – (Dr Gray's Hospital Strategic Plan)
Friday 27 <sup>th</sup> January 2023	NHS Grampian Board papers to be circulated (Dr Gray's Hospital Strategic Plan)
Thursday 2 <sup>nd</sup> February 2023	NHS Grampian Board DRAFT for Approval (Dr Gray's Hospital Strategic Plan)

## 8. Stakeholders and Links to other work

- Stakeholder analysis will be an early and key task for the project.
- Stakeholders will include local, Grampian wide and national individuals, organisations and bodies.