



Board Meeting

10.04.25

Open Session

Item 12.3

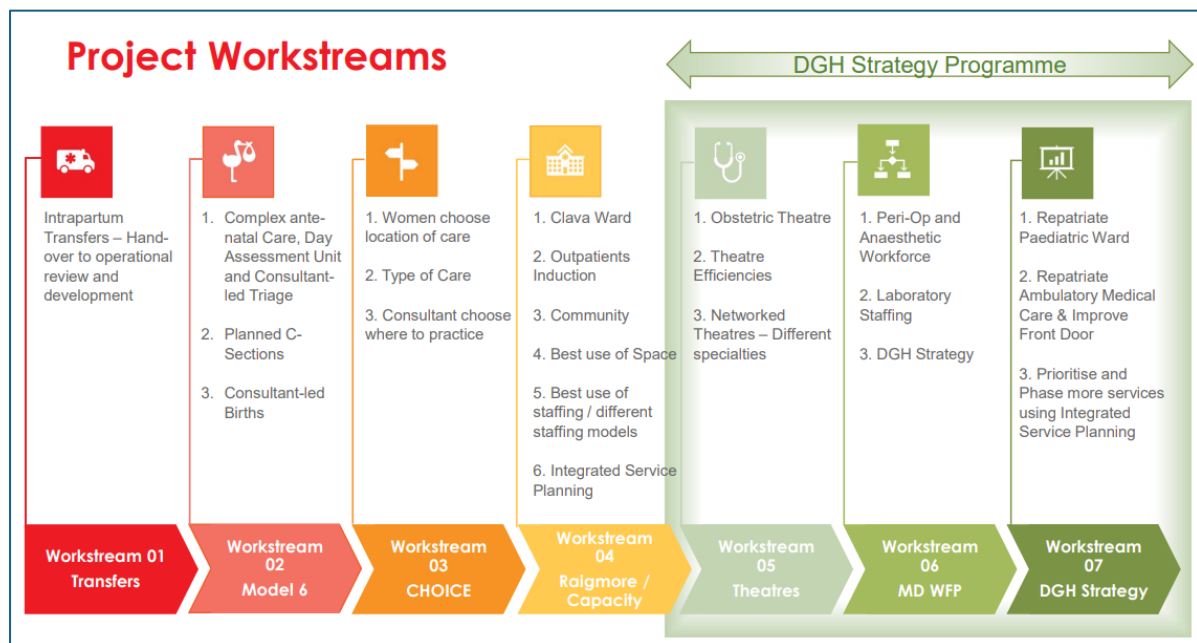
MORAY MATERNITY PROGRAMME

Lessons Learned

17 March 2025

Programme Update

The Moray Maternity Programme was established in March 2023 to reinstate consultant-led maternity services at Dr Gray's Hospital (DGH). The project has evolved in response to emerging needs, with key developments including alignment with the DGH strategy implementation team and the establishment of targeted workstreams. In June 2024, the Joint Programme Board (JPB) formally approved the programme structure.



A significant milestone was the introduction of intrapartum transfers at the end of 2023, enabling eligible women to transfer to Raigmore Hospital if complications arose during labour. This initiative was supported by a Memorandum of Understanding (MoU) between NHS Highland and NHS Grampian, ensuring continuity of care for transferred patients. In 2024, there were 26 intrapartum transfers from DGH to Raigmore and four from the community to Raigmore. This workstream has now transitioned to operational management.

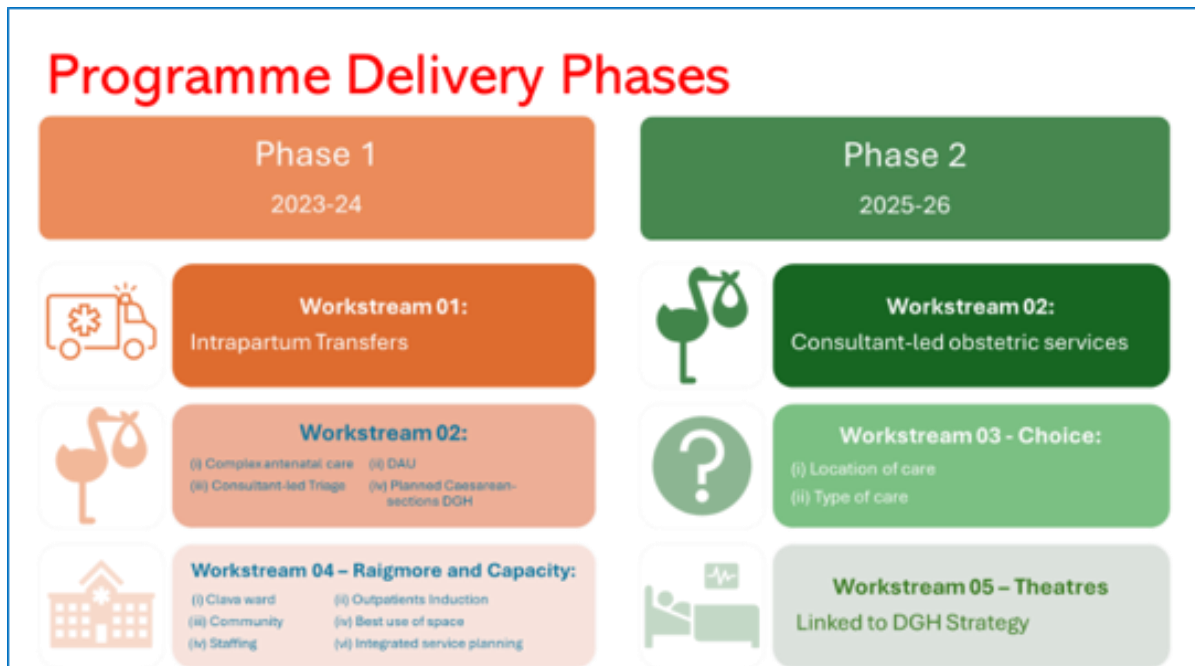
With the reintroduction of planned category 4 Caesarean sections at DGH approved to Go Live, the programme team determined Phase 1 to be complete as of early 2025. Planning for Phase 2 is now underway, with a detailed implementation plan in development.

The clinical objectives throughout the project have been underpinned by a Target Operating Model (TOM), approved by senior clinicians and executive portfolio leads.

Phase 1 Deliverables

- **Day Assessment Unit** integrated into DGH maternity services (February 2025).
- **Enhanced Antenatal Complex Care Services Unit** integrated into DGH maternity services (February 2025) ensuring a NHS Grampian wide approach, including:
 - Joint diabetic/obstetric clinics, supported by a diabetes specialist nurse and a specialist maternity dietician.
 - Perinatal mental health clinics held in Elgin supported by an advanced psychology practitioner.
 - Obstetric consultant-led foetal ultrasounds.
 - Dedicated sonography.
 - A named Consultant with a special interest to deliver care to pregnant women with higher risk pregnancies.
 - Pregnancy loss specialist midwife support.
- **Reintroduction of Planned Caesarean Sections**, including:
 - Simulation sessions at Dr Grays Clinical Skills Suite
 - Familiarisation sessions with Dr Grays staff attending and/or undertaking lists in Aberdeen.
 - Completion of competence frameworks.
 - Publication of clinical pathways and theatre booking processes.
 - Establishment of clinical specifications, workforce, and training strategies.
 - Approval from the Chief Executive Team to recommence Caesarean sections at DGH.
- **Pan-Grampian Consultant-Led Triage**, including:
 - Development of a revised consultant-led triage system as part of a pan-Grampian solution.
 - Identification of options and creation of an implementation plan, expected to be in place during quarter 2 of 2025.

Programme Delivery Phases



Phase 2 Deliverables

- Phase 2 will focus on expanding consultant-led obstetric services at DGH, including:
 - Implementation of cell salvage.
 - Extended eligibility criteria for planned Caesarean sections.
 - Return of antenatal and postnatal inpatients to DGH.
 - Expansion of neonatal and special care baby unit (SCBU) facilities.
 - Reduction of intrapartum transfers to Raigmore Hospital.
 - Introduction of outpatient Cook balloon induction at DGH.
 - Consultant-led Births
- Choice Workstream Progress:
 - The programme team will advance the Choice workstream from Phase 1, currently in early development stages.
 - Data collection and analysis are underway, aligning with Phase 2 obstetric activities.
 - Collaboration with the DGH strategy implementation team will continue for theatre support as more obstetric services are reintroduced.

Lessons Learned

Key Success Factors

- **Senior Leadership and Governance:** The programme benefitted from the support of a former Chief Midwife, ensuring compliance with regulations and guidelines. Hiring a programme director provided the necessary leadership, focus, and visibility with NHS Grampian, NHS Highland boards, and the Scottish Government, which was essential for implementing changes and re-imagined maternity services.
- **Clinical Collaboration:** Strong collaboration among clinical leads from various specialties, supported by managers and representatives from NHS Highland, Dr Gray's Hospital, and Aberdeen Maternity Hospital, was crucial for designing and implementing the services.
- **Structured Project Management:** As the project scope and details evolved, careful technical project management was essential. The team expanded from one project manager to two as the understanding of the scope grew. Future transformations should consider employing project managers from the project's inception.
- **Administrative Support:** A dedicated project support administrator ensured efficient organization of meetings, room bookings, reporting deadlines, minutes, agendas, maintenance of records in Teams channels, board governance, and other tasks. This support was crucial for the team's effectiveness.
- **Data-Driven Decision-Making:** The digital and data team played an essential and pivotal role in service design by analysing demand and impact. Similar transformation projects would require this level of detailed understanding of the data.
- **Clear Service Framework:** A Target Operating Model (TOM) approved by senior clinical, medical and portfolio leads provided a structured blueprint for transformational change and for phased service implementation.
- **Hybrid Working Model:** A blend of remote and in-person collaboration improved efficiency and stakeholder engagement.

Opportunities for Future Programmes

- **Enhancing Governance Clarity:** There is an opportunity to refine governance structures by establishing clearer accountability and defined approvers to streamline decision-making from project inception.
- **Proactive Stakeholder Engagement:** Strengthening early stakeholder identification and engagement can ensure a smoother implementation process with fewer revisions.
- **Advancing Cross-Boundary Collaboration:** Developing more seamless digital integration between NHS boards will enhance patient care continuity and operational efficiency.
- **Building Leadership Continuity:** Implementing structured induction processes will ensure new leaders integrate smoothly and maintain programme momentum with a strong process to make changes to the governance framework.
- **Optimising Project Management Approaches:** Establishing a standardised project management framework within NHS Grampian will create consistency and efficiency across future projects.

Strategic Recommendations

1. **Early Identification of Expertise:** Spend time early in the programme identifying the expertise needed and assembling a representative team to define the project scope in detail.
2. **Clear Governance Framework:** Agree on a clear governance framework with responsibility for approval allocated to named individuals holding specific roles.
3. **Target Operating Model (TOM):** Develop a Target Operating Model (TOM) to describe services, specifications, guidelines, workforce requirements, and training needs, including clear in-scope and out-of-scope activities, with sign-off from executive leaders to show what is required to complete the projects.
4. **Clinical Collaboration:** Foster strong clinical collaboration with representation from all impacted specialties and relevant hospitals.
5. **Administrative and Project Management Support:** Employ project managers from project inception and ensure dedicated administrative support to organize meetings, bookings, reporting, and governance tasks.
6. **Stakeholder Engagement:** Ensure constant engagement with key stakeholders and leadership to keep both the programme and relevant parties abreast of developments and readiness to implement services.
7. **Induction Process for New / Changing Members:** Implement an induction process for new team members and individuals taking over senior roles to outline the programme's aims, progress, and expectations.
8. **Digital and Data Support:** Utilize digital and data teams for data gathering, analysis, and support with systems like BadgerNet.
9. **Hybrid Working Model:** Leverage a hybrid working model to reduce commuting time and facilitate collaboration using tools like Microsoft Teams.
10. **Cross-Boundary Working:** Address cross-boundary working issues early, including access to patient records and compliance with record-keeping codes of practice.
11. **Standardized Project Management Methodology:** consider and adopt a standardized project management methodology within NHS Grampian, engaging with central project management office.

By implementing these recommendations, future transformation projects can enhance strategic planning, governance, and service delivery.