

<b>Meeting:</b>	<b>NHS Grampian Board</b>
<b>Meeting date:</b>	<b>3 February 2022</b>
<b>Item Number:</b>	<b>6</b>
<b>Title:</b>	<b>Moray Maternity Services 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 update on actions taken and planning underway following the publication on 6 December 2021 of the Moray Maternity Services External Review (the report) (Briefing paper provided to the Board on 10 December 2021 is attached- Appendix 1).

This paper also sets out a proposed Programme Management Approach to take forward the work required to deliver against the proposals and recommendations in the report, operating collaboratively with NHS Highland as key partners.

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

- Assurance
- Endorsement

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

- Emerging issue
- Government policy/directive

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

From March to November 2021, an External Review Group was commissioned by the Cabinet Secretary to report on maternity services in Moray and propose a future obstetric model that would provide safe, deliverable, sustainable, and high quality maternity services for the women and families of Moray in line with the Scottish Government ambition described in 'The Best Start: A Five Year Forward Plan for Maternity and Neonatal Care in Scotland (2017)'. The Review Team was led by Ralph Roberts, Chief Executive NHS Borders and its subsequent report was published on 6 Dec 2021. (Link available at section 3. Appendices)

The Review Group focused on listening to as wide a range of stakeholders as possible and then used the professional input of the clinical experts to reach a series of conclusions and recommendations. Six models were proposed and the final recommendation was for a **Moray Networked Model (Model 4)** in the next 2 years that would see Dr Gray's operate primarily as a Community Midwife – Led Maternity Unit with access to consultant intrapartum care in Raigmore and Aberdeen, including emergency and urgent transfers.

#### **Model 4: Community Maternity Unit\* linked mainly to Raigmore ("Moray Networked Model")**

- Women are offered a choice of Intrapartum Care at either Dr Gray's, Aberdeen or Raigmore, with the associated Antenatal Care provided at Dr Gray's (as appropriate, based on the complexity of their care requirements).
- Midwife-led and consultant-supported Antenatal Care in Dr Gray's.
- Midwife-led antenatal triage and day assessment expanded to 24-hour availability.
- Midwife-led Intrapartum Care in Dr Gray's, offering the potential to provide approximately 20% of Moray births (all of these births would be 'low risk').
- No Obstetric medical cover for Dr Gray's Intrapartum Care; and therefore, no facility for Obstetric interventions, such as instrumental deliveries and emergency caesarean sections.

- Access to planned consultant-led Intrapartum Care shared between Raigmore and Aberdeen as part of a “network”; with the choice of unit dependent upon a clinical risk assessment, the woman’s personal choice, and geographical location.
- Consultant-provided elective caesarean sections in Dr Gray’s (offering the potential to increase the number of births by a further 20%); caesarean section service expected to be provided by Consultant Gynaecology staffing, and supported by the existing Theatre and Anaesthetic teams. This will also require flexibility of Midwife staffing to provide a 24/7 staffed unit as required.
- In the event of emergency or urgent transfers, women will be transferred (by ambulance) to Raigmore, unless they are clinically required to transfer to the specialist unit in Aberdeen.

More immediate timeframes are recommended for a number of measures including

- The ‘life and limb’ terminology is withdrawn and ceases to be used; and that the offer of this service is discontinued with immediate effect.
- Agree clearly defined transfer protocols, transfer criteria and associated triggers between Dr Gray’s and the maternity units in Aberdeen and Inverness.
- Re-introduce elective caesarean sections to Dr Gray’s under the care of the Obstetrics and Gynaecology Consultants.

There are key steps in communication and planning that must be taken, inclusive of clinicians, service users, Scottish Ambulance Service and partners, prior to making any changes in order to ensure that quality and safety for all women and babies is maintained.

Subject to Dr Gray’s fully functioning as a District General Hospital with appropriate investment and staffing, it is also proposed that within 2-5 years, the model should evolve to a **Rural Consultant-Supported Maternity Unit**. This (**Model 5**) would see midwives supported by consultants to provide intrapartum care to risk assessed women, with 24/7 on call cover.

### **Model 5: Rural Consultant-supported Maternity Unit**

- Midwife-led and Consultant-supported Antenatal Services in Dr Gray's.
- Midwife-led and Consultant-supported Intrapartum Care in Dr Gray's, with the service offered to women who have been carefully risk-assessed and selected. There is potential to provide care for between 50%-70% of Moray women (based on the Scottish Northern Isles' approach).
- Obstetric medical cover available in Dr Gray's on a 24/7 basis (on-call from home Out of Hours). This model, based on risk assessment, includes provision for Obstetric interventions, including instrumental births and Emergency Caesarean Sections in Dr Gray's.
- Elective Caesarean Section service in Dr Gray's for selected women provided by Consultant Obstetrician Gynaecologists and supported by the Anaesthetic and Theatre teams.
- Links for planned Consultant-supported Intrapartum Care for higher risk births shared between Raigmore and Aberdeen as part of a "Network"; with the choice of unit dependent upon a clinical risk assessment, the woman's choice and geographical location.
- In the unlikely event of emergency or urgent transfers, women will be transferred to Raigmore, unless specifically clinically required to transfer to the specialist unit in Aberdeen.

The scope of the proposals and recommendations spans a timeframe of five years and beyond, and involves service redesign, service, change, education, training, culture, infrastructure, leadership and stakeholder engagement. It is therefore proposed that a robust programme management approach is adopted and supported to deliver against this ambitious strategy.

## 2.2 Background

“Maternity and neonatal care and services matter to the health and wellbeing of Scotland's people. The health, development, social, and economic consequences of childbirth and the early weeks of life are profound, and the impact, both positive and negative, is felt by individual families and communities as well as across the whole of society.” (‘The Best Start: A Five Year Forward Plan for Maternity and Neonatal Care in Scotland (2017)’)

The above describes well the understanding across NHS Grampian of the importance of an optimal model of maternity services in Moray and the wider Board area. Since 2018, the services delivered from Dr Gray's in Elgin were so challenged by staffing shortages that changes to the service were necessary to ensure continued clinical safety. For the women and families of Moray, this has meant fewer options locally and increased travel for many, sometimes leading to negative views about the state and future of local maternity services.

This review engaged with a very wide range of stakeholders and the potential future it offers for Moray has been broadly welcomed by staff, service user representatives, elected representatives and leadership in both NHS Grampian and NHS Highland during recent meetings and engagement.

The challenges to maintaining full obstetric –led services at Dr Gray's are well understood, having been the subject of three reviews since 2018. The impacts of these challenges have been felt by both service users and staff and NHS Grampian had already led on work to describe an optimal future for maternity and related services across the north of Scotland (Best Start North 2019).

## 2.3 Assessment

Since the publication of the report, there have been a number of actions and communications in both NHS Grampian and NHS Highland

### December 2021

- Meeting with DGH staff, Jenny McNicol, Simon Bokor-Ingram
- Meeting with Caroline Hiscox, NHS Grampian Chief Executive and Humza Yousaf, Cabinet Secretary
- Meeting with NHS Grampian and NHS Highland
- Early development of Action Plan
- Agreement to develop a joint Programme approach
- Meeting with Cabinet Secretary and NHS Grampian and NHS Highland executive team and staff, public and elected representatives

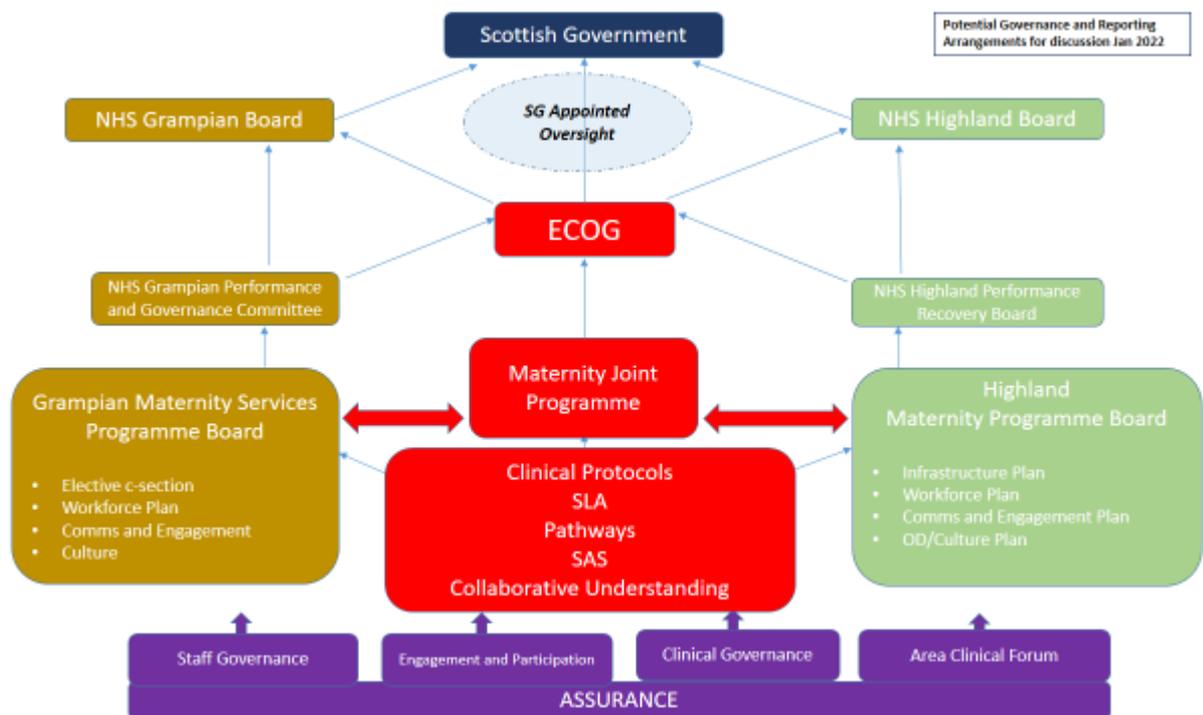
### January 2022

- Small joint working group has met to develop joint approach, including
  - ✓ ***Governance arrangements and reporting proposals***
  - ✓ ***Programme plan with actions and timescales***
  - ✓ ***Communications and engagement plan***
- Local meetings scheduled to plan for implementation of recommended immediate actions. (19 January 2022, 26 January 2022)
- Discussion and advice on Joint Programme Approach at ECOG 19 January 2022

As at January 2022, the Cabinet Secretary has yet to confirm the Government's acceptance of the report's recommendations or provide any directives arising from those recommendations; this clarity is anticipated by February 2022. A letter from the Cabinet Secretary to the Chief Executives of NHS Grampian and NHS Highland indicating the current view is attached as Appendix 3.

Governance and reporting arrangements are therefore draft but should meet the needs of both NHS Grampian and NHS Highland Boards as well as a collaborative

approach and account for the potential of external oversight which may be appointed by Scottish Government.



The arrangements set out in draft above would be further supported by focussed work streams / subgroups which would lead on particular aspects of the recommendations and report to the Maternity Joint Programme. An example of this would be the pre-existing Grampian and Highland Maternity, Neonatal and Gynaecology Collaborative which would be well placed to continue the work on the Standard Operating Procedure for intrapartum transfers, clinical protocols and accords. Other groups are likely to include

- Infrastructure
- Communications and Engagement
- Workforce, Education and Training
- Recruitment
- Finance

A core group of colleagues from NHS Grampian and NHS Highland has already been established to oversee the development of the individual and collaborative programme approaches.

An early Programme Plan for the first two years to deliver Model 4 is attached as Appendix 2, as a draft.

NHS Highland Board also considered a paper on the Review at their meeting on 25 January and a link to the paper is included in section 3 at the end of this paper.

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

The potential for positive impact on the patient care and patient choice available to women and families in Moray through the proposals outlined here is significant. In the short term and medium to long term, the proposed changes are in line with the principles of Best Start highlighted earlier in this paper and the ambition to provide services which are safe, deliverable, sustainable, and of high quality.

### **2.3.2 Workforce**

There is also potential for positive impact on staff morale across maternity services in both Aberdeen and particularly Elgin, at a time when staff have shared that morale is low.

### **2.3.3 Financial**

The financial impact of delivering Model 4 is significant and is related to both capital investment in the facilities in Highland and the workforce model which will allow Highland to manage the additional births. The staffing model and subsequent recruitment will be fully scoped as part of the Programme.

As set out very clearly in the report from the expert group, Model 5 delivery is contingent upon NHS Grampian developing a very clear plan for the role of Dr Gray's Hospital within the Grampian health and care system. The Director of Strategy will lead this work, commencing in the summer of 2022, once the Plan for the Future has been agreed by the NHS Grampian Board in June 2022. This work, following the publication of the high level strategy, will provide a level of detail for the critical and important role which Dr Gray's will fulfil for the future.

#### **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, however areas of risk are likely to cover the following:

- Engagement – this will require clear, consistent communication and engagement with all stakeholders to avoid misperceptions and ensure stakeholders feel part of the process
- Cross boundary working – collaboration and open communication will be needed to work across traditional boundaries and barriers
- High Profile Scrutiny – it will be important for the Programme to be able to focus on delivery of the objectives and report regularly with scrutiny maintained in a focussed and balanced way

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

Impact Assessments have been undertaken in NHS Grampian for these services in the past and further and full Impact Assessments will be planned as part of the Engagement workstream.

#### **2.3.6 Other impacts**

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

NHS Grampian has a long standing, valued relationship with both the Moray Maternity Voices Partnership (Moray MVP) and the Grampian Maternity Voices Partnership (Grampian MVP). The Moray MVP is quite a small group run by two Lay Chairs and is made up of members of the public from the Moray area, members of Moray maternity staff (both hospital and community based) and also includes membership from the local community Keep Mum group.

Public engagement and maternity service staff will be working closely with the Moray MVP in the coming weeks, as one of the many engagement mechanisms that will be used to reach and engage with the local communities who access maternity services in Moray. This engagement will be carried out in a meaningful way, in line with the Planning with People Guidance 2021, with the aim of building a

relationship of trust, gain mutual understanding and to ensure a wide representation of voices are heard and influence the maternity services as they are designed.

Further to this dedicated engagement, the Programme will continue to invest time and energy in the ongoing development of the MVP groups across Grampian and the Highland areas. This will include clear engagement around the key messaging and next steps in the development of local services, with regular updates and explanations of progress to the local community, in full recognition of how important these voices are in providing support to staff and the right climate for recruitment and retention.

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

This paper is the first full paper to the NHS Grampian Board since publication of the report. In addition to the discussions set out at 2.3, the proposed Programme approach and draft governance arrangements have been discussed at ECOG ON 19 January 2022. Future routes will follow the adopted governance arrangements as proposed at 2.3.

## **2.4 Recommendation**

The Board is asked for:

- **Assurance** –review and scrutinise the information provided in this paper and confirm that it provides assurance that the proposed approach and processes are appropriate and robust
- **Endorsement** – endorse the proposals contained in this paper.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1 – DGH Review – Board Briefing 101221
- Appendix 2 – Early Programme Plan

- Appendix 3 – Letter from the Cabinet Secretary for Health and Social Care, 23 December 2022

Link to Review Report:

<https://www.gov.scot/publications/report-moray-maternity-services-review/>

Link to NHS Highland Board paper 25 January 2022

[Microsoft Word - Item 8 Maternity Future FINAL 210122.docx \(scot.nhs.uk\)](#)

## NHS Grampian Board Update

### Publication of Dr Gray's Maternity Review 3<sup>rd</sup> December 2021

#### Briefing for NHS Grampian Board, staff, elected members, MPs and MSPs

#### Background

The Independent Review into maternity services at Dr Gray's Hospital in Elgin was announced by the Scottish Government in March 2021. A group of clinical staff and managers from other Scottish health boards carried out the review. Members of the group had extensive experience of providing services in rural communities.

The Review Group looked at maternity services across Moray and the services provided in Raigmore and Aberdeen Maternity Hospital (which Moray women in need of more specialist care sometimes use). The Group also looked at several different models for how maternity care could be provided in Moray.

NHS Grampian has continued to deliver safe, high-quality maternity services over the past 3 years, despite staff shortages. Staff from a range of teams including midwifery and nursing met with the independent review team and we are grateful that some of their insights have been incorporated into the report. We also appreciate that women and their families have taken the time to share these personal accounts and acknowledge that some people have had a poor experience, leading to the accounts heard by the Review Group.

NHS Grampian has been fully supportive of the review process throughout and we welcome the findings of the independent review and its recommendations on how to best provide a sustainable obstetric model for the women and families of Moray.

#### Models and recommendations

The Group considered six models, rejected the current model and no intrapartum services (services provided during the act of birth) in Moray and recommended:

**Short term:** NHS Grampian to implement a "Community Maternity Unit" (Model 4) at Dr Gray's. Elective (planned) Caesarean sections to be offered at Dr Gray's. More women in need of specialist care to give birth in Raigmore rather than Aberdeen.

**Longer term:** NHS Grampian to consider moving to a "Rural Maternity Unit" (Model 5) supported by a consultant (senior doctor) and with 24/7 medical cover.

The Review also recommended

- NHS Grampian and NHS Highland to work more closely so women can be transferred to Raigmore Hospital in Inverness, which is closer to Dr Gray's.
- Midwifery and obstetric staff (and other disciplines, as appropriate) in Dr Gray's, Aberdeen and Raigmore to have the chance to work across the three sites to strengthen continuity of care for women and professional relationships.
- NHS Grampian should invest time and energy developing the Maternity Voices Partnership to encouraged and support this group to become the main vehicle for constructive engagement with the local community

The Review report contains detailed information on possible timescales, but implementation is subject to further instruction from Scottish Government.

### **What did the review find?**

Like many rural hospitals, there are difficulties recruiting staff in Dr Gray's. This has an impact on the services that NHSG can provide safely.

Some women in need of urgent or emergency care had to travel over 60 miles to Aberdeen. A few women went to Raigmore Hospital in Inverness.

During the review, the Group considered all the information provided before coming to a decision they felt would provide a safe, stable and sustainable service.

### **Cabinet Secretary Response**

The Cabinet Secretary for Health & Social Care made a statement to Scottish Parliament on Tuesday 7 December welcoming the report, and committing to

- visit Dr Gray's Hospital on 20 December to meet local people, clinicians and staff, campaigners and elected representatives
- work at pace with NHS Grampian to consider what is possible in the short term
- consider what infrastructure and workforce support is required to achieve the medium and long term objectives

### **Next steps**

The Scottish Government will consider the review's findings and instruct NHS Grampian on how it wishes the Health Board to proceed.

We look forward to working closely with the Scottish Government, our healthcare partners and the population of Moray to find ways in which the recommendations contained within the review can be implemented. We welcome the Cabinet Secretary's visit to Dr Gray's on 20 December as the start of the engagement process on how the review recommendations can be implemented.

We are committed to finding ways in which we can take the immediate/short, medium and longer-term recommendations forward once we have the clarity required in order to proceed.

10 December 2021

# Early Programme Plan

