

# NHS Highland



**Meeting:** NHS Highland Board

**Meeting date:** 27 September, 2022

**Title:** NHS Highland Maternity & Neonatal Business Case

**Responsible Executive/Non-Executive:** Katherine Sutton, Chief Officer – Acute;  
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**Report Author:** Lorraine Cowie, Head of Strategy & Transformation

## 1 Purpose

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

- Assurance
- Decision

**This report relates to a:**

- Government directive

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

- All quality ambitions

**This report relates to the following Corporate Objective(s)**

<b>Clinical and Care Excellence</b> <ul style="list-style-type: none"> <li>• Improving health</li> <li>• Keeping you safe</li> <li>• Innovating our care</li> </ul>	x	<b>Partners in Care</b> <ul style="list-style-type: none"> <li>• Working in partnership</li> <li>• Listening and responding</li> <li>• Communicating well</li> </ul>	x
<b>A Great Place to Work</b> <ul style="list-style-type: none"> <li>• Growing talent</li> <li>• Leading by example</li> <li>• Being inclusive</li> <li>• Learning from experience</li> <li>• Improving wellbeing</li> </ul>	x	<b>Safe and Sustainable</b> <ul style="list-style-type: none"> <li>• Protecting our environment</li> <li>• In control</li> <li>• Well run</li> </ul>	x
Other (please explain below)			

## 2 Report summary

Our priority is to establish clinically safe sustainable maternity and neonatal pathways for the women and families who reside in the NHS Highland areas and, through establishing this, be able to offer the choice to the women of Moray to deliver in Raigmore. In order to achieve this there is a requirement for:

- i) Significant additional workforce provision to be established through a robust and reliable pipeline
- ii) Refurbishment to take place in the existing maternity and neonatal unit in order to provide a high-quality infrastructure that meets current guidelines
- iii) Increased stability and additional capacity by way of Midwifery Led Care in Highland to support women and their families with choice

This report requests that the Board approve the submission to Scottish Government for the capital costs only for Raigmore (circa £5m). It is understood that further investment will be required for an alongside maternity unit or Inverness based Community Midwifery Unit which will require additional capital investment along with revenue which will need to be encompassed with our current capital allocations. A strategic needs assessment will define the design, location and capacity requirements, following which additional financial requirements will be concluded.

The Board is asked to note the projected additional workforce required to establish clinically safe sustainable services. This has been developed through agreed modelling tools from HIS and the Neonatal guidelines. However, before this is presented for approval to the Board collaborative work is required between our NHS Highland Clinicians and those of NHS Grampian to ensure joint pathways of care are developed and that where appropriate an integrated approach to the workforce requirements is achieved. Therefore, please note, this is only included as a draft at this stage to guide the approval of the capital refurbishment.

It is important to note we will continue to recruit to key posts during this period to understand the workforce pipeline and a final business case will be presented to the Board outlining the revenue costs before the year end March 2023. This will also be presented with a clear recruitment and retention plan in place including a revised timeline for phasing in of staff.

### 2.1 Situation

A paper was provided to the Board in March 2022 outlining the key steps required to progress implementation. This initial work has now been completed and the recommendations of the report have been incorporated more broadly within the work we need to undertake in any case to develop a more sustainable and resilient model for Maternity & Neonatal services for NHS Highland.

### 2.2 Background

In March 2021, Jeane Freeman, the Cabinet Secretary for Health and Sport, commissioned an independent review into maternity services for the women and families of Moray: “The Moray Maternity Services Review ([Scottish Government, 2021](#)).” The purpose of the review was to describe the best obstetric model that would provide safe, deliverable, sustainable and high-quality maternity services for the women and families of Moray in line with strategic recommendations described in Best Start ([Scottish Government, 2017](#)). The findings of the review were published in December 2021, shortly followed by a decision in March 2022 from the Scottish Government to implement a shared maternity model, “model 4,” between NHS Grampian and NHS Highland.

It is important to recognise that to develop safe and sustainable maternity pathways of care clinical leadership across NHS Highland and NHS Grampian will come together to understand how best these can be redesigned. In addition in NHS Highland we have action required to ensure that the service currently delivered across Highland and Argyll and Bute are fit for the future and lay a solid foundation for any further increase in activity.

## **2.3 Assessment**

### **Workforce and Pathways**

To support our workforce any increase in service delivery in Raigmore would require a step change both in terms of the physical care environment and workforce model. Recognised modelling on the workforce requirement has been completed in collaboration with our teams to create cohesion and mutual understanding of this so we achieve the outcomes required for quality care together.

The key recommendation from the clinicians, midwifery paediatric/neonatology, and anaesthetic team members of NHS Highland is to establish workshops that NHS Highland, NHS Grampian and NHS Orkney work together to understand the site specific challenges and the potential steps to develop a constructive way forward through clinically designed and managerially enabled solutions. Key areas for consideration during these workshops are:

- Alternative models to facilitate acute and elective care at each site to minimise the need to transfer any labouring woman to either Raigmore or Aberdeen in her intrapartum journey.
- Create some pooling of workforce between Dr Gray's and Raigmore to provide stability to both sites with shared responsibilities in acute care provision.
- Clear communication with teams at all three sites to ensure everyone understands the direction of travel and the steps being taken to achieve agreed outcomes.
- The organisational support required at all sites to facilitate change and ways of working with suitable opportunities to retrain and or upskill.
- How lived experience can be used at the internal sessions to offer insight and perspective on the proposed changes in health care models and delivery by helping to shape the implementation process.

The workforce component and the collaborative pathway work will be presented to the Clinical Governance Committee to ensure due consideration of the safety and the Board with a target date of no later than March 2023. This is a pivotal step to develop sustainable and collaborative future pathways of care.

### **Infrastructure**

Work has been completed to finalise the redesigned footprint for the Raigmore maternity delivery rooms & neonatal unit. Due to the challenges of refurbishment then there are limitations to what can be achieved within a limited physical footprint however the refurbishment works will ensure we are compliant with current guidelines. A key component to improving maternity care pathways was access to additional theatre capacity. This has been addressed through developing plans to provide greater access to the existing theatre infrastructure.

As highlighted above the footprint of Raigmore offers significant challenges. To create additional capacity and most importantly choice for Highland and Moray women then there is a need to consider the options in Inverness for midwifery led care supporting women of low risk to give birth in a more homely environment. This will not be without challenges in terms of securing the additional workforce required however the benefits to recruitment and retention and the choice for women is of significant importance.

The key changes and improvement that will occur during this refurbishment process will be:

### Maternity Block

- Complete the fire sprinkler installation to the remainder of the building, to offer 100% safety coverage
- Subdivide fire compartments to enhance the fire safety and fire evacuation strategy.
- Replace fabric finishes – flooring, ceilings, lighting, cabinetry
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### Ground Floor

- New self-contained examination/consulting clinic to be created within central core area
- Refurbishment of Ward 9

### First Floor

- Provide additional floor space to Labour Suite and Neo-natal departments
- Create fully compliant birthing rooms.
- Provide one birthing room with isolation room facilities (ante room and separate ventilation)
- Provide additional, compliant neo natal cot spaces, each with high dependency medical gases.
- Provide two compliant neo natal isolation rooms.
- Widen corridor to provide improved circulation within neo natal.
- Provide addition 'parent craft' overnight accommodation for families.
- Increased staff changing facilities
- Improve bereavement environment and provide SIMBA room within Ward 10
- Refurbishment of Ward 10

### Lived Experience

Understanding lived experience is core to our approach. Through joint work with our Comms and Engagement team a questionnaire was developed building on the engagement and feedback on maternity & neonatal services through our strategy consultation. Over 80 responses have been received so far and we will use these to develop our future direction. This will be presented alongside the work above and be available by March 2023.



## Best Start

There has been substantial progress on developing an implementation plan from the SG Best Start (BS) strategy. A Best Start Workstream has been established to lead and monitor the work around the 26 board level recommendations and main themes of the BS. The work will be conducted over the remaining 2 years of a 5-year implementation plan and will form part of the strategic direction for maternity & neonatal services in NHS Highland.

A key part of understanding our quality of care is to implement Badgernet fully across our system which will allow us to learn and monitor more closely the care we provide. In order to do this significant work will be required through business and health intelligence to develop this approach. This will include recruitment of BI resource and analytical time.

## Revenue Costs

There will be short-term and permanent revenue costs associated with this business case development. Resources will require to be dedicated to this to ensure we have the correct support from business intelligence, analytical time and programme management. These elements will be incorporated into the workforce plan in order we ensure there is funding to support these elements. There will also be additional revenue costs from the creation of the Clava Ward that need incorporated overall.

### 2.4 Proposed level of Assurance

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

## 3 Impact Analysis

### 3.1 Quality/ Patient Care

- When the changes have been successfully implemented women in Highland and Moray will have greater choice of place of delivery. Clinically-led discussions will have concluded and NHS Grampian and NHS Highland will have aligned in the establishment of safe maternity and neonatal care pathways for Moray women and their families.
- Refurbishment to the Raigmore maternity and neonatal unit with specific features in line with the recommendations of Best Start and current space regulations will be in place.
- Additional capacity will be in place in recognition of the direction from Scottish Government to establish safe maternity pathways in Highland for Moray women through recruiting staff across maternity and neonatal services
- Best use will be made of all locally available resources
- The approach will present additional opportunities and allow for the fostering of a culture of continuous improvement to maternity and neonatal services for the service user and service providers
- Build capability to enhance the maternity and neonatal pathways between Highland and Moray

### 3.2 Workforce

- Addresses current service provision issues by creating the case for the required investment entailed to create a more robust maternity and neonatal service.
- Ensures NHS Highland is the employer of choice through focusing on improving workforce culture and developing a recruitment and retention strategy in the context of maternity and neonatal NHS Scotland standards.

- Supports collaborative, shared decision making between NHS Highland and NHS Grampian clinical leadership.

### **3.3 Financial**

- Financial investment (revenue and capital) from Scottish Government will be required to safely establish maternity and neonatal care pathways between Dr Gray's Hospital and Raigmore Hospital.
- Investment in capital and revenue will be regularly monitored through available relevant financial data.
- Progress against recruitment targets as proposed in the business case and decant/refurbishment plans will be monitored through the Programme board-approved governance and accountability structures of the Maternity & Neonatal Programme Board.

### **3.4 Risk Assessment/Management**

The Maternity and Neonatal Programme Board, overseeing the development of the business case, considered risks associated with implementation. These can be summarised as:

- Delays in business case approval process resulting in lost time to enable recruitment and refurbishment work to take place.
- If additional workforce required is unable to be funded, this would result in increased pressure and further capacity constraints within the neonatal unit, ward 9, ward 10, labour suite and high dependency area which will present a risk to service delivery and quality of care.
- Recruitment of medical and midwifery staff in NHS Highland across a range of disciplines may not happen as quickly as the service requires due to competing organisational priorities or external factors.

It is noted that most if not all of these risks can be mitigated with the support of the detailed risk register attached within appendix 1.

Delivery of the identified objectives and monitoring/mitigation/elimination of all risks will be a critical element of transferring a portion maternity and neonatal activity from NHS Grampian to NHS Highland. Performance against the benefits, and escalation of identified risks and presentation of newly identified risks (where applicable) will be monitored at the Maternity and Neonatal Programme Board meetings which take place fortnightly and comprise clinical, non-clinical and executive membership.

### **3.5 Data Protection**

The investment required to enable recruitment and refurbishment, and the development of this business case, does not involve personally identifiable data.

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

An EQIA has been completed as part of developing the business case as enclosed as appendix 1

### **3.7 Other impacts**

- There is a chance that other services within Raigmore will be impacted by the Decant process entailed in refurbishing the Maternity & Neonatal unit within Raigmore. The estates project team and Women's and Children's senior management are working collaboratively to ensure the impact expected will be minimal and cause as least disruption to service delivery as possible.

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

- Executive Collaborative Oversight Group (25-07-22)
- NHSH and NHSG Maternity & Neonatal Joint Programme Board (every month for 1 hr)
- Maternity & Neonatal Programme Board (every fortnight on a Thursday for 1.5 hours)
- Multiple engagement sessions (regarding revenue and capital) with the services
- 1:1 meetings with service stakeholders as required

### **3.9 Route to the Meeting**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Board Development (23-08-22)
- Executive Collaborative Oversight Group (25-07-22)
- NHSH and NHSG Maternity & Neonatal Joint Programme Board (once a month for 1 hr)
- Maternity & Neonatal Programme Board (every fortnight on a Thursday for 1.5 hours)
- This requires consideration by the Asset Management Group and Finance, Resources and Performance Committee and this will be completed at the October meetings

## **4 Recommendation**

- a) Note that this draft version of the business case has not been formally submitted to Scottish Government at this stage due to the ongoing clinical discussions that are required to take place to ensure joint board alignment in the establishment of safe maternity and neonatal care pathways for Moray women and their families.
- b) Note that further work is underway to understand the requirements for midwifery led care in the Inverness area alongside maximising this approach at a local level across the Highlands and Argyll and Bute.
- c) Note the current challenges in the NHS Highland system of maternity and neonatal care that require ongoing work to resolve in particular establishing stability and sustainability in the workforce
- d) To give approval to progress with the capital works in the maternity and neonatal unit within Raigmore that will result in a much improved environment and experience for the women and families along with the workforce in delivering the care
- e) Note that this will formally taken through the Asset Management Group and Finance, Resources and Performance Committee at their October meeting to ensure governance process is formally followed.

#### **4.1 List of appendices**

The following appendices are included with this report:

- Appendix 1: DRAFT NHSH Maternity & Neonatal Business Case