

# NHS Highland



<b>Meeting:</b>	<b>NHS Highland Board</b>
<b>Meeting date</b>	<b>25 January 2022</b>
<b>Title:</b>	<b>Maternity Services – The Future</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Katherine Sutton, Chief Officer Acute Services and Heidi May, Board Nurse Director</b>
<b>Report Author:</b>	<b>Lorraine Cowie, Head of Strategy &amp; Transformation and Mary Burnside, Deputy Director of Midwifery</b>

## 1 Purpose

To provide an overview to the Board to develop an understanding of the actions we need to undertake within NHS Highland to support developing a collaborative approach with our workforce and embed lived experience as a guiding principle of our way forward with maternity services that incorporates the recent publication that reviewed Moray maternity services.

The redesign and development represents an opportunity for NHS Highland to embed a resilient and sustainable workforce model and improve our infrastructure collaboratively with our colleagues, service users and partners to improve the care for the women and families in the future.

**This report relates to a:**

- Emerging issue
- Government policy/directive

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

- Safe
- Effective
- Person Centred

**This report relates to ALL 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

### 2.1 Situation

The report of the Moray Maternity Services Review was published on 3<sup>rd</sup> December 2021 and has recommendations for a networked maternity service model between NHS Highland and NHS Grampian.. Report link here: [Moray Maternity Services Review: report - gov.scot \(www.gov.scot\)](#)

Whilst Scottish Government have yet to provide a detailed response to the report, they have indicated that this will be shared before the end of January and have asked for a further meeting with NHS Grampian and NHS Highland when action planning will be discussed.

It is important we ensure the recommendations of the report are incorporated more broadly within the work we need to undertake to develop a more sustainable and resilient model for Maternity services in NHS Highland.

### 2.2 Background

NHS Highland continues to take the development of maternity and neonatal services forward in line with the national strategic direction 'Best Start' (2017). Much has been achieved in relation to providing services close to home through use of Near me and the development of a community maternity hub in Invergordon Hospital. All women booking for pregnancy have a named midwife and a named consultant who they will see throughout the pregnancy journey. Service user engagement and hearing the voice of women and families is key to taking service development forward and the establishment of the Highland Maternity Voices Partnership has facilitated a regular forum for maternity clinicians, service users and third sector to work together.

Estates development has seen reconfiguration of Caithness General Hospital with a new Community Maternity Unit (CMU) now open. The CMU in the new Broadford Hospital on Skye will be open soon and there will be inclusion of a CMU in the planning for the new Lochaber Hospital in Ft William. Future developments for a CMU in Invergordon Community Hospital and a Community Maternity Hub at the New Craigs site in Inverness are underway. This will offer more choice for women for place of birth and in Inverness will allow expansion of the community midwifery service to include day assessment.

Further planning for service development at Raigmore, for example space for transitional care for neonates, ensuite labour rooms and an alongside midwife led unit, has been challenging due to the age of the building and the limited options for reconfiguration. The report represents an opportunity to enable a collaborative approach to our current challenges by expediting this in line with the published report.

With regards to Moray maternity services, following staffing issues relating to Paediatricians and subsequently Obstetricians in the unit in August 2018 Dr Gray's maternity services were temporarily changed to function as a midwifery led model. The change to a Community Maternity Unit reduced number of births at Dr Gray's Hospital (DGH) with women who required more complex care (or who chose to birth in a consultant unit), being referred to Aberdeen Maternity Hospital. To reduce risk in the event of complications arising for women giving birth in DGH it was agreed that they could transfer to Raigmore if capacity allowed to support ongoing quality clinical care closer to home.

The DGH continues to function as a CMU as per the initial temporary arrangements. The then Cabinet Secretary for Health and Sport, Jeane Freeman, requested an independent review of the Maternity Service being delivered to the women and families of Moray. A multi-disciplinary Review Group was identified to undertake this review led by Ralph Roberts, Chief Executive, NHS Borders. The review was published on 3<sup>rd</sup> December 2021.

## **2.3 Assessment**

The Moray Maternity Services Review report describes the service models considered for a sustainable, safe and high-quality service, the outcome of the options appraisal and the recommended actions for moving forward to the recommended model and final service reconfiguration.

Six models for service provision were considered.

- Model 1: Status Quo
- Model 2: No Intrapartum Services in Moray
- Model 3: Community Maternity Unit linked mainly to Aberdeen
- Model 4: Community Maternity Unit linked mainly to Raigmore ("Moray Networked Model")
- Model 5: Rural Consultant-supported Maternity Unit in Dr Gray's
- Model 6 Consultant-led Maternity Unit in Dr Gray's

Model 1 (Status Quo) and Model 2 (No Intrapartum Services in Moray) were promptly considered to be inappropriate and disadvantageous by the Review Group. Following consideration and deliberation on the remaining 4 options, the review group recommended Model 4 in the short term with the aim of working towards the medium to longer term plan for Model 5. The implications on model 5 for NHS Highland need to be understood more fully.

Both of the service models see women offered choice of place of birth at DGH, Aberdeen Maternity Hospital (AMH) and Raigmore Hospital. The implications of this for NHS Highland maternity service would see an increase in births numbers at Raigmore Hospital. The increased numbers will be women who are on a consultant care / red pathway and with this would be the associated antenatal, intrapartum, postnatal and neonatal consultant care that women on this pathway would require.

Below highlights the main aspects of the model service provision that have implications for the Raigmore Hospital service:

Model 4 (in the short term): Community Maternity Unit linked mainly to Raigmore ("Moray Networked Model") including elective C section provision at DGH.

- This will see access to planned consultant-led intrapartum care shared between Raigmore and Aberdeen as part of a "Network" with a choice of unit, dependent upon a clinical risk assessment, the woman's personal choice and geographical location.
- In the event of emergency or urgent transfers, women will be transferred to Raigmore, unless they are clinically required to transfer to the specialist unit in Aberdeen.

Raigmore maternity unit currently provides service for approx. 1900 births a year. Based on Model 4 and NHS Grampian data (maternity caseload and GP practice/geographical area), this would increase births by around 10% at Raigmore. The integral work that is pivotal to this is the development of the Invergordon CMU which will support more green pathway women delivering locally and in turn reduce women giving birth in Raigmore.

Timescale for achieving Model 4 has been proposed as up to 2 years as we need to work back from this implementation date to create a plan where the risks and mitigations are understood.

Model 5 (in the medium term): Rural Consultant Supported Maternity Unit.

- This will see the delivery of Midwife-led and consultant-supported intrapartum care in Dr Gray's, with the service offered to women who have been carefully risk-assessed and meet agreed criteria to give birth in Dr Gray's.
- There is the potential to provide care for between 50%-70% of Moray women (based on the Scottish Northern Isles' approach).
- Links for planned consultant-supported intrapartum care for higher risk deliveries would be shared between Raigmore and Aberdeen as part of a "Network".
- The choice of unit would be dependent upon a clinical risk assessment, and the woman's choice and geographical location.
- In the unlikely event of emergency or urgent transfers, women would be transferred to Raigmore, unless they are clinically required to transfer to the specialist unit Aberdeen.

Ongoing discussions will need to be taken forward between NHS Grampian, NHS Highland and SAS to ensure the sustainability of the service to support future transfer requirements, as the maternity service evolves. Intelligence around model 5 needs to be collated and understood to help inform decision making.

We are clear that 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. We will continue to do some clear modelling around this with staff to create cohesion and mutual understanding of this so we achieve the outcomes required for quality care together.

Collaborative work has already been undertaken locally to map out what a redesigned footprint for the Raigmore maternity unit might look like to be able to care for more women, this includes the requirement for an "along side" CMU to support women of low risk to give birth in a more homely environment.

Alongside this work has been the scoping and development of plans for a free standing CMU in Invergordon Community Hospital, this would support increased capacity at Raigmore, with low risk pregnancies from the East Ross area (and potentially other neighboring districts) booking for birth in Invergordon.

This work will need to be taken to a conclusion with engagement from staff and service users to agree the design and finalise the business case – including revenue costs. Capital costs of £5m have been secured and will be available from April should this be this recommendation be endorsed.

A clear governance and reporting structure has been drafted for consideration with dedicated programme management time to support the service redesign. The structure has accountability and assurance within NHS Highland as we will be responsible for the delivery of the service and it is important we acknowledge this.

Joint reporting into our existing joint arrangements via NHS Highland/NHS Grampian Executive Collaborative Oversight Group (ECOG) will take place so NHS Grampian is aware of key risks and mitigations. Working together where appropriate will ensure the potential is optimised in the delivery of better outcomes and experience for the women of Moray and East Highland. The overarching governance structure for the two Boards is being developed and due to timescales will be published once consultation has taken place.

The draft key objectives of the programme board are outlined below. The programme board membership has yet to be defined but it will have wide representation from clinicians, service users, staff side, management and referrers along with other key professionals.

- Provide leadership to improve outcomes for people who currently, and in the future, engage with our maternity services
- Use meaningful lived experience to support this by engaging with our service users at all stages and engaging closely with our 3<sup>rd</sup> sector colleagues to ensure the patients voice is at the heart of the maternity programme board
- Establish robust arrangements which provide assurance to stakeholders that the recommendations of the review and other associated recommendations are being implemented by NHS Highland. It will set and agree milestones and deliverables and track progress against them
- Provide oversight to the development of the business case to improve the infrastructure necessary to create the environment required across our geography
- Ensure our workforce is supported through a workforce plan that encompasses organisational development, recruitment, listening and engagement
- Use intelligence to understand needs of our population, balancing the demands on the system for patient care and wellbeing and the need for sustainable services
- Ensure any key risks identified requiring further guidance are escalated to the “Children and Families Board” with regular reporting to other groups as required such as the ECOG
- Ensure planned improvements in quality and outcomes are achieved, with supporting intervention for significant risks to benefits realisation

- Promote the development and delivery of best practice, evidenced based care, with an emphasis on ensuring equitable, consistent high quality service provision and a seamless transition in care across the whole patient pathway

All of the work is underpinned by the ethos of 'Best Start' in providing local access to care, keeping mothers and babies together and providing safe, quality, person centred care.

## 2.4 Proposed level of Assurance

This report proposes the following 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

Meeting with the ambitions of Best Start, offering choice for women in place of birth, improved maternity unit environment and care close to home. Co-production with service redesign being informed by the voice of women and families.

### 3.2 Workforce

It will have a substantial impact on our workforce, which we acknowledge, but we will do this in collaboration to create a future plan that supports increased capacity and listens and engages with the colleagues who will deliver this operationally

### 3.3 Financial

The capital costs for the infrastructure would be met by Scottish Government which is outlined above. The revenue costs are currently being determined and in turn will be negotiated with NHS Grampian and SG.

### 3.4 Risk Assessment/Management

Once the risks are determined fully we will need to embed the relevant risks within the corporate risk register and understanding developed of these at the Clinical Governance Committee. Overall risks will be escalated through the described channels of the Programme Board which flows through NHS Highland to the NHS Highland Board. 6 monthly updates on progress will be provided to NHS Highland Board given the pivotal nature of this review.

### **3.5 Data Protection**

No however as we implement this will need considered in terms of how we share data across the Board boundaries.

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

A full equality and diversity assessment, including health inequalities will take place to ensure this is taken into consideration as part of the programme board.

### **3.7 Other impacts**

Not noted as yet

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

Engagement and involvement will take place with all professionals relating to this change internally and externally. A full communication plan internally and externally will be developed.

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

This is an initial paper to help inform the board of the review and the actions being taken. In future it will be taken through the appropriate structure with the full engagement of all members of the programme boards and associated workstreams.

## **4 Recommendation**

1. The Board is asked to support the establishment of a Maternity Services Programme Board to provide oversight to developing the future model of NHS Highland maternity services more broadly whilst ensuring the recommendations of the Moray report are encompassed
2. The Board is asked to support the need to complete the service redesign of the Raigmore Maternity Unit to accommodate the care of existing and additional women and the completion of the business case.
3. The Board is asked to support the initiation of negotiations with NHS Grampian and the Scottish Government to secure revenue costs for NHS Highland.