Foreword

NHS Grampian is firmly committed to restoring a safe, sustainable and comprehensive maternity service at Dr Gray’s Hospital offering women local choices in line with the principles of ‘Best Start’, the Scottish Government’s 5 year plan for maternity and neonatal services.

We completely understand people are keen for this to happen as soon as possible. I would like to offer my personal assurance that we are working very hard to do this, however it is vital that before the service is restored, that we are confident that we have enough staff to make it sustainable and, most importantly, safe.

The temporary service we’ve had to put in place has been endorsed by the Chief Medical Officer and Chief Nursing Officer for Scotland as well as by the Royal College of Midwives as the safest and only option available given the staffing challenges we currently have at Dr Gray’s.

While we work towards the re-establishment of services, people have been very clear they want us to do everything possible to increase choices for women giving birth in Moray during the interim period.

The following document outlines the short to medium term steps NHS Grampian have already put in place and will continue to implement over the coming weeks and months to step up maternity services where it is safe to do so.

The plan incorporates the recommendations made in the Chief Medical Officer’s expert advisory group report which is be published by Scottish Government in tandem with this document.

This phase 1 action plan for obstetrics will be closely followed by a similar plan for Children’s services. Phase 2, which will detail the long-term plans and include a timeline of key milestones will be published in the New Year.

Dr Gray’s has a bright future as a key hospital in the north of Scotland network, there should be no doubt about that. The hospital will celebrate its 200th anniversary in a few months’ time and we are determined to ensure it remains a strong feature of NHS Grampian’s health care services.

Amanda Croft
Interim Chief Executive
NHS Grampian
A phased approach to the re-establishment of Obstetric services at Dr Gray’s Hospital

Phase 1 - Increasing choices for pregnant women in Moray & Banffshire

Draft v4.4
1. Introduction

This plan outlines the first phase of effort to increase choice for pregnant women in Moray and to maximise the local provision of treatment. It has been developed in line with the agreements reached with the Cabinet Secretary for Health and Sport regarding the stabilisation and optimisation of available maternity services at Dr Gray’s in the short-term.

The plan incorporates the recommendations made in the Chief Medical Officer’s expert advisory group report, the responses to which are cross-referenced in the main body and in appendix 1. The advisory group report will be published by Scottish Government in tandem with this document. A specific reference to points raised by the KeepMUM campaign group has been included at appendix 2.

2. Paediatric services at Dr Gray’s

Maintaining safe paediatric services at Dr Gray’s is a priority. Despite intensive efforts by local staff, support from Aberdeen based consultants and a high profile recruitment campaign, during the course of 2018 the numbers of medical staff at senior and trainee grades fell to a level which meant overnight inpatient paediatric services could not be maintained. This required an interim change in service model in order to maintain patient safety and between March and July 2018 there was a stepping up and down of service in line with available staffing. However, consistently since July 2018 these services have been provided via an ambulatory model of care (non-inpatient). This now operates between the hours of 0800-2200, 7 days per week. Arrangements are in place locally to support the emergency stabilisation and transfer of children outwith these times, supported by other areas of the Hospital, notably the Emergency Department. The shortage of consultant paediatricians and trainee grade doctors has had a significant impact on the provision of both paediatric and obstetric services at Dr Gray’s.

Obstetric led services are heavily reliant on the availability of senior, secure and comprehensive local paediatric care in order to function, e.g. to safely support the provision of moderate to higher risk care during pregnancy and labour where women may require interventions such as induction of labour or caesarean section.

Significant efforts have been and continue to be made to stabilise and develop paediatric services for the future in Moray and this will be reflected in a Paediatric-focused ‘Phase 1’ plan. We aim to gradually step up paediatric services where it is safe to do so. However, the short-term impact on maternity provision at Dr Gray’s has required the development of this obstetric focused document.

Both plans will support the joint planning for a sustainable future of Women & Children’s services in Moray (Phase 2).
3. **Increasing the number of women receiving intrapartum care in Dr Gray’s Hospital**

**Aim**

To reduce patient transfers, improve birth choice and experience, and safely maximise the number of women receiving intrapartum care in Dr Gray’s by December 2018.

**Impact**

315-380 Moray low risk mothers per year will have the opportunity to give birth at Dr Gray’s.

**Actions**

<table>
<thead>
<tr>
<th>Actions (including responses to advisory group recommendations 2, 3, 7 and 8)</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>• We will ensure that Moray women can make a fully informed choice and share accurate information about risks and benefits of giving birth at Dr Gray’s</td>
<td>Ongoing for all women at booking</td>
</tr>
<tr>
<td>• We will promote Dr Gray’s as a safe place to give birth for low risk Moray women and build confidence in the service</td>
<td>Ongoing for all women at booking</td>
</tr>
<tr>
<td>• We have established a 24-hour contact point for mothers who have concerns or questions, via ward 3</td>
<td>In place</td>
</tr>
</tbody>
</table>
| • We will challenge misinformation which overestimates risks of delivery at Dr Gray’s and/or the requirement for intrapartum transfer by:  
  - Proactive use of social media  
  - Direct contact with midwifery team  
  - Close working with Maternity Liaison Committee including KeepMUM | From September 30th 2018 and ongoing |
| • We are gathering, reviewing and acting upon feedback from Moray women labouring at Dr Gray’s, Raigmore Hospital and Aberdeen Maternity Hospital (AMH) | From November 13th 2018 and ongoing |
| • We have developed and will utilise a framework of performance metrics and quality outcome measures | Weekly and ongoing |
| • We will continue to refine the robust process of routine analysis of instances of green pathway women receiving intrapartum care outwith Moray | Since service change and ongoing |
| • We are reviewing adherence to green pathway criteria and robustly maintain CMU entry guidelines | From September 2018 and ongoing |
| • We are ensuring clarity for staff as to when Obstetrician support should be called upon via:  
  - Weekly meetings with clinical staff  
  - Written and verbal communication | Weekly meetings commenced with Midwifery staff & Senior Management from 22nd October 2018 |
4. **Recommencing elective caesarean sections**

<table>
<thead>
<tr>
<th>Aim</th>
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<tbody>
<tr>
<td>We aim to offer elective caesarean sections at Dr Gray’s for low risk women from 39 weeks gestation</td>
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<table>
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<tr>
<th>Impact</th>
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<tbody>
<tr>
<td>Recommitting this service will enable 45-84 more women per year (5-8% Moray births) to choose to deliver locally based on recent historical activity.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actions (including responses to advisory group recommendations 6, 12 and 13)</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are recommencing elective caesarean sections as women are identified by clinical team, with approximately 3-4 weeks notice</td>
<td>Bookings can made for DGH as of November 2018</td>
</tr>
<tr>
<td>We have secured senior level paediatric medical cover for the medium term</td>
<td>Complete</td>
</tr>
<tr>
<td>We will provide adequate junior Doctor cover for routine post-operative maternal care</td>
<td>Complete (see risk para below)</td>
</tr>
<tr>
<td>We have recommenced SCBU level care at Dr Gray’s</td>
<td>In place from October 2018</td>
</tr>
<tr>
<td>We will communicate plans to staff and affected women - Via the Maternity Liaison Committee - Via community midwifery team - Via social media - Via verbal and written updates to staff</td>
<td>Ongoing from November 2nd 2018</td>
</tr>
<tr>
<td>We will audit postnatal readmissions of mothers and babies and consider whether these can be managed at DGH as part of a ‘transitional care service’</td>
<td>November 30th 2018</td>
</tr>
<tr>
<td>We will ensure staff have updated training in neonatal resuscitation and recognising the sick infant – this will be a single accredited NLS training consistently across Grampian in the medium term</td>
<td>November 30th 2018</td>
</tr>
<tr>
<td>We will work to address medium-longer term sustainability issues as part of phase 2</td>
<td>In agreement with Scottish Government, plan due early 2019</td>
</tr>
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</table>
Potential risks

As highlighted by the expert advisory team, there are a number of risks in restarting elective caesarean sections in Elgin. While the staffing model is felt to be sufficient to provide this safely in the short-term, the sustainability of this moving into February 2019 is uncertain, linked to junior Doctor availability. There is also a concern that some women may choose to have an elective section to avoid travelling to Aberdeen for a normal spontaneous birth which otherwise may have been their preference.

We will monitor/mitigate these risks by:

• Maintaining close working with NES regarding trainee fill rates
• Open communication with women and staff re sustainability challenges (feedback from Maternity Liaison Group supports step-up in service even if temporary)
• Continuing efforts to recruit junior Doctors within safe staffing parameters
• Developing site-wide alternative workforce reducing reliance on trainee Doctors
• Monitoring rates of elective caesarean sections among Moray women
5. Maximising antenatal care at Dr Gray’s

<table>
<thead>
<tr>
<th>Actions (including response to advisory group recommendation 9)</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>• We have implemented day assessment at Dr Gray’s 7 days per week</td>
<td>Complete</td>
</tr>
<tr>
<td>• We have ensured all potential Consultant led clinics are being delivered locally</td>
<td>Complete</td>
</tr>
<tr>
<td>• We have ensured local ability for booking, scanning and assessment for antenatal care is maintained</td>
<td>Complete</td>
</tr>
<tr>
<td>• We are exploring the role of telemedicine technology in the delivery of care, e.g. using ‘Attend Anywhere’ software to remove/reduce need for travel. This is already being successfully used within NHS Grampian.</td>
<td>Ongoing from October 31st 2018</td>
</tr>
<tr>
<td>• We will establish with DGH colleagues the feasibility of extending the hours of operation of the day case triage and assessment service and by how much</td>
<td>Underway, for conclusion by November 30th 2018</td>
</tr>
</tbody>
</table>

Aim

Every opportunity will be taken to provide antenatal care locally, minimising the need for travel/transfer, through the development of individualised packages of care.

Impact

This is largely maximised already with in excess of 1300 maternity related consultations taking place locally per month across the various professional disciplines involved. However, we estimate 7-8 more women per month may be supported by these actions.
6. Joint working with NHS Highland

Aim

In addition to our intention to reinstate consultant-led Obstetric services in Dr Gray’s as far as possible, we aim to provide the opportunity for moderate risk Moray mothers to choose to book their birth in Inverness should they wish to.

Impact

We anticipate that the development of a 3 bed ‘Alongside’ Community Midwife Unit (AMU) facility at Raigmore Hospital will allow approximately 300 red pathway ladies per year from Moray to book to give birth in Raigmore Hospital with all of the associated care support requirements across obstetrics, midwifery, neonatology and general pediatrics.

Actions (including responses to advisory group recommendations 3, 14 and 16)

<table>
<thead>
<tr>
<th>By when</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete</td>
<td>We will seek agreement in principle to work collaboratively between NHS Grampian and NHS Highland to support this development</td>
</tr>
<tr>
<td>30th November 2018</td>
<td>We will conduct a joint review of existing clinical accords and associated emergency transfer activity</td>
</tr>
<tr>
<td>Business case from NHS Highland anticipated in November</td>
<td>NHS Highland are preparing the business case for the Inverness AMU. This is nearing completion and will:</td>
</tr>
<tr>
<td>April 2019 (timescale TBC on receipt of business case from NHSH)</td>
<td>- Establish physical requirements and preferred site within Raigmore Hospital</td>
</tr>
<tr>
<td>November 30th 2018</td>
<td>- Establish clinical delivery and workforce model</td>
</tr>
<tr>
<td>November 30th 2018</td>
<td>- Establish capital and revenue resource requirements</td>
</tr>
<tr>
<td>December 2018</td>
<td>NHS Highland have indicated that the earliest their CMU could be operational is from April 2019 subject to agreement by both Health Boards, including funding requirements being met.</td>
</tr>
<tr>
<td>November 30th 2018</td>
<td>We will develop a SOP for continuity of carer between NHS Grampian and NHS Highland for intrapartum transfers</td>
</tr>
<tr>
<td>November 30th 2018</td>
<td>We will revisit with NHS Highland whether any Moray women can book to give birth in Inverness ahead of the new AMU being operational (e.g. from West Moray)</td>
</tr>
<tr>
<td>December 2018</td>
<td>We will clarify regarding when Moray women can book to give birth in forthcoming Raigmore AMU</td>
</tr>
</tbody>
</table>
7. Expert Advisory Group – additional actions

A number of the recommendations of the advisory group are firmly aligned with those in the preceding sections and have been included therein. However, this section outlines additional steps to be taken in direct response to the team’s feedback.

**Aim**

To improve communication, confidence, informed choice and relationships and minimise impact of service change on welfare and travel.

**Impact**

Minimising anxiety, building confidence in the local service and in NHS Grampian (further to actions in section 2)

**Actions**

(including responses to advisory group recommendations 2, 4 and 5)

<table>
<thead>
<tr>
<th>By when</th>
<th>Actions</th>
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<tbody>
<tr>
<td>In place from 22nd October 2018</td>
<td>- We have provided additional senior management expertise dedicated to DGH/Moray – to have a key focus on communications and relationship building</td>
</tr>
<tr>
<td>Completed October 29th and underway</td>
<td>- We have developed an updated communication priority action plan which ensures additional focus on issues highlighted by the advisory team. The Moray leadership team is working closely with Corporate Communications to achieve this.</td>
</tr>
<tr>
<td>November 30th 2018</td>
<td>- We will outline a clear strategy and timeline for service restoration as far as possible in phase 2 of this plan, (see section 9)</td>
</tr>
</tbody>
</table>
| Complete and ongoing from November 9th 2018 | - We will reiterate clear information for women regarding who to contact for triage and other essential information using a variety of media and will be shared with frontline staff:  
  - Via the Maternity Liaison Committee  
  - Via community midwifery team  
  - Via social media  
  - Via verbal and written updates to staff |
| Work commenced at point of service change, outstanding actions to be concluded by 30th November 2018 | - We have established a multi-agency group to support transport and welfare issues:  
  - We are reimbursing travel expenses  
  - We have arrangements in place with taxi providers for short-notice transfers where clinically appropriate  
  - We have ensured consistent provision of income maximisation advice & literature via Dr Gray’s Healthpoint & our midwifery team  
  - We are working with Moray council to engage transport providers re ‘up-front’ support for transport costs for women & families (e.g. vouchers)  
  - We are working with SAS to maximise use of patient transport vehicles (as opposed to emergency vehicles, where clinically appropriate) |
| Increased focus ongoing from October 22nd | - We will increase trust and relationships between DGH staff and NHS Grampian leadership through increasing local decision making and continuing increased visibility and open discussion with all parties |
| 30th November 2018 | - We will, where feasible, adopt the recommended national ‘Best start’ approach ahead of receiving feedback from the early adopter sites. A package of local recommendations will be developed. |
8. **Collaboration with the Scottish Ambulance Service (SAS)**

<table>
<thead>
<tr>
<th>Aim</th>
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<tbody>
<tr>
<td>To minimise frequency and time of inter-Hospital transfers</td>
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<table>
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<tr>
<th>Impact</th>
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</thead>
<tbody>
<tr>
<td>Improved robustness of local emergency ambulance cover</td>
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<tr>
<th>Actions</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>• SAS have confirmed the commencement of a test of change model for tasking homebound vehicles in order to increase local emergency ambulance cover in Moray.</td>
<td>22nd October 2018 ongoing</td>
</tr>
<tr>
<td>• We have implemented a bi-weekly action review group which is attended by senior SAS representation</td>
<td>Two-weekly</td>
</tr>
</tbody>
</table>

9. **Planning of next phases**

This document outlines short to medium term actions and is reflective of local clinical input in terms of what has been deemed safely feasible in the short-term. As mentioned in section 2, a complementary paediatric phase 1 plan will be developed by the end of December. Phase 2 will outline the steps and timeline for sustainable restoration of all possible elements of obstetric and paediatric care in Elgin. The phase 2 plan will be completed in early 2019, will require extensive public and partner agency engagement and will incorporate the longer-term planning recommendations of the Chief Medical Officer advisory group.
Appendix 1 – Responses to the advisory group recommendations

Communication:

**Recommendation 1:** NHS Grampian urgently need to produce a comprehensive strategy with a clear timeline for the restoration to obstetric services. Service users including fathers and families should be involved in discussions from an early stage. This should be shared with staff and the public.

*We are committed to delivering sustainable, safe consultant led care as far as possible and this is the focus of our phase 2 plan. This will be developed with our stakeholders, including the public, partner agencies and the Scottish Government in early 2019.*

**Recommendation 2:** NHS Grampian should provide clear information to women on who to contact, where they should go for triage and other essential information. This should be provided through a number of different channels and communicated to frontline staff. Daily bulletin updates could be created and widely publicised.

*The community midwife team provide all women with a list of contact details at their first appointment. If a mum is unsure of who to contact, they are now actively encouraged to contact Ward 3 at Dr Gray’s. This option is available 24 hours a day. Please refer to sections 3 and 7 of the phase 1 plan, communication is a significant focus for the strengthened local leadership team and clinical staff, using all appropriate media, and to ensure the accurate provision of information to women.*

**Recommendation 3:** All women should be given an informed choice about their options of place of birth. Women should be offered, homebirth, DGH, AMH and Raigmore as real options and their personal risk factors as well as the general risks and benefits of each type of units including, for example, information about rates of transfer (for both primigravidae and multigravidae) from the CMU to Aberdeen and Raigmore should be clearly communicated to women at booking so they can make an informed choice about place of birth. The current leaflet is not up to date and needs urgent revision.

*Please refer to sections 3 and 6 of the phase 1 plan.*

**Recommendation 4:** NHS Grampian should provide clarity around cost of travel, accommodation and easy access to support for women travelling to AMH.

*Please refer to section 7 of the phase 1 plan.*

**Recommendation 5:** Relations between NHS Grampian management and staff at DGH need to improve as the staff at DGH perceive a “them and us” situation. They need reassurance that they are valued and their opinions and concerns meaningfully considered. This attitude is embedded over many years and will take time, effort and a willingness to improve on both sides.

*Please refer to section 7 of the phase 1 plan.*
**DGH Services short/medium term:**

**Recommendation 6:** DGH should restart elective caesarean sections only once appropriate paediatric cover is in place. A full risk assessment of this must be undertaken. We would expect this could be in place by the end of the year. Monitoring for increase in ELCS is needed once an ELCS service returns. Obstetric referral and interventions should be monitored closely if ELCS services recommences.

*Please refer to section 4 of the phase 1 plan.*

**Recommendation 7:** DGH must maintain strict adherence to CMU entry criteria guidelines and not relax these as a result of obstetric presence until such a time as this can be relied upon for full service. However we recognise that once a women is in labour in the CMU, due to the presence of obstetricians, extreme emergency situations may be dealt with differently than in a normal CMU and we recommend that there is complete clarity for staff on professional responsibilities in these situations.

*Please refer to section 3 of the phase 1 plan.*

**Recommendation 8:** DGH should review each transfer/referral to ensure women who wish to book for DGH are not being sent to Aberdeen unnecessarily. AMH and Raigmore should provide feedback on the cases to DGH staff in a constructive manner.

*Please refer to section 3 of the phase 1 plan.*

**Recommendation 9:** DGH should, with caution, expand triage and day assessment hours – this would not be a CMU model though and clarity is required round roles in emergencies including ventouse practitioners.

*Please refer to section 5 of the phase 1 plan, there are no short-term plans to support ventouse cases taking place at Dr Gray’s.*

**Recommendation 10:** DGH should not consider introducing induction of labour as next step up until a round the clock obstetric service is restored.

*There is no intention to reintroduce IOL at Dr Gray’s under the temporary arrangements.*

**Recommendation 11:** NHS Grampian should not implement targets for birth and bookings at DGH, this is a risky strategy and we need to learn from the findings of the Morecambe Bay report.

*We have not set targets for births at Dr Gray’s, though we seek to encourage the confidence to choose to labour and birth locally where clinically appropriate.*

**Recommendation 12:** NHS Grampian should audit postnatal readmissions of mothers and babies and consideration given to whether postnatal readmissions can be managed at DGH as part of a transitional care service.

*An action has been added to section 4.*

**Recommendation 13:** NHS Grampian must ensure all current staff have the same updated training in basic neonatal resuscitation and recognising the sick infant – Scottish Maternity/NES courses offer NLS with additional advanced skills training in line with national guidelines.

*An action has been added to section 4.*
NHS Grampian/ Highland relationship:

**Recommendation 14:** NHS Grampian should confirm with NHS Highland that Raigmore will take emergency transfer cases as if they were Highland women and that these can be referred straight to Raigmore without the need for negotiation. This should be communicated clearly to all staff on the Labour wards at both DGH and Raigmore.

*This has been agreed and an action has been added to section 6 reviewing this agreement (the clinical accord).*

**Recommendation 15:** NHS Grampian and NHS Highland should work together to develop and implement shared clinical guidelines for Grampian and Highland services and for both hospital and community teams will help avoid confusion and disagreement as mothers and babies are transferred between units.

*Aspects of this will be addressed in the phase 2 plan, however, clinical accords have been agreed to support maternity and paediatric care. Further, a draft SOP (Standard Operating Procedure) has been developed to support the continuity of carer between Dr Gray’s and Raigmore Hospital, to enable Dr Gray’s midwives to travel with mothers to Raigmore where required. This has been shared with NHS Highland for comment and an orientation programme is being put in place for Dr Gray’s staff supporting Moray births at Raigmore.*

**Recommendation 16:** NHS Grampian and NHS Highland must work together to allow women from west of NHS Grampian area to choose to deliver there. This includes increasing capacity at Raigmore and must ensure staff can work across health board boundaries and continuity of care after discharge. These discussions may need Scottish Government facilitation and funding may also be required to facilitate this.

*Over and above the actions in section 6 we will continue to work with NHS Highland to identify and seize any opportunities to allow some Moray women (e.g. West Moray) to choose to give birth at Raigmore Hospital.*

**Recommendation 17:** Consideration should be given to seeking and considering data from NHS Highland on length of stay, occupancy rates and birth rates in Raigmore.

*This information has been requested.*
Long term planning for restoration of Obstetric services:
Recommendations 18-21 - all of these actions will be addressed in phase 2 of the plan, if not before.

**Recommendation 18**: NHS Grampian must look to engage and empower DGH staff in looking to sustainable models for the future by drawing on a variety of innovative solutions suggested by staff.

**Recommendation 19**: In the longer-term. The main challenge will be finding junior staff for service. The Post Graduate Deanery can’t be relied upon to provide GP trainees on a regular basis. Advanced nurse/midwifery practitioners will help. The employment of salaried medical officers for general service could be considered.

**Recommendation 20**: NHS Grampian should identify which staff require additional skills in Advanced Neonatal Resuscitation – NALS and update if required

**Recommendation 21**: NHS Grampian should consider identifying a nominated link neonatal paediatrician from Aberdeen who has responsibility for the DGH neonatal service and supports their QI tests of change with review for safety and outcome audits.
Appendix 2 – key concerns raised by KeepMUM

Concerns have been expressed regarding:

1. **Assurances that local clinical staff have been involved in developing plans**
   
   Local clinical staff have been involved in developing the plan and their input has identified e.g. that among the limited options for stepping any service element back up in the short-term, elective caesarean sections should be focused on.

2. **Current arrangements are not working well and have not been communicated clearly to women**

   Initially we saw a low level of uptake of women choosing to give birth at Dr Gray’s but this has markedly improved during September and October 2018. Communication with women will continue to be prioritised and we have seen significant engagement with our online video featuring the local midwifery team leader, which provides essential information for women. We also trialled a helpline number and publicised this via social media and assessed that this was not being utilised by women, (only 1 call during its operation). Women can always contact their community midwives during working hours or ward 3 at other times with concerns that they may have.

3. **Queries regarding the role of the Scottish Ambulance Service in transferring obstetric emergencies and timeliness of these**

   The Scottish Ambulance Service is one of our key partners in the delivery of health services in Moray and we continue to collaborate with them in all relevant aspects of planning. They have a key role in transferring patients where that is the most appropriate clinical option. Reassuringly we have seen declining numbers of obstetric related transfers since the first weeks post service change. We have routine processes of review of transfer activity and analysis as to whether any transfers could have been prevented. In addition, the Scottish Ambulance Service has recruited staff for the Moray areas and are trialling new ways of working in order to enhance local emergency ambulance provision.

4. **Queries how the original criteria in the phase 1 plan were arrived at**

   These were agreed in discussion with the Cabinet Secretary for Health and Sport and with the Chief Medical Officer for Scotland after discussion with local clinicians about what we might safely focus on in the short-term.
KeepMUM have asserted that our plans should address:

5. **Local recruitment and retention of staff**
   
   This has been a significant focus for or phase 1 planning and will remain so during the important work focused on the future sustainable service. 2 additional locum consultant paediatricians have been recruited and support has been provided by paediatric consultants from Aberdeen. A further effort to recruit to the 1 substantive paediatric consultant vacancy has proven unsuccessful (5th attempt) and requires to be reattempted or redesigned in collaboration with Raigmore Hospital.

6. **What is in place to address issues which influence doctors decisions to work in Moray – e.g. availability of good quality accommodation**
   
   We have established a short-life working group SLWG to focus on accommodation which has made a number of recommendations. We are also working with NES to make changes which we hope will improve the attractiveness of GP trainee roles at Dr Gray's.

7. **Clear steps/actions to incrementally step up services with timescales for returning to a full consultant led service, and what can be available with the successful appointment of two paediatricians**
   
   The phase 1 plan details the only initial options for service step-up in the short term and in accordance with the views of local clinicians. The phase 2 plan will develop a sustainable model for women and children's services at Dr Gray’s, this plan will be developed with all stakeholders and made available in early 2019.

8. **Innovative ways of providing support for obstetricians at Dr Gray’s so they can safely undertake more procedures**
   
   Innovation could have a potential role in supporting antenatal care through the use of ‘attend anywhere’ software. Its role in supporting additional procedures is likely to be secondary to the availability of the workforce to allow further service step-up e.g. paediatric and/or junior doctor or alternative roles.

9. **Concerns that benchmarking with Borders will set the bar unachievably high in terms of staffing levels**
   
   Borders is the most appropriate Scottish District General Hospital for comparison but there is no desire to mirror that service in unrealistic or unattainable ways. Dr Gray’s faces some shared challenges with BGH and some differing ones and these will be explored further. In addition, we are engaged with work at a national level to develop a framework for advanced midwifery practice in Scotland. We will consider the recommendations from this national work in developing our future planning around advanced midwifery roles.

10. **Why safe minimum level of staffing must be provided by permanent staff – concerns this is setting an unachievably high bar and is not consistent with other services in NHSG/NHS.**

    Safe staffing levels have been determined with local clinical teams and services can be safe without being 100% provided by permanent staff.

11. **Clinical Governance to make sure the maternity service in Moray is safe**

    Dr Gray’s Hospital is firmly linked into the wider NHS Grampian acute sector and Board clinical governance processes for review of safety and quality service aspects.

12. **Quality of the birth experience.**

    We are increasingly gathering feedback from Moray women related to their birth/care experience Dr Gray’s, Raigmore Hospital or Aberdeen Maternity Hospital. The learning from these experiences is shared where appropriate to contribute to improving services and to continue to build on the growing confidence in the current local model of midwifery led care, which is currently performing very well in comparison to many more established midwifery led units.