**1 Introduction**

Rosslyn Crocket introduced the meeting, indicating that this was the first formal meeting of the newly established Maternity Strategy Implementation Steering Group (MSISG), which had been put in place to take forward implementation of the maternity strategy within target deadlines. The group had met informally on two occasions initially as a Maternity Strategy Group, and the proposed arrangements for a formally constituted Steering Group were now being put forward for consideration.

Implementation of the strategy would require taking into account the recommendations of the Calder Report and the outcomes of the public consultations. Rosslyn highlighted the challenges that the Steering Group would require to manage and specifically the cross cutting work of building the new children’s hospital, the upgrading the Southern General’s maternity hospital, the need to make improvements to infrastructure and services at the Princess Royal Maternity Hospital, and building a new acute hospital on the South Campus. These were significant programmes of work with critical interdependency factors that would impact on the successful delivery of the maternity strategy. The early involvement and participation of the staff who deliver the services and who would have a major role in implementation was highlighted as essential.

Rosslyn added that the Steering Group’s discussion would consider a proposal being put forward for governance and management of the programme of work, including appropriate membership and representation, and consider the appropriate arrangements for a clinically led supporting structure and membership.

**2 Steering Group - Governance and Management Arrangements Proposal**

Dorothy Cafferty referred to the governance and management arrangements proposal paper, which outlined the background and framework that would underpin the work of the steering group. The proposal described the programme brief that would inform action and risk management plans. An action plan would be drawn up in order to ensure that all relevant key tasks needed to deliver the
strategy are identified and actioned. Appropriate leads would be required to take forward the programme of work. The steering group’s role identified the areas of governance and responsibilities specific to the Steering Group, and the need for the Steering Group to ensure that a process to identify and action potential risks would be essential for governance and performance purposes.

A list of key stakeholders and staff was provided in order that the steering group could consider and agree appropriate membership. Dorothy added that it would be essential to identify clinical leads to take forward the programme of work. The significance of securing clinical leadership for input to the design and delivery of services was highlighted and, as identified in the Calder Report, the value of clinical leadership to the programme was therefore a priority. It was agreed that Clinical Directors would be core members of the Steering Group in addition to having a leadership role for specific sub-groups.

Staff, patient and user participation in the delivery of the programme was also of key importance and these factors should be taken into account in making decisions about membership and the supporting structure arrangements that are put in place to govern and manage delivery of the strategy. Clear and regular communications for staff, patients and the public was highlighted as having an important role in ensuring the work of the steering group is open and transparent and for accountability purposes.

It was proposed that the steering group should report to the Acute Services Review Programme Board, which is the forum with overarching responsibility for governance of the implementation of the Acute Services Review. The proposal identified establishing an implementation team, and this was clarified as being the group of lead General Managers and the Planning Manger, which would act as a co-ordinating team to ensure that all necessary strands of action are being identified, progressed and reported.

A supporting structure was also proposed in order to take forward specific areas of work to deliver the strategy, including suggested membership of sub-groups. It was recommended that the sub-groups should lead key areas of the programme. The sub-groups will be clinically led and supported by General Managers. The Steering Group was asked to consider the proposal and to make recommendations.

The Steering Group considered and agreed:

- the governance and management arrangements proposal for the implementation of the maternity strategy
- that recommendations for final nomination of membership to the Steering Group should be forwarded to Dorothy Cafferty for adoption at the next meeting of the Steering Group
- that Dorothy Cafferty and Lesley McIlrath should review the supporting structure outline the role and purpose of sub-groups, including membership, for further consideration and adoption at the Steering Group’s next meeting
- that Lesley McIlrath would scope the key activities and target deadlines to deliver the programme of work of the supporting structure, incorporating a process for risk management, for discussion at the next meeting of the Steering Group
- the agenda and validated notes of meetings will be posted on the organisation’s web site

Action: All
Action: DC/LMcI

3 Notes of Maternity Strategy Group Meeting 29/05/06

The notes of the meeting were agreed.
4 Matters Arising

Lesley McIlrath tabled a paper outlining the existing and potential equipment requirements, including the estimated cost of any additional equipment needed for the transfer of services to the Princess Royal Maternity (PRM). The paper also identified additional work that would be required to commission the empty ward/floor at PRM. It was noted that some items of equipment currently in use at the Queen Mother’s Hospital (QMH) could transfer to the PRM and this was under review. The work and costs of establishing a new theatre were also highlighted.

Lesley referred to a separate paper she had prepared that describes the existing floor capacity for scanning and consulting rooms for the fetal medicine services at the QMH, indicating that this was an early draft and that discussions continue to determine actual capacity and usage. Lesley advised that there could be potential to redesign the future use of these services and to make better use of existing capacity. Lesley is taking forward work to determine needs and costs.

Lesley advised that the papers should be considered as a work in progress documents and that a final assessment of equipment needs and estates works to fit out the PRM ward, and the outcome of the assessment for the fetal medicine services would be presented to the Steering Group for approval. Eleanor Stenhouse advised that the costs shown for the PRM are for the total work required and that an immediate cost of £57k was required to make the ward ready for the additional deliveries at PRM. Eleanor added that the costs identified were non-recurring costs, and that recurring revenue costs had yet to be identified.

Action: LMcl

The Steering Group agreed that the outline non-recurring costs of commissioning the PRM should be identified in the financial plan and that the immediate £57k required for the ward work should be sourced and confirmed, and the work required should be commissioned as a matter of urgency. In addition, any potential recurring costs should be identified and Iain Adams agreed to liaise with Fiona Wade to ensure that recurring and non-recurring costs are identified and recorded in the financial plan. Fiona Wade is to report on the financial position at the next meeting of the Steering Group.

Action: IA/FW/TC

5 Transfer of High Risk Mothers

Iain Wallace referred to the draft letter he had prepared to be sent to GPs to communicate the new arrangements for the deliveries of babies of high risk mothers at the PRM, the referral protocol for this group of mothers and the arrangements for their antenatal care. No new bookings for delivery of high-risk category mothers will be taken for the QMH from 1st August 2006, these mothers will be referred to PRM, and the planned closure of the QMH ward will take place in November 2006.

It was agreed that the letter should be sent to individual GPs in Greater Glasgow, with one letter per practice being sent to Clyde GPs, and to targeted GPs in Lanarkshire. Copies of the letter will be sent to Board Medical Directors, Consultant Midwives and to Health Visitors. CHP Directors will also be sent a copy of the letter.

Action: IW

6 Closure of QMH Ward and Communications Plan

Iain Wallace referred to the progress report prepared by Alan Mathers, Clinical Director Obstetrics & Gynaecology, regarding the work to date in relation to the recommendations of the Calder Report and next steps. The report detailed the current provision of services delivered at the QMH and the categories, estimated numbers of deliveries and proposals for care of mothers and babies that would transfer to PRM, and other deliveries at PRM and the Maternity unit at the Southern General Hospital. Dr. Mather’s report identified the categories of high-risk deliveries that could be
implemented with immediate effect and the areas for which ongoing discussion is taking place. It was noted that Dr. Mathers identified the increased obstetric risk directly correlated with increased BMI, and while there is no immediate impact on the PRM and SGH services, this risk factor if incorporated in the criteria could impact on the numbers of deliveries transferring from the QMH. Iain indicated that further work was being undertaken in relation to BMI and a further report would be presented to the Steering Group. The progress report also set out the plan to scope resource implications for all sites and the need to realign resources to a financial/resource best fit. Discussions are also progressing in relation to single-system guidelines, education and risk management. Dr. Mathers’ report concluded highlighting the need for effective communications.

Ally McLaws added that it was also essential to ensure that staff are kept fully informed, not only about the reasons for the revised arrangements for deliveries and care, also in order that staff are routinely advised of progress towards full implementation of the strategy. Ally added that the organisation’s Core Brief would be used to generally inform staff, and additional more detailed briefings would be communicated to the staff directly involved and affected by the new arrangements. It would also be important to keep the NHS Board, the Scottish Executive and Politicians informed of progress. Eleanor agreed that given the timescale for the new arrangements taking place, it was essential to meet the staff affected at PRM and QMH to discuss the detail of the implementation plan.

Anne MacPherson presented a draft staff relocation plan that outlined the key steps and timetable for engaging with and informing staff. It was agreed that an HR sub-group should be established to lead the staff engagement and partnership involvement for implementing the new arrangements. The sub-group will lead working with staff directly affected by the change, including ensuring individual staff issues are addressed and actioned, and prepare routine question and answer briefings to support clarifying issues raised by staff.

The Steering Group commended the progress made as identified in Dr. Mather’s report and agreed the next steps actions outlined in the report.

**Action: AM/IW**

The Steering Group agreed the proposals forwarded by Ally McLaws for a communications programme and briefings. In addition, the Steering Group agreed the draft relocation action plan prepared by Anne MacPherson for staff engagement and communications. Both proposals to be implemented with immediate effect.

**Action: AMcL/AMacP**

7 Capacity Planning – Neonatal Unit Southern General Hospital

Fiona Mercer referred to the activity analysis that she has prepared to assess current activity against planned activity and occupancy rates. The British Association of Perinatal Medicine (BAPM) recommendations were highlighted in relation to the recommended number and types of cots per 1000 birth population. Fiona advised that the BAPM recommendations would require to be considered against other factors affecting likely activity the increased requirement for HDU beds where there are high risk mothers (e.g. drugs abuse) and that the numbers identified do not take into account any weighting for tertiary centres that provide specialist regional services or the differentiation of actual case mix and cot usage.

Fiona advised caution in basing services on the activity and occupancy data as this was currently being validated. The analysis should therefore be regarded as a work in progress position for the neonatal unit at the SGH. Fiona highlighted the growing professional view that neonatal medicine and surgery should be provided co-located. In terms of the activity assumptions the neonatal surgical
activity of ward 2b (and cots) would need to be factored into the assumption data. Jamie Redfern and Eleanor Stenhouse both welcomed the initial analysis work and recommended that this might be best tested by more detailed discussion with the clinicians concerned. It was also recognised that the occupancy rates are affected by the levels of staffing available to staff cots and therefore to run at the desired occupancy rates additional staffing resources would be required. The service is not currently funded to desired occupancy rates.

The Steering Group noted the analysis work to date, and agreed that assumptions made in the paper should be tested and discussed with the appropriate clinical staff and brought back to the Steering Group. It was also agreed that the additional staffing resources required should be costed and highlighted for funding.

Action: FM/IA

8 Southern General Hospital – Maternity Upgrade

Tony Curran informed that a meeting with the Architects appointed for the SGH had taken place, at which Alan Seabourne, Fiona Mercer and Dorothy Cafferty attended. The meeting had been arranged to review the plan for upgrading of the maternity hospital and the adjacencies with the new children’s hospital and new adult hospital facilities. Tony advised that part of the upgrading of the maternity premises has already commenced and is identified in the capital financial plan. However, the additional works required must be tendered via the OJEU regulatory process and that process will impact on the timescale for commissioning and completing the necessary capital building work. It was agreed that Lesley and Tony should arrange for appropriate clinical input to validate the proposals before any final specification is tendered. A progress report is to be made to the next meeting of the Steering Group.

Action: TC/LMcI

9 Antenatal Services

Lesley McIlrath informed that work is now ongoing to specify services, determine capacity needs and the potential to redesign and streamline services. Lesley’s first draft paper has been shared with lead midwives and wider circulation for comments is planned. Lesley advised that the cost of the reprovision of the service is also currently being assessed. A visit to services provided at the Rutherglen and Millbrae facilities is arranged. It was agreed that Tony and Lesley should jointly prepare a progress report for consideration at the next meeting of the Steering Group.

Action: LMcI/TC

10 Any Other Business

10.1 Draft West of Scotland Guidance for Transferring Mothers and Babies – Dorothy Cafferty referred to the draft guidance that had been issued for comments to members of the Maternity (EGAMs) Regional Planning Group prior to discussion and approval at the next meeting of the Group on 26th June 2006. The Steering Group was asked to note the draft guidance and forward any comments to either Dorothy or Eleanor, who are both members of the Regional Planning Group.

Rosslyn Crockett recommended that the NHSGGC Maternity Strategy Implementation Steering Group work should be added as a standing item to the Maternity Regional Planning Group agenda. It was agreed that this would be put forward to the next regional planning group meeting.

Action: ES/DC
11 Calendar of Meetings

A calendar of meetings was tabled. It was agreed that the MSISG would meet on a monthly basis, and that the co-ordinating team would utilise the intervening dates to co-ordinate and progress the sub-groups’ programmes of work and in order to ensure that relevant reports are presented to the MSISG.

Action: All

12 Date and Time of Next Meeting

The next meeting of the MSISG will take place at 2 p.m. on Tuesday 10th July 2006 in meeting room B, Dalian House, Glasgow.

Action: DC

Distribution:

- Members of the Maternity Strategy Implementation Steering Group (MSISG)
- NHSGG&C Web

Validated by MSISG 10/07/06