Maternity Strategy Implementation Steering Group (MSISG)

Notes of a Meeting of the MSISG held on Monday 3 September 2007 at 2:00 pm
In the Conference Room, Dalian House, NHS Greater Glasgow & Clyde

Present: Helen Byrne, Director Acute Services Strategy, Implementation and Planning (Chair)
Rosslyn Crocket, Director, Women & Children’s Directorate (Co Chair)
Dorothy Cafferty, Planning Manager, Women’s and Children’s Directorate
Anne Davidson, Staff Partnership, RCM Steward, Queen Mother’s Hospital
Sue Forsyth, Staff Partnership, UNISON
Ann Holmes, Consultant Midwife
Anne Mitchell, Head of Planning & Health Improvement East CHCP
Tony Curran, Head of Capital Planning & Procurement
Mairi MacLeod, Planning Manager for New Children’s Hospital Project
Iain Wallace, Associate Medical Director, Women and Children’s Directorate
Cathy MacGillivray, Head of Nursing Clyde
Willie Frame, Consultant Anaesthetist
Eleanor Stenhouse, Head of Midwifery
Jacqui McGeough, HR Lead Women & Children’s Directorate
Kate Munro, Community Engagement Manager

1 Apologies

Apologies were received from Brian Cowan, Stein Bjornsson, Fiona Wade, Pat Bryson, Ann
Crumley, Jamie Redfern, Jonathan Coutts, Alan Mathers, Charles Skeoch, Stewart Pringle,
Douglas Colville, Lesley McIlrath, Anne MacPherson, Noreen Shields and Pat Bryson.

2 Notes of MSISG Meeting held on 8 August 2007

• These notes were approved.

3 Matters Arising

3.1 West Glasgow Antenatal Accommodation: Rosslyn Crocket advised that plans continue to be developed to locate the service into space identified on the Gartnavel General Hospital site, and a project group approach has been adopted to action the work. The Capital Project Board along with Estates colleagues continue to work together to take this forward. Lesley McIlrath will co-ordinate a meeting with all partners including Richard Copland shortly.

Action: LMcI

3.2 Draft Maternity Strategy 2006 – 2011: Dorothy Cafferty reported that she had received initial feedback about the Draft Maternity Strategy and is presently undertaking final editing of the draft as it currently stands, with a view to circulating to MSISG colleagues for comments. The strategy outlines the single system direction for maternity services.

It was agreed that consideration of any wider dissemination and the approach to finalising the strategy would be brought forward once the outcome of the Expert Panel is known. Helen reminded the MSISG that Professor Angus MacKay has been appointed to Chair the Expert Panel on behalf of the Scottish Government, and that the maternity component of the Clyde review will form part of that independent review work.

Action: DC/ALL
3.3 West of Scotland Neonatal Cots: Helen Byrne advised that Ayrshire & Arran and Lanarkshire Health Boards had confirmed their agreement to contribute to the capital costs of providing capacity for additional cots for regional services. No commitment had been made however at this point in time regarding revenue funding for running costs. It was noted that work is currently underway with Clyde clinicians to understand the neonatal requirements for Clyde’s services and any impacts on maternity services. In addition, the national work undertaken to review neonatal services was not expected to report until November 2007. The MSISG will be kept appraised of progress in these areas.

**Action:** RC/HB

3.4 MSISG Communications/Key Messages: Dorothy referred to the August MSISG key messages bulletin that had been prepared for dissemination to staff following the August meeting of the steering group, indicating that electronic as well as hard copies had been widely distributed to Greater Glasgow & Clyde maternity and neonatal staff.

**Action:** DC

4 Performance Framework

4.1 Progress Monitoring Reports

a) Quarterly Report to W & C Directorate: Dorothy referred to the quarterly progress report, prepared for the Women & Children’s Directorate, which highlights progress being on target in all areas. It was being presented to the MSISG for information. The progress report will be used as part of the Directorate’s performance management professes in the Acute Division, including the balance score card system for performance. Helen referred to the work initiated with Richard Copeland referred to in the report. Dorothy advised that Richard Copland has joined membership of the Capital Project Board, and work was now being taken forward to scope health information and IT equipment requirements to support smooth transition of services, and that correct systems are in place to support patient care. Rosslyn also stressed the importance of making sure all IT systems are compatible for ease of information flow.

**Action:** DC

b) Pregnancy Pathway Group: Ann Holmes presented the progress monitoring report for the group. Ann reported that the Group continue to work towards the October MSISG, which is a tight deadline, but support staff have been identified to help achieve that target. Some projects have slipped slightly into the “red zone” but work was ongoing to take these forward. A Project midwife has been identified and is drafting a high-risk obstetric pathway, and work is ongoing with the hub and spoke service redesign.

**Action:** AH

c) Neonatal Sub-Group – Eleanor Stenhouse reported that work of the two groups set up to agree operational procedures and staffing issues is progressing on target. Eleanor highlighted that an admission/discharge criteria is being developed and that medical and nursing staff levels and rotas are being drawn up.

**Action:** JC

d) Obstetric Services: Imaging and Screening: - A report will be given at the next MSISG meeting.

**Action:** AM

e) Capital and Finance Sub-group: Tony Curran reported that the Capital Project Board had met recently, and that Hypostyle, the appointed architects, are pushing hard to have work completed for an earlier date to issue tenders ahead of target. It was noted that the work to relocate antenatal services is also progressing, with a project approach being adopted for the proposal. Tony informed the group that single rooms were not an issue for neonates.
Dorothy highlighted a recent presentation at the New Children’s Hospital Steering Group meeting about arts and architecture, and suggested that Hypostyle’s skills in this area be used to best effect in the design of the new build. It was noted that the number of recovery beds had been agreed, and Willie Frame was pleased to note the number of recovery beds had increased to six.

**Action:** TC

f) **HR & Staff Communications Sub Group:** Jacqui McGeough reported the work of the group has been focussed on Clyde staffing issues, and that meetings have been held to discuss and agree potential staffing changes. A Women & Children’s Workforce Planning Group has been established and Clyde staffing issues will be incorporated into the work of that group. It was noted that NES has agreed further funding for Advanced Nurse Practitioner training and one member of staff from the SGH and two staff from the RAH will be going forward for training.

**Action:** AMacP

g) **Maternity Strategy OD Plan:** Dorothy on Ann’s behalf, indicating that Gerry Hope is working with learning and development colleagues on the detailed plan and will bring the plan to the MSISG October meeting.

**Action:** AC/GH

### 4.2 Updates

a) **Accommodation Update:** Rosslyn spoke briefly of the ongoing work Lesley is continuing to co-ordinate along with Alex McIntyre with the relocation of staff from the QMH.

**Action:** LMcI

b) **Clyde Maternity Review:** Cathy MacGillivray submitted the progress report for Clyde services, intimating that she hoped to go out to staff in all 3 Clyde units to update them on the progress being made with ongoing work. The Expert Panel to be chaired by Professor MacKay has not yet convened, and staff will be kept appraised of information about that process.

**Action:** CMacG

c) **Community Engagement:** Kate Munro reported that a community engagement programme is planned for each of the two major service changes currently in development; the capital development at the SGH and the proposed hub and spoke service re-design being undertaken by the Pregnancy Pathway Group. As these represented areas of major service change it was a statutory responsibility to consult with the users of the service and other communities of interest before the plans could be finalised. Sub-groups were asked to notify Kate if their discussions and planning were likely to lead to similar developments in order to ensure that the Community Engagement Team are able to respond fully and appropriately to deliver the community engagement agenda.

Kate informed the group that it was hoped that the appointment to the Community Engagement/Information Officer - Maternity post would be confirmed soon. The post holder will take responsibility for the community engagement work of the maternity strategy, on-going lay involvement in the Maternity Strategy Liaison Committee, enhanced communications within the Women & Children’s Directorate on these developments and will be supported by the Community Engagement Team.

**Action:** KM

d) **New Children's Hospital:** Mairi Macleod referred to the ongoing work of the Adult and New Children’s Hospital Team in preparing the final submission for the Scottish Government. The Project team have a planned meeting with Jackie Sands later in the week, to discuss more detailed presentation of the new build. Mairi highlighted that with regard to internal art and design, as an example, using colour as a pathway finder throughout the building to the various departments might be a design approach deployed in the new hospital. Options would be explored to ensure the best art and design internally and externally.

**Action:** MMcL
5 **Key Messages:** Helen suggested key messages for the September MSISG bulletin should include, the ongoing work of the Capital Project Board, Antenatal Services in the West End of Glasgow, the Design team work for the new build and update from Community Engagement. Dorothy agreed to draft a bulletin for issue to staff.

**Action DC**

6 **Any Other Business:** None.

7 **Date and Time of Next Meeting:** The next meeting of the MSISG will be held on Wednesday 3 October 2007 from 13:00 to 15:00 in the Conference Room, Dalian House.

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**Distribution:** Members of the MSISG
- Robert Calderwood, Chief Operating Officer, Acute Division
- Graham Stewart – Clinical Director/Consultant Paediatrician, Clyde
- Deb den Herder, Director of Acute Services, Clyde
- Jacque Campbell, General Manager, Women’s & Children’s Acute Services/Clyde
- NHSGG&C Internet

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W&C Acute Services Planning/DC