Maternity Strategy Implementation Steering Group (MSISG)

Notes of a Meeting of the MSISG held on Wednesday 4th April 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)
Dorothy Cafferty, Planning Manager, Women’s and Children’s Directorate
Lesley McIlrath, General Manager, Obstetrics, Gynaecology and Neonates
Anne Davidson, Staff Partnership, RCM Steward, Queen Mother’s Hospital
Sue Forsyth, Staff Partnership, UNISON
Eleanor Stenhouse, Head of Midwifery
Anne MacPherson, Associate Director of Human Resources (Acute)
Kate Munro, Community Engagement Manager
Elsbeth Campbell, Head of Communications
Pat Bryson, Involving People Committee
Cathy MacGillivray, Head of Nursing, Clyde
Iain Wallace, Associate medical Director, Women’s & Children’s Directorate
Douglas Colville, GP Sub-Committee
Alan Mathers, Clinical Director Obstetrics & Gynaecology
Ann Holmes, Consultant Midwife
Alan Cameron, Obstetrics Sub-committee
Anne Mitchell, Head of Planning & Health Improvement East CHCP

1 Apologies

Apologies were received from Rosslyn Crocket, Brian Cowan, Jonathan Coutts, Charles Skeoch, Stein Bjornsson, Willie Frame, Stewart Pringle, Tony Curran, Fiona Wade, Mairi MacLeod and Noreen Shields.

2 Notes of MSISG Meeting held on 8th March 2007

- Item 2 – The updated note of Item 5a, amending the notes of 17th January 2007 should read Eleanor Stenhouse and not Kate Munro;
- Item 4, 2nd Paragraph, last sentence should read “…. From the series of meetings…”

3 Matters Arising

3.1 Gynaecology Bed Model – Lesley McIlrath advised that more information was being collated on day case and operational usage of beds including trends. There has been a change in the terms of assumptions used, from a 75% occupancy rate to 85% bed occupancy. A fuller report on progress would be provided at the next meeting of the MSISG. Helen Byrne pointed out that there was an urgency to finalise the bed model for acute services, including the gynaecology bed model and Lesley agreed to progress this with Joe Clancy.

Action: LMcl

3.2 Outline Business Case (OBC) Feedback: Capital Investment Group Meeting 06/03/07 – It was noted that Dorothy Cafferty is leading the co-ordination of progressing the OBC to Full Business Case (FBC) status, with a target timescale for completion of end December 2007 and submission to SEHD early in 2008. The NHS Board would be formally notified of the Capital Investment Group’s approval of the OBC at its meeting on 17th April 2007. In approving the OBC, the Capital Investment Group had recommended minor changes to be made, and these had been incorporated into the final version of the OBC. A public copy of the OBC had been sent to SEHD for publication in the Scottish Parliament Library.

Action: LMcl
Douglas Colville asked what was involved in progressing the OBC to FBC status. Dorothy Cafferty advised that in conjunction with the Capital & Finance Sub-Group, work would be undertaken to provide more detail of the costs contained in the OBC, including from the work of the Design Team, when appointed following tender, and more detail about the savings identified in the OBC and how these would be delivered and achieved. Helen also advised that clinicians and staff would continue to be involved in all stages of the planning and commissioning of the accommodation modernisation and new building project.

**Action: DC/TC/LMcIl**

### 3.3 Women & Children’s Directorate Equality Agenda

Dorothy Cafferty advised that an initial scoping meeting of the Women & Children’s Directorate Equality Implementation Group was held on 26th March 2007, when the terms of reference, membership and priorities for action were discussed. Rory Farrelly, Head of Nursing, and Dorothy will co-chair the group. A report on progress would be provided to a future meeting of the MSISG.

**Action: DC**

### 3.4 CHCP (East) Representation Sub-Groups

Helen welcomed Ann Mitchell to the MSISG, indicating that Ann would not only represent the East Glasgow CHCP, which is twinned with the Women & Children’s Directorate, Ann would also be the link for networking the work of the MSISG with women’s health and services across all of the CHCPs. It was noted that Kathy Holden has been nominated by the East CHCP to join the Pregnancy Pathway Group, and that representatives have also been nominated to participate in the Women & Children’s redesign programme.

### 3.5 Performance and Progress Reporting

Dorothy Cafferty referred to the progress reporting template which had been revised to incorporate a “traffic-light” status column and a separate risk assessment column. The action reports of the HR & Communications and Pregnancy Pathway sub-groups had been used to inform the revision.

It was noted that the revised template had been drawn up in collaboration with Anne Macpherson, to assist groups in streamlining progress and risk assessment reports into one standard reporting format. The revised format would also assist the MSISG in its performance monitoring role, and for exception reporting. The MSISG approved the new format for use by its sub-groups. Helen Byrne indicated that the template would be issued to all leads of working groups for use as the standard progress and risk assessment reporting template.

**Action: DC/Sub-GroupLeads**

### 4 Performance Framework - Progress Reports

#### a) Pregnancy Pathway Group

Ann Holmes presented the progress report of the group. The normality steering group has changed its name to Pregnancy Pathway Group because the work of the group encompasses services provided throughout the pregnancy year, including obstetrics, high risk mothers and antenatal and postnatal services.

Scoping work has been completed, covering the proposed HUB/Spoke model across NHSGG & C, including scoping existing provision of maternity services across NHSGGC, caseload numbers, geographical spread, existing staff and resources. Work is ongoing to to scope the planning activity for community maternity services geographically aligned to 11 CH(C)Ps for the relevant caseload, including number of antenatal booking and return clinic sessions, ultrasound and day-care sessions, health education and physiotherapy sessions, postnatal sessions. Outline resources required for each community maternity service to support the above clinical activity, including a base for the relevant community midwifery team and other staff...
The development of an overall, costed proposal for community maternity service provision within existing resources is currently being progressed by the group. Other streams of work that are in progression are preparation of care pathways for antenatal, intrapartum and postnatal care pathways for women, as part of the overall care pathway, and in the context of the HUB/Spoke model.

**Antenatal pathway – lead Diane Paterson**
- Referral criteria from midwife managed to obstetric or medical services from confirmation of pregnancy until the onset of labour  
  **Completed**  
- Template for midwife managed antenatal care, including frequency, timing and content of antenatal visits  
  **Completed**  
- Template for ultrasound provision within HUB and Community maternity services (CMS)  
  **Ongoing**  
- Outline programme of preparation for parenthood for CMS  
  **Ongoing**

1 Intrapartum pathway – lead Cathy Harkins
- Referral criteria from midwife managed to obstetric led care from the onset of labour until completion of third stage  
  **Expected completed**  
- Template for care during normal labour and birth, including protocols for fetal and maternal monitoring, mobility, nutrition, pain relief etc  
  **Expected Completed**  
- Recommended accommodation/setting requirements to support the normal birth pathway  
  **Expected completed**

2 Postnatal pathway - lead Audrey Taggart
- Referral criteria from midwife managed to obstetric or medical services from birth until the final postnatal examination (currently 6wks)  
  **Completed**  
- Template for midwife managed postnatal care, including content of mother and baby examinations, screening, parenting and social support, and frequency of community visits  
  **Completed**  
- Template for the final postnatal examination, including timing, content, provider and venue  
  **Completed**

2. Implementation
- Care pathways will be amended once ratified by the wider group, a short consultation/engagement process with midwives/obstetricians/GPs undertaken, training delivered and implementation thereafter. Antenatal visits schedule, normal birth pathway and initial postnatal care schedule should be ready for implementation  
- Streamlining of the 3 distinct Glasgow community midwifery models will be implemented in the next few months, to ensure equity of home birth provision and consistency across the 3 units  
- Community midwifery service redesign is required to implement some aspects of the antenatal and postnatal care pathways eg: midwife first point of contact and any changes to existing 6 week postnatal examination, therefore is longer term in nature but underway  
- The draft overarching output (Table 1) incorporates pathway, obstetric and antenatal group workstreams. A paper describing the mainstream and enhanced service models, midwifery deployment and care delivery pathways will be ready for presentation to MSISG in July. Implementation is anticipated by December 2007. This is a significant management of change exercise with HR implications, therefore is being led by Carol Scott. The group is working in partnership with the Royal College of Midwives and has representation from the MSISG HR subgroup (Eleanor Stenhouse and Jackie McGeogh)

3. Processes
- The group requests verification from MSISG on the way forward  
- The group suggests it progresses with implementing pathways as outlined above, as an ongoing process  

The group requests that MSISG receives the service models, deployment and pathways paper for discussion/ratification in July

**Action: AH**

b) West Glasgow Antenatal Group: Stewart Pringle advised that the group were awaiting the outcome of a discussion about the availability of accommodation for the service which Helen Byrne will be progressing with Rosslyn Crocket and Ann Hawkins. It was noted that in scoping a potential location for the antenatal service, an option had been identified which was also
being reviewed by other health groups for potential use. A report would be given at the next meeting of the MSISG.

Action: HB/SP

c) **Neonatal Sub-group:** Dorothy Cafferty spoke briefly to the report, which had been tabled on behalf of the group. A meeting is being held later today to take forward the multi-disciplinary look for the accommodation, which is available.

The Neonatal Sub Group had a further meeting on 21 March 2007.

**New Build at SGH**

Following circulation of the draft plans produced by the architects at the end of February, and the arranged “drop-in sessions” for all staff, comments have now been received. Many of the comments are with regard to the location of some of the accommodation i.e. require to move some accommodation move from 2nd floor to 1st floor etc. These will be collated and fed back to the architects with an updated schedule of accommodation by end of March.

The Sub Group briefly discussed the operational policy, which is in the process of being drawn up, which will identify the flow into and out of the neonatal department as well as how it interacts with the adjacencies to labour suite and the new children's hospital. It was agreed that the draft operational policy should be circulated around all the sub group members for comment and that a very small group should meet to discuss and finalise the neonatal aspect of this document. A meeting has been arranged for Wednesday 28 March for this purpose.

**Ward 2B**

Following the meeting which took place at the end of January 2007 where it was agreed that the 10 ICU/HDU cots will transfer across to 2B, work is now underway to set up work streams to facilitate this process. It is proposed that there will be 2 main work streams, the first one will look at the professional issues for both medical and nursing and the first meeting of this group has been arranged for Wednesday 18 April 2007. The second will look at the operational and HR issues. A date for this group to meet will be arranged for April/May.

**Outpatient Facilities**

Discussions are ongoing to identify an appropriate area to relocate the outpatient clinics that are currently held in Residence B following demolition of the residences by late 2007.

Action: JC

d) **Obstetric Services/Imaging and Screening:** Alan Mathers reported that Carol Scott is presently working on a scoping exercise for screening and obstetric services. A report will be available for the next meeting.

Action: AM

e) **Capital and Finance Sub-group:** Dorothy Cafferty advised that the Capital & Finacne Sub-Group met recently to update the OBC taking into account comments from CIG and the
version, which will be available for the record library. The OBC will move to FBC by December 2007 with the project going to Tender from next week. Meetings with clinical staff to look at the design of the new build to ensure their input are still ongoing as the group works towards agreeing the schedules of accommodation.

Action:

Lesley McIlrath reported ongoing discussions have taken place with Callum McLeod regarding the accommodating of the Perinatal Mental Health Beds within the SGH site. Discussion is at an early stage, looking at if they can be accommodated in the unit and if it is appropriate to have the mother and baby unit located within the unit. Alan Mathers asked about the plans, which were available to the group and if these beds would be a Regional facility? There is limited availability of space and Clyde may require some access to the facility. Alan would like clarification on this. Helen Byrne highlighted that the perinatal beds issue raised the discussion at a very early stage more to look at the possibility of space availability.

Action:

f) Accommodation Sub-group: Terms of Reference: Lesley McIlrath referred to her updated notes issued to the group prior to the meeting. Lesley is looking at accommodating 140 staff within the new office accommodation. Members of the group are asked to ensure any staff to be relocated are included in the scheduled issued. Helen Byrne has asked Lesley to keep Alan Seabourne and Alex McIntyre updated on the location of staff during the move.

The exercise to identify room occupants and room use within the Queen Mothers Hospital and Tower Block has now been completed.

In total there are approximately 140 staff occupying around 70 offices within the Queen Mother’s Hospital and Tower Block who will not be included as part of the Maternity Strategy transfer to the Southern General Hospital. A breakdown of occupied offices is enclosed.

As previously stated it has been identified that the majority of accommodation being used by staff within the Obstetric and Neonatal Departments is located within the ground floor, 1st floor, 2nd floor and 3rd floor of the Queen Mothers building. Re-provision of offices occupied by maternity staff, wards, labour suite and the neonatal unit have been included as part of the Maternity Strategy transfer to Southern General Hospital.

Contact will be made over the next few months with the relevant General Managers for each Directorate involved to initiate discussions with regard to identifying alternative accommodation.

In the first instance General Managers have been asked to advise if there is likely to be any restructuring or centralisation of services planned within their own Directorate which could possibly impact on the current service provided from the Queen Mother’s base and their future requirements for accommodation.

Local management team will continue to review accommodation in RHSC to facilitate this process.

Action: LMcl

g) HR and Staff Communications Sub-Group: Anne MacPherson advised that the minutes issued to the group are from the meeting before the last and the updated action plan is attached. Anne highlighted the lack of personnel attending the drop in sessions, which have previously been organised, and a more focussed approach will be taken for the next round of
sessions. Ann will work with Lesley McIlrath on this to structure a 10.00am – 4.00pm day. Elsbeth Campbell advised that using models or plans may be a way of keeping staff focussed on the issues with Sue Forsyth suggesting themed meetings may be another way forward to keep staff focussed.

Action: AmacP/LMcI

h) Community Engagement: Kate Munro advised that following on from the meeting held in Whiteinch and Hillhead the meetings in Clydebank and Drumchapel have been put on hold. Feedback from women has highlighted a lack of knowledge on the differences between CLU and MLU this will be addressed at future events. The newsletter is now available in the local libraries and a copy will be sent out to the group electronically.

The Steering Group is asked to:
1. Note the progress made in implementing the strategy to promote community engagement in the maternity strategy

   • A further 2 meetings have been held in Whiteinch and Hillhead; meetings are now scheduled for Clydebank and Drumchapel
   • The feedback on an Ante-natal and Day Care Centre continues to reflect a largely consistent view that women are confident in and happy with midwife managed care throughout their ante and post natal care but wish the option of consultant-led care for delivery.
   • The feedback on the location of an Ante-natal and Day Care Centre for the West End is more variable and depends on geography, access to public transport and existing access to local health-centre based midwifery care. Two key principles are consistent though – the centre should be in the area of the current location of the Queen Mother’s Hospital and there should be ease of access by car or public transport.
   • A maternity newsletter has been produced and distributed to the 14 groups that took part in the community engagement events before Christmas. This provides them with feedback on the discussions we held with them, information on current developments in the maternity strategy and contact details should they wish to add anything further to their input.
   • The maternity newsletter has also been distributed to libraries in the West End of the city to provide information to local women and to encourage contact from smaller groups and maternity networks.

Community Engagement continues to support the Women & Children’s Directorate in progressing the development of their PFPI post

Action: KM/CF

i) New Children’s Hospital: Mairi Macleod’s report highlights the ongoing work for the NCH which will be discussed at sub-group meeting during April / May.

Much of the work of the Adult and New Children’s Hospital Team continues to focus on the Public Sector Comparator (PSC) for the Outline Business Case (OBC).

1. Schedules of Accommodation

   The draft schedules of accommodation circulated and discussed with clinicians during Autumn 2006 have now been updated to reflect the users’ comments. These were re-visited by the clinical sub-groups during February and March. There are some areas, which require further work, in particular outpatients, but most areas are near “sign off” for the OBC.

2. 1:200 drawings
The next stage in the development of the PSC is more detailed departmental layouts for 5 departments, namely:

- Critical Care
- Imaging
- A&E
- A generic ward
- Main Entrance

These will be discussed and agreed with the sub-groups during April/May 2007.

**Action: MM**

**j) Clyde Maternity Review:** Cathy MacGillivray spoke briefly to her written report issued to the group. The report prepared by Kate Munro based on activity at Maternity Units highlights the usage of the CMU and CLU within Clyde. No further consultation will take place until after the May elections.

Both the Executive Group and the Reference Group met week commencing 26 March 2007.

**Main themes discussed**

- **Audit of Care provided and Outcomes Achieved by Community Maternity Units in Scotland 2005 final Report February 2007**

This is a very useful report that allows us to compare the activity and performance of the units at IRH and VoL (RAH not included as only stand alone units audited) with other units in Scotland.

Some issues have been raised regarding how information is recorded e.g. transfer data and this will be reviewed in more detail.

- **Summary of Community Engagement Feedback. (Attached)**
- **Clyde representative (Betty Adair, Clinical Lead at VoL CMU) to join NHS GG&C Maternity Review HR Subgroup.**

**Action: CMacG**

**k) Organisational Development Programme:** Ann Crumley spoke briefly to her report informing those present that Gerry Hope will in future attend the HR and Communications Sub Group meetings to ensure appropriate links with the group. Helen Byrne thanked Ann for the good work that is ongoing on the service redesign.

**OD Plan**

As agreed at the last meeting of the MSISG, it is intended to develop a detailed OD plan to support the implementation of the Maternity Strategy. This plan will be developed once the outcome of the OBC has been announced – expected timescale May 2007.
The Acute Division’s OD plan has recently been submitted to the OD Group for the Acute Division for consideration. This plan is a summary of the 9 directorate plans which OD Advisors have developed following discussions with directorate management teams and planning managers. The Women and Children’s directorate OD plan was submitted to Rosslyn Crocket during March 07 and is currently in final draft and includes the following reference to the Maternity Strategy:

Corporate Theme: Modernise Services
Links to Transformational Themes 1 and 8

Support implementation of maternity strategy
Develop OD interventions to assist staff to move from 3 units to 2 including:

- Managing changes in staff/personnel, working practices and protocols
- Establishment of new teams
- Culture and process development
- Ensuring clarity of roles and responsibilities
- Service redesign
- Staff and end user involvement and communication

Reference to this and the intent to develop detailed OD Plan for Maternity Strategy implementation are included in the overall Divisional Plan.

Once the outcome of the OBC has been announced the Head of Organisational Development will clarify desired timescales and approach to be taken to produce draft OD Plan which will be submitted to the MSISG for final approval.

Service Redesign
Training for identified staff was delivered during February/March 2007. Future sessions may be delivered based on demand via the Women and Children’s directorate management team.

Links with HR and Learning and Education
Following discussion with Anne MacPherson, it has been agreed that Gerry Hope, OD Advisor for Women and Children’s Directorate, will attend future meetings of the HR and Communications Sub-Group to ensure appropriate links are developed with HR/OD and Learning and Education. Gerry has been involved in discussions regarding the development of a draft Learning and Education Plan for the directorate.

Action: AC

5 Any Other Business:

5.1 Consultation Draft Plans for new maternity unit at the Southern General Hospital:
Lesley McIlrath highlighted Sharon Smith’s paper, which was issued for information only.

5.2 Quality Improvement Scotland (QIS) Maternity Services:
Dorothy Cafferty advised that the QIS Maternity Report had highlighted the need for a maternity strategy document. However, the report had noted that only one Board in Scotland had a strategy document at the time of its report. It was noted that while NHS Greater Glasgow and the former NHS Argyll & Clyde have separate strategies, Dorothy would draw up a NHS Greater Glasgow & Clyde strategy to address the action required as highlighted in the QIS Report. The MSISG were reminded that Clyde’s Maternity Services are currently being reviewed, and that the outcome of the review will be the subject of public consultation commencing June 2007. The draft Maternity Strategy will be brought to the MSISG for consideration and comments thereafter.

Action: DC

5.3 Maternity Services Project Manager – Secondment Post:
Lesley McIlrath informed that a secondment post is to be advertised in mid April with a seconded period of 2 years. The post
would co-ordinate and provide service input into the capital project and work alongside the capital project manager.

6 Date and Time of Next Meeting: The next meeting of the MSISG will be held on Wednesday 16th May 2007 from 14:00 to 16:00 in the Conference Room, Dalian House.

N.B. Eleanor Stenhouse raised the Nursing & Midwifery Council Review, which is scheduled to take place on 16 / 17 May 2007, as this may impact on clinical attendance at the next MSISG meeting. Helen Byrne asked that Eleanor confirm the programme for the visit when it is available. **Action: ES**

**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

W&C Acute Services Planning/DC