Maternity Strategy Implementation Steering Group (MSISG)

Notes of a Meeting of the MSISG held on Wednesday 16 January 2008 at 2:00 pm
In the Boardroom, Dalian House, NHS Greater Glasgow & Clyde

Present: Helen Byrne, Director Acute Services Strategy, Implementation and Planning (Chair)
Rosslyn Crocket, Director, Women & Children’s Directorate
Alan Mathers, Clinical Director Obstetrics & Gynaecology
Stewart Pringle, Chair Antenatal Sub-Group
Anne Davidson, Staff Partnership, RCM Steward, Queen Mother’s Hospital
Ann Holmes, Consultant Midwife
John Scott, Capital Planning and Procurement
Cathy MacGillivary, Head of Nursing - Clyde
Lesley McIlrath, General Manager Obstetrics, Gynaecology & Neonates
Eleanor Stenhouse, Head of Midwifery
Dorothy Cafferty, Planning Manager, Women’s and Children’s Services
Kate Munro, Community Engagement Manager
Sue Forsyth, Staff Partnership – UNISON
Jonathan Coutts, Clinical Director Neonatology
Douglas Colville Chair – GP Sub Committee
Anne MacPherson, Associate Director of Human Resources (Acute)
Mairi MacLeod, Planning Manager for New Children’s Hospital Project
Noreen Shields, Planning & Development Manager Women’s Health
Pat Bryson, Patient Focus Public Involvement (PFPI) Representative
Pauline Cameron, PFPI/Communications – Maternity

1 Apologies

1.1 Apologies were received from Tony Curran, Iain Wallace, Ann Crumley and Ann Mitchell.

2 Notes of the MSISG Meeting held on 10 December 2007

2.1 Helen Byrne advised that the layout and structure of the notes of the previous meeting had been revised, and an updated copy of the notes was therefore issued. It was noted that Sue Forsyth’s apologies had not been recorded for the meeting on 10 December 2007 and the notes of that meeting will be duly amended.

3 Matters Arising

3.1 West of Scotland Gynaecology Oncology (WoS Group): An option appraisal had been undertaken by the WoS Group in December 2007. Following analysis by the Planning Directorate’s Health Economist, option 3, the regional model of service demonstrated the highest rank and was therefore agreed as the preferred model of service for ovarian cancer cases. Dorothy advised that a further, and possibly final, meeting of the short-life working group is to take place on 17 January 2008, to agree a way forward and clarify approval processes. Work is currently underway to prepare the costs of implementing the preferred model for the West of Scotland Boards.

Action DC/LMcl
3.2 Dr. Mathers advised that the issues raised by Dr. Frame at a previous meeting of the MSISG, in relation to the care of pregnant women and the transfer of cardiac services to the Golden Jubilee Hospital, had in the main been resolved. Although some complex cases may require individual reviews. Pat Bryson was concerned about the travelling distances for patients. Dr. Mathers advised that women already travel distances to obtain optimal care, and confirmed that the numbers of women affected is in the region of between 10 and 12 patients per year with up to 5 women being likely to deliver at the Clydebank Hospital. Jonathan Coutts confirmed that beds at the hospital would be required for the most complex cases and would involve admissions for up to approximately 5 days.

4 Performance Framework

4.1 Progress Monitoring Reports

a) Pregnancy Pathway Sub Group (PPG): Ann Holmes reported that the Pregnancy Pathway redesign proposals is being well received by the CHCPs. Lesley McIlrath reported that she had obtain good feedback from a recent meeting with the North Glasgow CHCP. Douglas Colville advised that although he keeps the Local Medical Committee of the Area Medical Committee updated about the progress of the proposals, a presentation would be made by the PPG to the LMC on 17 March 2008 to ensure that general practitioners are kept appraised and informed. It was noted that the care pathways work is complete, and it is anticipated that these will be ready for implementation in April 2008, subject to approval through the organisation’s approval and governance processes. Dorothy agreed to finalise a paper outlining the steps and processes.

Action: AH/DC

b) Neonatal Sub-Group: Jonathan reported that room types had been agreed with staff for sing-off. Jonathan highlighted concerns raised relating to planned improvements and changes to information technology (IT) systems taking place across the Board. In particular whether there would be potential adverse impacts between the timescale for implementation across the Board with the timescale for the new build facility, including whether existing capacity is sufficient to run the systems currently provided from three sites, which would move to two sites, resulting in systems not working properly if they become overloaded. Helen advised that the National IT Strategy did not have set timescales, but agreed to raise the concerns with Richard Copland, the Director of Health Information and Technology (HI&T). Rosslyn informed that Richard is a member of the Capital Project Board, and that these issues were already being addressed by the Capital Project Board, to seek solutions to continuity of service.

Action: JC/IT/RC/ Capital Project Board

Ward 2B Integration: Jonathan reported that integration of 2B is progressing satisfactorily. Training is ongoing to update staff skills. HR is working closely with Nursing and Midwifery staff on shift patterns. Ann MacPherson reported that issues raised to date relate to posts and are not specific to individual staff. It was noted that one to one interviews are continuing. Sue Forsyth expressed concern that staff do not have adequate information to make choices about shift patterns and posts. Lesley McIlrath confirmed that an explanatory bulletin had been drawn up, for issue to staff with ballot papers, job descriptions, interview schedules, and the timescale for interviews, which are to be held on 31st March 2008.

Action: LMcl/AMacP
(c) **Project Board Capital and Finance:** Rosslyn reported on behalf of the Capital Project Board, highlighting that work has commenced to demolish Ward 40 on the Southern General Hospital site, with piling works to follow in February 2008. The project remains on target. It was acknowledged that with the commencement of works this would create noise on the site, and that processes have been put into place to keep noise levels to a minimum, and to be sensitive to patient and staff needs. Staff have been kept advised of the works programme.

Rosslyn continued to report that the drafting of the FBC is being finalised, and drew attention to the tight deadlines for both the Board and the Capital Investment Group (C.I.G.) approval processes. Dorothy agreed to alert the Board’s Head of Administration that an FBC paper would be prepared for consideration at the Performance Review Group on 18th March 2008. Jonathan raised concerns about contractor parking whilst work is progressing. Tenders have been issued for the building work. John Scott reported that contractors are not permitted to park on the site. Kate Munro echoed this point from work that is ongoing at the ACH sites.

Dorothy Cafferty advised that work is being taken forward for art and design themes in the new facility, which will be aligned with the organisation’s commitment to ensuring good design of new premises. An update would be provided to the next meeting of the MSISG, with a view to preparing a written report at a future date when the scoping work had been completed.

**Action:** RC / Project Board

d) **HR & Staff Communications Sub Group:** Ann reported that although the sub group had not held its first meeting of the new year, work is progressing for staff drop-in sessions and wider staff communications. Ann confirmed that the communications programme is inclusive of Clyde staff. As highlighted in Dr. Coutts report, work also continues with staff members who are directly involved in the integration of neonatal services. Ann reported that work has also been progressed in connection with nursery provision, including discussion with the South West CHCP. Mark McAllister of the Community Engagement Team has been doing work in this area, relating to regeneration programmes and it was agreed that Mark would be asked to provide an update to the MSISG about the work.

**Action:** AMacP/MMcA

4.2 Updates

a) **Maternity Strategy OD Plan:** Dorothy reported that Gerry Hope is leading the development of the Women & Children’s Directorate’s OD, which is linked with the workforce learning and education plan. Gerry is co-ordinating this work with the organisation’s Acute Services OD plan.

**Action:** AC/GH

b) **Clyde Maternity Review:** Cathy MacGillivrary and Eleanor Stenhouse confirmed that staff meetings have taken place in December 2007 across all Clyde sites about the Board’s proposal recommendation for a single birthing unit for Clyde. It was noted that it is the intention to go out to consultation with the proposal, including the Independent Scrutiny Report, and that the Board would decide on the format and dates for consultation at its January meeting.

**Action:** CMacG
c) **Community Engagement:** Kate Munro informed the group that the current focus for the community engagement agenda is the development of networking groups and generating small focus working groups for the proposed Pregnancy Pathway model. It was noted that Pauline Cameron would now lead in these areas.

**Action:** KM/PC

d) **New Children’s Hospital:** Mairi McLeod reported that a Gateway Review of the South Glasgow Project was undertaken from 8th to 10th January 2008. She advised that the Review had consisted of a number of interviews with the New Children’s Hospital Project Team and key stakeholders, and involved perusal of documentation on the project. The Gateway process uses a traffic light system for reporting, i.e. red being critical issues to be addressed immediately, amber, issues to be reviewed before the next stage Gateway, and green, improvements that the project team might want to consider. Mairi further advised that the Project review had attributed the following recommendations: 0 Red, 5 Amber and 1 Green. The team is currently considering the recommendations and addressing actions. It was noted that the NCH Team were pleased with the Review outcomes report.

**Action:** MMcL

5 **Key Messages:** Helen suggested key messages for the January MSISG bulletin should include, the work to develop patient networks for maternity services, and the work to support the wider dialogue programme with CHCPs about the pregnancy pathway redesign work. Also, the good progress being made with the capital programme, including the demolition and piling works, and the staff discussions about the integrated neonatal service.

**Action:** DC/PC

6 **Any Other Business:**

6.1 It was noted that a report of progress about the Equality Impact Assessment work, which takes into account the QIS Standards for Maternity services, National Evaluations and Outcome indicators, and the performance indicators for measurement would be brought to the March 2008 meeting of the MSISG.

7 **Date and Time of Next Meeting:** The next meeting of the MSISG will be held on **Wednesday 20 February 2008** between **2.00 p.m. and 4.00 p.m.** in the Board Room 1, Dalian House Glasgow.

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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
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