Women's Health
Maternity Unit

MATERNITY SERVICES LIAISON COMMITTEE

Minutes of the meeting held on 19th March 2007

Present:	Kerry Harris	Chair
	Eileen Nolan	Associate Director Maternity Services
	Lenny Hide	Supervisor of Midwives
	Lesley Howick	Clinical Manager, Labour Ward & In-Patient Services
	Mary Bell	Consultant Midwife
	Sandra Campbell	Health Visitor
	Emma Dixon	Notetaker
	Jabeen Qureshi	Health Link Worker
	Theresa Spink	Clinical Manager, Community & Out-Patient Services
	Natasha Wynne	Lay member
Apologies:	Arash Bahmaie	Consultant Obstetrician
	Gillian Smith	TAMBA
	Jane Pickett	Community Midwife
	Trisha Whisker	NCT
	Frances Harvey	Lay member
	Audrey Elmore	Matron NICU/TCR
	Kim McHarg	Breastfeeding Specialist Midwife
	Brenda Walton	Senior Ultrasonographer

1 Minutes of the last meeting / Matters arising

The minutes of the last meeting were agreed.

It was clarified that homebirth babies did not routinely receive the BCG vaccine as they are classified as the targeted population due to not having entered the hospital environment.

2 Induction of Labour (IOL) Audit results

MB presented to the group audit findings from the period Jan – Feb 2006. This period was chosen as it represents 2 years since the change in policy to reflect the NICE guidance of required IOL at T+10 gestation. The audit showed that the unit are conforming to the current standards set by NICE. The audit demonstrated a decrease in the IOL rate from 28% in 2003 – 22% in 2006 following the introduction of the T+10 guidance (further information is available from the full audit report). Recommendation of further audit into the change from continual monitoring to intermittent auscultation was suggested.

In response to the findings of 50% of women requiring IOL waiting over 2.5 hours, a change in practice is to be instigated from 01/05/07. Women with sudden rupture of membranes (srom) will be asked instead of returning at 8am the following morning to return to the LW 12 hours after srom is confirmed. This means women will be returning throughout the day, therefore reducing the morning workload when the ward is at its busiest.

MB is currently researching evidence and gaining information from other Trusts as to the practice of women being able to return home once having had gel for IOL administered.

3 Maternity Unit Structure

EN offered the members a copy of the new maternity unit staff structure that commenced 01/02/07 (see attached). The vacant manager's post has not been replaced with LH now taking responsibility for the In-patient services and TS for the out-patient services.

4 Complaints Summary

EN gave a short report summarising the complaints received for quarter 3 (see attached). EN has reviewed the complaints received over the last 5 years. Although there has been an increase in complaints over this time, these are comparable to the increase in activity. There were 25 complaints in 2006 in comparison with 4000 births.

The main content of the complaints are regarding basic midwifery care caused by staffing shortages. The lack of staff is being addressed with an increase in establishment and further increases proposed. EN attends the quarterly Trust complaints board meeting. This group states that any grade 3 complaint requires an individual action plan, with grade 2 complaints requiring trend analysis for any reoccurring themes. Much time and effort is being put into the complaint responses to ensure a detailed explanation to the patient.

A grade 2 complaint regarding ultrasound was discussed with BW, it was established that women's BMI's are being recorded at booking and therefore do not require further weighing at scan appointments. It was questioned whether this practice is still being carried out, EN to follow up.

5 Payment by Results

PBR determines the amount of payment received from the PCT in relation to the amount of care given to each woman. Not all care is included within PBR and individual prices are charged for care such as antenatal screening. Not all of the payment is received by maternity, this is divided with other departments involved in the care such as pathology and ultrasound, although EN is ensuring maximum payment is coming to maternity. Until 2009 community care will be given in a block payment regardless of clinic numbers, with the increase of homebirths, the unit are striving remove these from the block payment classification.

6 Fit for the Future

Fit for the future is the name given to the process of discussion regarding the future of the local hospital services. The Department of Health feels that if the NHS carries on as it is healthcare will be unaffordable. The SHA look at the flow of patient care and where patients are going for different types of care. This is taken into consideration for the future services, as much care as possible is wanted to be kept within the Surrey PCT. It is optimistic that with the increased birth rate and service of the level 3 NICU, St Peters will retain maternity services, but no decisions have yet been made.

7 Maternity Unit Tours

With many complaints arising from the 'turn up and tour' system, it was discussed and agreed at the staff meeting that from the end of March this format of tour would be cancelled. The 'turn up and tour' system was intrusive and reduced the privacy and dignity of the women on the ward due to the large number of people arriving. In replacement there will be tour held every evening between 20.00 – 21.00 by the rostered night community midwife. These tours will need to be booked through the community midwife and there will be a maximum of 6 couples allowed.

A DVD and virtual tour are currently in production, hopefully to be available mid April. The DVD's can be loaned to women and returned on admission. Alternatively it can be accessed via the hospital website.

8 Expenses

The Trust has recently ratified a policy for reimbursement of expenses for lay representatives. This details costs for parking and childcare. Childcare will need to be notified and agreed by EN in advance. Receipts are to be submitted to EN for payment from the Trust fund.

9 Update of Members Contact Details

A sheet was passed round to ensure that all members contact details are correct.

10 AOB

A reminder to ensure that if women's addresses change following discharge please ensure that this is relayed to the Health Visitor.

L Hide asked the group what they felt was an appropriate time to visit following an early pregnancy loss. It was discussed that as all pregnancy losses following the 12th week are dealt with on LW the same guidance is followed for all loses, which may not be appropriate for individual cases. ARP is at present reviewing this guidance. It was agreed that each case is individual and midwives need to be aware of their actions when dealing with bereaved parents.

Staffing

Following recent successful recruitment 9.1wte midwives and 9wte maternity assistants have been appointed. This leaves a vacancy of 5.4wte midwife posts, therefore the advert is to go out again. It is hoped that all of these people will be in post by the end of May. EN has produced a business case for a proposed further 12wte posts, this is yet to be agreed by the Trust. Following recruiting into these vacancies the specialist posts are to be reviewed, this will include the vacant Infant feeding post. Kim has now set up an infant feeding team which includes midwives from the ward who will gain enhanced training.

Statistics

In January EN changed the format in which data is being collected to meet with DOH requirements. EN will collate the birth statistics for the financial year and present them at the meeting in May.

Date of next meeting – 21st May