Women's Health
Maternity Unit

MATERNITY SERVICES LIAISON COMMITTEE

Minutes of the meeting held on 17th September 2007

Present:	Kerry Harris	Chair
	Eileen Nolan	Associate Director Maternity Services
	Lesley Howick	Clinical Manager, Labour Ward & In-Patient Services
	Sandra Campbell	Health Visitor
	Emma Alderman	Notetaker/PA to ADMS
	Jabeen Qureshi	Health Link Worker
	Theresa Spink	Clinical Manager, Community & Out-Patient Services
	Audrey Elmore	Matron NICU/TCR
	Mary Bell	Consultant Midwife
	Jane Pickett	Community Midwife
	Nicola North	NCT
	Natasha Wynne	Lay member
	Angela Knapp	Antenatal Screening Coordinator
Apologies:	Arash Bahmaie	Consultant Obstetrician
	Frances Harvey	Lay member
	Kim McHarg	Breastfeeding Specialist Midwife
	Janet Lambley	Public Health Team Leader Surrey PCT

1 Minutes of the last meeting

Minutes of the last meeting were agreed.

2. Matters Arising

- Tour DVD

The proposed script has been emailed to BabyTV for checking, filming will be carried out in October with a three week turnaround time from completion of filming. There has been an increase in enquires for the tours, these should be redirected to the community midwives for discussion and booking if required.

- Formula Milk

At present SMA, Cow and Gate and Aptamil is available on the wards, SMA is not being used by NICU. Following discussion it has been agreed to reduce to two types of milk. LH is awaiting a reply from the dietician to establish which two are recommended. Due to cost and the Baby Friendly Initiative on breastfeeding many units are now not supplying milk or only have formula available via vending machines.

- HCC Survey

The survey consists of information given from three groups, mums, staff and the maternity unit, these will then all be fed into one report to be published in January. The Unit information was submitted by 11/07/07, this enabled a preliminary report to be received last week. This report will be checked for data interpretation and cross referencing before being returned to the Picker by 10/10/07. The preliminary report included data from all other hospitals for comparison, this showed some inconsistent data which may affect ASPH placement in the scale once corrected.

The draft feedback from the information of the mother's survey has been reviewed, this shows quality issues to be an area for improvement. The survey shows ASPH to have almost the lowest recommended staffing levels with 50 more midwives being required as recommended in the Safer Child Birth Report. The mother's information was measured against other units mothers information and given a positive or negative score if they are not within the average measurement. We had 26 problem scores, the two topic areas requiring the most work are communication and privacy and dignity. The draft mothers report has been presented to staff and communication training is being provided by HR at the next staff meeting, with Team Leaders receiving external training.

Once the report is general knowledge EN will formally present the findings of the report to the Trust. Since the survey was carried out in February an action plan for improvement has been put in place. In order to establish if these actions have had a positive impact for the mums a questionnaire is to be given to all mums that deliver in October. This will have a freepost envelope and will be given out with a covering letter from EN on discharge from hospital. Community Midwives are to remind women to return the forms on community discharge. With an email to be sent to all Health Visitors informing them of the process for return. SC highlighted the need to ensure that the correct patient information is being passed on to the HV, this area is under discussion at the HV liaison meeting and is trying to be improved.

User feedback suggests that there had been an improvement in the service, one area mentioned was the difficulty in contacting the labour ward and not having anyone greeting them on arrival. Increased evening and weekend hours have been agreed for the ward clerks on both LW and JB.

3. Maternity Matters Report

The SHA have funded a 2 day a week band 7 post for a period of 2 years from August 07, this post has now been filled by Julia Lidderdale who was working as a LW Team Leader. At present Julia is briefing all community staff on her role and the report. Julia will be attending the next meeting to feedback on this.
The PCT have introduced a 1:1 patient follow up ratio in the general Trust and has been suggested for maternity. This would mean that only one follow up visit would be funded per patient. This does support the clinical need of the women nor the key guidance being given by the Maternity Matters report and is being rejected by maternity services.

4. Focus on Normal Birth & Reducing Caesarean Section

All staff were sent questionnaires asking them to offer their perceptions of the unit against the characteristics within the toolkit. MB fed back to the group the questionnaire findings, these are to be disseminated to all staff.
EN showed evidence of a decrease in number of CS even with the increasing delivery rate. The mums HCC survey results showed women to feel that they stayed on LW too long after delivery, again performance data illustrates that this length of stay has reduced month on month since last year. The length of stay on LW for elective CS patients has been reduced to 4 hours, with a target to reduce the length of stay on LW for all women to two hours by the end of September, unless clinically required. The systems for receiving CS patients on JB have been changed to enable more 1:1 care. There is one bay allocated for CS patients for the first day following CS. An elective CS Integrated Care Pathway (ICP) is to be

introduced from 01/11/07 alongside an separate elective CS operating list, there will be 3 slots available Monday –Friday.
To increase the use of External Cephalic Version (ECV) the introduction of an ECV clinic is being looked at.
A midwife is to assist MB in the Vaginal Birth after Caesarean Section (VBAC) clinic to explain the process to the patient, enabling an increased volume of women to be seen. Alongside this the VBAC guideline and patient information leaflet are being reviewed to include RCOG guidance issued February 2007.

5. Maternity Staffing

There have been many new staff commence in the last few months. From 01/10/07 there will be an increase in the midwifery establishment of 6wte band 6 posts. In view of these additional vacancies a recruitment open day for band 6 midwives is to be held 18/10/07, this is being advertised nationally and will include presentations and on the day interviews.
The additional ward clerk hours are being advertised. Jane Sinclair has developed a competency package for the maternity assistants to assist in the development of the role and ensure everyone works to the same level.

6. Maternity Information Group

Thank you to Kerry and Natasha for agreeing to be part of the reading group for women's health leaflets. Regular monthly meetings continue with 4 leaflets currently being reviewed and should therefore be ready for the reading panel in due course.

7. Surrey Wide MSLC

The PCT are responsible for the organisation and funding of the MSLC meetings, a Surrey wide MSLC meeting has been arranged to discuss the way forward with the groups, EN and KH will be invited to attend this. The group fed back that they prefer to keep a local MSLC group. Marion Heron is now the named PCT contact for women's services.

8. Possible Merger

There is ongoing discussion and information gathering between ASPH and Frimley Park hospital to establish if a merge would be viable. The Trust Board will meet at the end of October to make a decision, if agreed the merger will be out to public consultation with a potential merger at the beginning of April 08.
Neither of the maternity services are to close or reduce services. It is felt that a merger would be beneficial to ASPH due to FPH having foundation status and therefore more funding, there will also be a seamless service offered to women with developed services.

9. AOB

It was clarified how many visits women should receive both antenatally and postnatally from the midwife. Recent NICE guidance recommends 7-8 antenatal appointments including 2 scans. The average number of postnatal visits is 3 per woman, recent data it shows ASPH to be above this average. The recommendations from NICE are given to women on booking.

JQ spoke about a recent incident on LW where she felt uncomfortable that staff were unaware of her role. LH will investigate this incident. It was discussed that the Team Leader on LW should always be made aware if a patient is being

accompanied by a Health worker. Preferably this can be done in advance by documentation in the patient notes. TS suggested that in order to raise awareness of JQ's role, there could be a section in the ASPMAT newsletter.

Date of next meeting – 12th November 2007