

**Maternity: MK Meeting**  
**Minutes of the meeting held Thursday, 4<sup>th</sup> October 2018**

<b>Meeting Date:</b>	Thursday 15 <sup>th</sup> November	<b>Meeting Time:</b>	1230 – 1430
<b>Location:</b>	Hedgerows Family Centre, Langland, Netherfield		
<b>Present:</b>	<b>Name</b>	<b>Role</b>	<b>Initials</b>
	Rachael Bickley	Chair – Maternity: MK	RB
	Michaela Tait	MKUHFT Patient Experience Manager	MT
	Rachel Harrington-Andrews	Maternity:MK Service User Rep	RHA
	Milly Morris	Maternity:MK Service User Rep	MM
	Rikako Negoro	Maternity:MK Service User Rep	RN
	Peggy Cheo	Maternity:MK Service User Rep	PC
	Jill Peet	Perinatal Mental Health Midwife	JP
	Michelle Hancock	Infant Feeding Lead Midwife	MH
	Lila Ravel	Homebirth Team Lead Midwife	LR
<b>Healthwatch representative</b>			
<b>Minute Taker:</b>	Rachael Bickley – Chair, Maternity:MK		
<b>Apologies Received:</b>	Maxine Taffetani & Tracey Keech – Healthwatch Jaime Hill – La Leche League & MK Breastfeeding Alliance Angela Weatherley – CCG Clinical Lead for Better Birth Hannah Pugliese – CCG Commissioner Julie Cooper - MKUHFT: Head of Midwifery Janice Styles – MKUHFT Community Matron Gloria Aldridge - MCNWL Mental Health: Perinatal Clinical Nurse Edel Clare – Research Lead Midwife Kate Hall – NCT Practitioner Kelly Dancer – Parent Michelle Twistleton – Doula Heidi Falstrom – Parent Zuzanna Gawlowski Sarah Wingfield		
<b>Next Meeting</b>	Venue: Daisychain Family Centre, Bletchley 17 <sup>th</sup> January 2018 1000 - 1200		

Item	Minute	Action
1.	<p><b>Welcome, apologies and introductions</b></p> <ul style="list-style-type: none"> <li>• Apologies as listed above were noted and accepted by the chair.</li> <li>• Introductions made by those present.</li> <li>• Housekeeping explained</li> </ul>	
2.	<p><b>Agree minutes from previous meeting &amp; review actions</b></p> <p>The minutes arising from our last meeting were agreed. MM asked if there had been progress with “Item 6” – “Women feeling left out of the loop” without their paper notes. LR explained that there have been initial problems across the hospital in the initial roll out of the ECARE system and the midwifery service has allocated a midwife to support the ECARE process to raise issues and inform a task group. Women are currently being offered print outs of the information inputted to their ECARE record to carry with them.</p>	
3.	<p><b>Community Postnatal Clinic Update</b></p> <p>LR representing Janice Styles (community matron) offered a response to the community postnatal clinic recommendations submitted in March.</p> <ul style="list-style-type: none"> <li>• Emphasis has been placed on postnatal triage to ensure that the women asked to attend clinics are both comfortable enough to travel and have adequate transport to do so.</li> <li>• As part of the “Continuity of Carer” requirement antenatal appointments have been removed from these clinics and are being reduced to a half day. The review process is ongoing, they foresee being able to increase the number of venues, limiting the distance women are asked to travel. LR emphasised that women have the choice to have a home visit if preferred.</li> </ul>	
4.	<p><b>Feedback from Women and Families</b></p> <p><b>Walk the Patch</b></p> <p>RHA conducted a walk the patch sample earlier this week highlighting the following points:</p> <ul style="list-style-type: none"> <li>• <b>Delays in receiving medication</b> – it is unclear why this may be, LR suggested that ECARE is creating time delays in dispensation due to the complexity of the programme. It is thought that this will improve as staff become more familiar with using the programme master classes have been set up for midwives to help this process.</li> <li>• <b>Delay in transfer to labour ward after induction</b> – From the discussion during the meeting surrounding this, delays can occur for a variety of reasons, but it was felt that the communication of delays could be better. This was also identified in the Always Event workshop (see Item 3). LR reminded the group that ward 10 has been allocated solely for antenatal women since the 22<sup>nd</sup> of October and improvements should be forthcoming.</li> <li>• <b>The frequency of checks made resting difficult</b> – This led to a discussion around visiting hours and partners access to the ward may impede a midwife’s ability to offer support and care. It may be that with continual visiting hours the frequency of checks feels overwhelming. MH has composed a short survey that has been agreed with JC surrounding visiting times and care. <b>Maternity:MK media outlets to promote once it is released.</b> There was discussion around a visitor/carer contract. RB offered feedback that some women were experiencing difficulties on the ward through</li> </ul>	

parent's relationship conflicts on the ward which were understandably difficult for staff to manage. *MH offered to bring back survey to Maternity:MK when completed.*

- Women reported inadequate availability of hot food if a woman was not able to access the kitchen quickly and healthier options should be made available –** Some women reported enjoying the food during their stay but there have been repeated reports regarding women getting hot food from the kitchen in time during other Walk the Patch interviews. *RB will ask JC to confirm progress on the catering review.*
- A woman reported being happy with the feeding support but identified as formula feeding due to antibiotics –** This was confirmed as unusual by LR and MH but without understanding the case history it is unclear if antibiotics were prescribed by a GP or the hospital as the woman was receiving postnatal care. *MH to take up with appropriate avenues.*

**Positive feedback received during Walk the Patch included:**

*“Had great care throughout the hospital in every department, postnatal staff have been wonderful”*

*“very good care, midwives have all been very good and caring, midwives introduced themselves at the beginning of every shift and everyone gave the parents the same information”*

*“Midwife Anna was lovely, so was the anaesthetist”*

*“Staff were all good and kept partner well informed, the room was really nice”*

*“The care, especially on labour ward was brilliant, Debbie was wonderful”*

*“Had great breastfeeding help at the beginning from everyone in the hospital and from community midwife”*

*“Peer Supporter help and midwives have been great”*

**Midwifery Led Birthing Unit – Service User Survey**

The survey has now been completed. Most respondents were from Bedford area. Predominant responses from the survey indicated that:

- Most women based their decision to birth in an MLU on the environment they would birth in, increased chance of a straightforward birth and the increased chance of using a birthing pool in labour.
- Women valued the diversity of the environment and overall were happy with the level of pain relief offered at the MLUs they accessed.
- Suggestions were made for improvements

*The report will be offered to the Comms and Engagement Steering Group on the 6<sup>th</sup> of December by RB and recommendations taken forward to the MLU steering group by PC.*

**Friends & Family Feedback (July 18 – September 18)**

FF responses for Women's services offered to the group for consideration:  
Antenatal services: response rate approx. 95

*MT to forward copies of the FFT results to MAT:MK for the circulation list.*

	<p><b>Midwifery Led Birthing Unit Update</b></p> <p>PC has been representing Maternity:MK at the MLU Steering Group. Recent developments include:</p> <ul style="list-style-type: none"> <li>• A plan for the MLU footprint has been agreed with 3 rooms in total</li> <li>• The MLU will be developed in 3 stages and is scheduled to open in early January 2019.</li> <li>• The MLU will operate under the same criteria as the homebirth team for women under midwifery led care.</li> <li>• Women with more complicated pregnancies wishing to use MLU would be referred to the Birth Choices Clinic.</li> </ul> <p>A philosophy of care has been drafted by the steering group and was opened to the group for comment and drafting. <i>An amended philosophy statement was agreed and will be put forward to the steering group by PC.</i></p> <p>Maternity:MK have been asked to comment on the 3 choices of names for the new MLU, the group agreed that this should go out to the wider public and agreed to run a poll on the Maternity:MK page. <i>RB to liaise with MT to coordinate social media output.</i></p>	
5.	<p><b>Transfer of Care Feedback</b></p> <p>RB has received 3 replies from service users and arranged short telephone interviews. These have been conducted and transcribed. Main themes were identified and will be taken to the Communications and Engagement working group meeting on the 6<sup>th</sup> of December.</p>	
6.	<p><b>BFI Strategy Group Update</b></p> <p>JH &amp; JM sent their apologies and sent an update on the Breastfeeding Alliance (See paper 5).</p> <p>They are currently working on setting up the group and will send out invitations when meetings are arranged. Highlights:</p> <ul style="list-style-type: none"> <li>• Breastfeeding Festival preliminary dates 13<sup>th</sup> and 14<sup>th</sup> September 2019</li> <li>• Fundraising post still needs to be filled on the festival committee and Maternity:MK asked <i>members to consider if they can contribute time to this post and to either contact JH / JM.</i></li> <li>• JH meeting with CCG today to discuss GP CPD on prescription medication for breastfeeding mothers.</li> </ul> <p>MH identified that in her role she is working towards level 3 BFI accreditation at the hospital and she would like to be included in the Alliance. <i>JM/JH to contact.</i></p>	RB
7.	<p><b>Induction of Labour – Always Event</b></p> <p>The Always events statements have been agreed by the women and hospital as:</p> <p><b><i>"When I arrive on the antenatal ward, I will always be welcomed by a named member of staff. I will always have clear, understandable information about my induction so I know what will happen and when."</i></b></p> <p>The hospital team is currently working to set measurable standards and implement initial interventions such as "hello my name is" to the wards as an initial phase. RB asked if women would be sought to coproduce any IOL information that needed to be reviewed. MT agreed that this was planned to happen at a future time.</p>	

8.	<p><b>Highlights from Matron's Report</b></p> <ul style="list-style-type: none"> <li>• The trust is advertising for a screening co-ordinator and for midwives to work in the community and homebirth teams, and expressions of interest are being sought for the new case loading team in CMK.</li> <li>• Clinical supervision sessions have been restored and have been well received good.</li> <li>• New CTG machines have arrived on the Antenatal Ward &amp; ADAU to improve safety and care. ADAU has also received a new larger trolley and defibrillator which will be ready for use shortly.</li> <li>• Ward 9 &amp; 10 are being divided into antenatal and postnatal wards from the 22<sup>nd</sup> of October</li> </ul>	
9.	<p><b>Local Maternity System Update</b></p> <p>No update Available. AW and HP send apologies</p>	
10.	<p><b>Any Other Business</b></p> <p>No other business raised</p>	