

MATERNITY TEAM MEETING

Minutes of the meeting held on Tuesday 13th March 2007 in
Room 7, Stafford PGMC, Mid Staffordshire General Hospital

PRESENT:

Adam Gornall, Consultant Obstetrician and Gynaecologist
Anne Mellor, Modern Matron
Clare Gilg, Matron for Neonatal and Children's Services
Helen Sullivan, Consultant Obstetrician and Gynaecologist
Karen Powell (KPo), Consultant Obstetrician and
Gynaecologist
Lorna Meer, Obstetrician and Gynaecologist
Lynn Dudley, Midwife
Lynsey Ward, Practice Educator
Nina Spofforth, Project Manager
Ruth Moore, Network Manager
Sarah Carnwell, Network Administrator
Simon Jenkinson (Chair), Lead Obstetrician
Stephanie Mansell, Head of Midwifery
Tracy Palmer, Labour Ward Manager

Shrewsbury and Telford Hospitals
Mid Staffs General Hospital
Royal Wolverhampton Hospitals
Royal Wolverhampton Hospitals
Mid Staffs General Hospital

Dudley Group of Hospitals
University Hospital of North Staffs
Newborn Network
Maternity Network
Newborn Network
Newborn Network
Newborn Network
Dudley Group of Hospitals
Royal Wolverhampton Hospitals

APOLOGIES:

Christiane Harrison, Specialist Midwife Antenatal Services and Public
Health
Dymphna Sexton-Bradshaw, Professional Head of
Midwifery/Directorate Manager Obs & Gynae
Jackie Jenkinson, Senior Clinical Midwife
Geraldine Masson, Consultant Obstetrician & Gynaecologist

Royal Wolverhampton Hospitals
University Hospital of North Staffs
University Hospital of North Staffs
University Hospital of North Staffs

ACTIONS

2. MINUTES OF THE MEETING HELD ON THE 12TH DECEMBER 2006

The minutes of the meeting were agreed as an accurate record.

3. MATTERS ARISING

There were no matters arising.

4. TERMS OF REFERENCE

The group discussed the quorate clause and agreed to amend it to read "...if there are four or more provider Trusts represented." CG raised the issue that she was not currently included in the membership. The Group agreed to add Newborn Network Board representative to the membership.

SC

5. NETWORK VISION AND PROJECT PLAN

NS explained to the group the timeline for the project and what it is hoped can be achieved:

- Project Aim
- Common protocols
- IUT Policy
- Safer Childbirth
- EWTD

NS asked the group for comments and if the objectives reflected the current and future work which is being undertaken by the Network. One of the objectives of the Network is "Evidence of improvement with regard to specified areas of work". AG suggested that this could be best achieved through benchmarking the units in the Network in order to give a comparison of areas of improvement and share best practice. The Newborn Network is undertaking a benchmarking activity using a Standards Assessment Document which all units are being asked to complete. The Group felt that a lot of data and information was already being collected by units through CNST, Perinatal Institute data, Dr Foster, College returns and other organisations, and that perhaps information

which is already available could be used as a basis for comparison across the Network. It was suggested that datasets be shared across the Network so each unit is collecting the same information for comparison, as each unit is collecting data but this may not be the same or collected in the same way and so cannot be compared.

All

6. DRAFT IUT POLICY

An additional pack of information was distributed at the meeting, giving the draft Network IUT guideline, flow charts, transfer form and policy. SJ gave a presentation providing background information to the IUT Guideline. SC to circulate presentation and draft documents with the minutes. The next meeting of the IUT Group will be held on the 10th April, SJ asked that any feedback be sent to either himself or NS a week prior to the meeting in order for amended papers to be circulated to the group. SJ explained how the IUT guideline once agreed would be taken forward in the Network. Discussion took place around the proposed transfer form and it was agreed to pilot the document in the Network as a single sheet alongside each units current documents to be completed by the doctor co-ordinating the transfer. Comments/feedback from the group included:

SC

All

- ▶ The need to add a sentence around liability and that the sending unit was liable until the patient reached the receiving hospitals labour ward.
- ▶ The need to state that it was the doctor co-ordinating the transfers responsibility to complete the form.
- ▶ The need to state what the Guideline covers and that transfers where the primary reason is maternal illness is a separate document.
- ▶ "label" to be removed from the form
- ▶ The addition of times; when the form was completed and decision to transfer made and then time patient arrived at receiving hospital.
- ▶ A review date to be added for a ten month period of time
- ▶ The need to include references as required by CNST.

SJ

It was agreed that although the form could be piloted and introduced on to units that the actual guideline would need to go through the necessary procedures at each of the hospitals in the Network to obtain formal agreement. The timeframe for agreement would be for the final document to be circulated to the Network by the end of April for members to take forward in their individual Trusts for agreement, for example Labour Ward Forum and Guideline Committees by June.

SJ

All

7. GUIDELINES UPDATE

NS gave background to the guidelines, and asked the group what the reasons were for undertaking the guidelines work and how best this could be taken forward. It was suggested that the guidelines used in each of the units across the Network be shared in order that units can still have their own guidelines but that good practice is shared and included in individual units guidelines. Eventually through a process of updating the guidelines in the Network will be very similar but with local additions. This would reduce duplication of work and save time. It was agreed that there would be a database of individual units guidelines in the Network which all units had access to (possibly on the internet) and could reference when writing or updating their guidelines. It was suggested that the IUT guideline be used as a trial to find out if guidelines can be agreed across the network, if it works other guidelines could be written, if not then at least time has not been wasted. It was suggested that where each unit in the Network is required to produce a new guideline for a particular area that a group be formed to produce a Network guideline for that particular topic. AG explained that the Do Once and Share (DOAS) programme is working to share knowledge, skills and experience to provide a national approach to care by creating national guidelines and models of best practice.

8. EWTD SCOPING EXERCISE AND SAFER CHILDBIRTH AUDIT

EWTD

NS will be contacting colleagues to find out how units are planning to comply with EWTD and will provide feedback at the next meeting. Representatives gave the contact name for their rota managers for NS to contact:

NS

Helen Sullivan – Royal Wolverhampton Hospitals
Jane Paniker – Telford and Shrewsbury Hospitals
Mr K Chin – Mid Staffs General Hospital
Seela DeSilva – Dudley Group of Hospitals
Geraldine Masson – University Hospital of North Staffs
Regina Ready – Walsall Manor Hospital

Safer Childbirth Audit

It was agreed that these were useful as guidelines for comparison across the six Trusts in the Network in order to add weight to changes needed in individual Trusts. AG agreed to review the document and forward to NS for sending around the Network as a draft template.

AG/NS

9. INTERDISTRICT AUDIT GROUP

A meeting was held in February where the group agreed to include the three new members of Walsall, Dudley and Wolverhampton. Presentations of the joint audits will take place in June at the University Hospital of North Staffordshire. The two audits to be undertaken across the seven Trusts are post-partum haemorrhage, and thrombo prophylaxis. It was agreed that the Maternity Network would discuss and agree audit topics in August that could be put forward to the Interdistrict Audit Group for next year.

SC

10. PERINATAL EDUCATION MEETING

It has been difficult to arrange a day where neonatal and obstetrics staff are able to attend due to existing commitments such as Trust mandatory teaching days, regional SpR teaching day, etc. The current climate of staff shortages has compounded the problem. It was agreed that NS and SJ approach the Deanery to ask if a perinatal day can be slotted into the teaching calendar, a contact name to be obtained from either Jane Paniker at Shrewsbury or Peter Thompson at the Southern West Midlands Newborn Network. The day would be a multidisciplinary event including consultants and midwives and would discuss such topics as care pathways.

NS/SJ

At this point, the meeting had overrun and a number of people had to leave. It was, therefore, deemed no longer quorate. Items remaining will be discussed by e-mail where agreement is needed or, in the case of presentations, circulated with minutes.

11. MATERNITY NETWORK NEWSLETTER

12. STAKEHOLDER CONSULTATION EVENT

It was agreed that for items 11 and 12 NS would e-mail the group with further information.

NS

13. NETWORK BOARD FEEDBACK

SJ gave a presentation which it was agreed would be circulated with the minutes of the meeting. SJ to confirm if both level 3 units in the Network are able to care for cardiac babies.

SC
SJ

14. SHA NEWS

SJ gave a presentation which it was agreed would be circulated with the minutes of the meeting.

SC

15. WEBSITE

It was agreed that another button be added for Maternity on the homepage of the Newborn Network site linking it directly to the current group page. AG mentioned that a website for the address www.maternity.nhs.uk was being developed as part of Do Once and Share. Some discussion took place regarding having a secure site or area where the guidelines documents could be posted for only members to view. This will be discussed at the next meeting.

SC

9. ANY OTHER BUSINESS

It was agreed at the last meeting that Jackie Jenkinson would be the midwifery representative for the Group on the Newborn Network Board, however she is currently on sick leave. Jan Latham has expressed an interest in the past and is, therefore, to be approached to be the midwifery representative for the Group on the Newborn Network Board in her absence.

SC

10. DATE AND TIME OF NEXT MEETING

The next meeting will be held on Tuesday 12th June 2007 at 2 pm in room 7, Stafford PGMC, Mid Staffordshire General Hospital.

MATERNITY PROJECT TEAM MEETING

ACTION POINTS

ACTION:	PERSON(S) RESPONSIBLE
SC to amend terms of reference	Sarah Carnwell
Datasets to be shared across the Network.	All
SC to circulate the IUT presentation and draft documents with the minutes.	Sarah Carnwell
SJ asked that feedback on the draft IUT policy be sent to him or NS a week before the next meeting of the group on the 10 th April.	All
SJ to make amendments to the draft policy as suggested by the group at the meeting.	Simon Jenkinson
SJ to circulate the final IUT document by the end of April	Simon Jenkinson
All members to forward as appropriate the IUT guideline for approval within their Trust by June.	All
NS to contact rota managers to discuss EWTD compliance.	Nina Spofforth
AG agreed to review the comparison document and forward to NS for circulation.	Adam Gornall Nina Spofforth
Interdistrict Audit to be put as an agenda item for the meeting in August to discuss suggested topics.	Sarah Carnwell
NS and SJ to approach the Deanery to ask if a Perinatal Day can be slotted into the teaching calendar.	Nina Spofforth Simon Jenkinson
NS to e-mail the group with further information regarding items 11 and 12 on the agenda.	Nina Spofforth
SC to circulate Network Board and SHA presentations	Sarah Carnwell
SJ to confirm if both level 3 units in the Network are able to care for cardiac babies.	Simon Jenkinson
SC to take forward possibility of adding a button to the website.	Sarah Carnwell
SC to approach Jan Latham to be midwifery representative in Jackie Jenkinsons absence.	Sarah Carnwell