

**MATERNITY SERVICES LIAISON COMMITTEE  
HELD ON FRIDAY 18<sup>TH</sup> DECEMBER 2015  
12:00MD – 2.00PM  
AT BURSLEM CHILDREN'S CENTRE, VALE PARK, HAMIL ROAD, BURSLEM, ST6 1AW  
DRAFT MINUTES**

<b>PRESENT:</b>	Jen Phillips (Chair)	(JP)	Parent
	Bo Hamilton-Cody	(BHC)	Matron, Royal Stoke University Hospital
	Sharon King	(SK)	Lead Commissioning Manager, Stoke CCG
	Jessica Whitehead	(JW)	STEPS, FNP Group (Parent)
	Karen Meadowcroft	(KM)	Head of Midwifery, UHNM
	Kate Sutcliffe	(AM)	CYP Public Health Lead Staffordshire County Council
	Karen Meadowcroft	(KM)	Head of Midwifery, Royal Stoke University Hospital
<b>APOLOGIES:</b>	Sarah Hawthorne	(SH)	Commissioning Manager, North Staffordshire CCG
	Andrea Muirhead	(AM)	CYP Public Health Lead Stoke on Trent City Council

No	Item	Action
1.	<b>Apologies:</b>	
	Noted	
2.	<b>Minutes from the previous meeting:</b>	
	Those present agreed that the minutes from the previous meeting held on 25 <sup>th</sup> September 2015 were a true reflection of discussions that had taken place.	
3.	<b>Matters Arising:</b>	
	<p><u>Perinatal Mental Health Action Plan</u> All noted progress however group felt that this was the priority area for improvement for maternal health and it was suggested that that a task and finish group be developed to take forward a review of the pathway and then agree a way forward.</p> <p>Breast Feeding (covered under item 7)</p>	SK
	<b><u>ITEMS FROM MATERNITY STAFF</u></b>	
4.	<b>Results of national maternity survey</b>	KM/BHC
	The results were not at a good point in time for the Trust 2 weeks after the integration with MSFT therefore some of the women raised their concerns relating to the closure of maternity Obstetric services. This possibly was not a true reflection however the Trust are developing an action plan and gap analysis to be shared with the group.	
5.	<b>AN Screening Review</b>	KM/BHC
	The Antenatal screening QA visit was positive. UHNM has developed an action plan in response to recommendations. NHS England are using the trust has implemented the NIPE SMART failsafe system which provides assurance that all babies delivered in the trust are screened and also the trust holds weekly infectious disease clinics and includes a Hep B	

	consultant, this enables the trust to meet the infectious disease programme (IDPS) standard for referral of Hep B women to an appropriate specialist within 6 weeks as exemplars of good practice.	
	<b>ITEMS FROM SERVICE USERS</b>	
6.	Items from service users covered in under other agenda items, in particular concerns at current lack of breast feeding support, wanting to know what was happening with the changes, and enthusiasm from a number of people for being involved).	JP
	<b>ITEMS FROM COMMISSIONERS</b>	
7.	<p><u>IFT and Breastfeeding support</u></p> <p>All noted the progress that has been made in terms establishing a task and finish group between commissioners, providers and service users to review current provision and gaps with a view to developing an action plan. The work is progressing well.</p> <p>KS updated in terms of current provision in Staffordshire.</p> <p><u>Contract Performance Indicators for 2016/17:</u></p> <p>SK explained about how the maternity contract works in terms of deciding which Key Performance Indicators are included in the contract and that only a small number be selected for each service as the contract covers all services that the hospital provides (as the national maternity tariff is very prescriptive is give all the detail in terms of what hospital are expected to deliver).</p> <p>SK explained what the current KPIs are and the significant of having KPIs (i.e. if the hospital does not achieve them contract queries are raised which means that commissioners and providers have to investigate the issues and put plans in place to improve performance and if performance does not improve there is the potential the hospital will have money withheld until they achieve.</p> <p>All agreed that the KPIs should be:</p> <ul style="list-style-type: none"> <li>• Maternity and obstetric covers (evidence suggests the most important factor in mother and baby outcomes and safety).</li> <li>• BFI (KM identified that new assessment is more challenging and all agreed that changes in BF support across other services may mean that the hospital is viewed negatively as it is not always clear to services users the performance of discreet services. It was agreed that the KPI should be to maintain BFI Stage 3 status but that there would be no penalty if the hospital did not achieve but that they would be required to work towards a plan to improve (this would be monitored by the MSLC).</li> <li>• Midwife continuity – this data collection is not a national requirement anymore. KM agreed to audit by the end of September and bring the results back to the group with a view to agreeing any subsequent actions.</li> <li>• Mandatory Data Set: SK explained that the hospital would be required to submit data a per the national standard data set. KM identified that the hospitals current systems meant that this would not be possible in the short term.</li> </ul>	
8.	<b>Integrated Lifestyle Pilot Programme</b>	
	KS updated from the brief preliminary report. Further feedback will be given in terms of outcomes at the next meeting	KS

<b>9.</b>	<b>Continuity of midwifery care</b>	
	This was picked up under item 7	
<b>10.</b>	<b>Any other business:</b>	
	None.	
<b>13.</b>	<b>Date and time of next meeting:</b>	
	The next meeting of the MLSC is scheduled to take place on Friday 22 <sup>nd</sup> April 2016 12:00noon – 2:00pm at the Burslem Children’s Centre, Vale Park, Hamil Road, Burslem, ST6 1AW.  Future provisional dates: 22/07/16      12-2 pm 28/10/16      12-2 pm 27/01/17      12-2 pm 28/04/17      12-2 pm	

*All parties should note that the minutes of the meeting are for record purposes only. Any action required should be noted by the parties concerned during the course of the meeting and actions carried out promptly without waiting for the issue of the minutes.*

These minutes are signed as being a true record of the meeting, subject to any necessary amendments being made, which will, if any, is recorded in the following meeting’s minutes.

Signed:.....

Position:..... Date:.....

ASCCG & STCCG EDS Meeting May 2016