

Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 14 April, 2010

PRESENT:

Councillor Mrs. Watkins, in the Chair.
Councillor Mrs. Aspinall, Vice-Chair.
Councillors Berrow, Browne, Delbridge and Stark.

Co-opted Representatives: Mr. Boote (LINK) and Ms. Schwarz (PHT).

Apologies for absence: Councillors Gordon and Mrs. Nicholson.

The meeting started at 10.00 a.m. and finished at 11.40 a.m.

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

87. WELCOME

The Chair welcomed Giles Perritt, Head of Performance, Policy and Partnerships, to his first meeting of the panel as Lead Officer.

88. DECLARATIONS OF INTEREST

There were no declarations of interest made in accordance with the Code of Conduct.

89. CHAIR'S URGENT BUSINESS

There were no items of Chair's urgent business.

90. MATERNITY SERVICES

The panel considered a report on Maternity Services as submitted by the Plymouth Hospitals NHS Trust. In attendance to present the report were the Trust's Acting Director of Finance and the Acting Head of Midwifery who advised that the report had been prepared to respond to a number of specific concerns raised by the Chair and Vice-Chair.

Following presentation of the report, and in response to supplementary questions, Members heard that –

- (i) in addition to the support for breastfeeding provided by midwives and health visitors, peer group supporters were available to work alongside new mums both at home and in hospital;
- (ii) the Trust was applying for Baby Friendly Initiative certification and, as such, would be assessed at the end of the year;

- (iii) breastfeeding remained a cultural challenge which needed to be addressed nationally as well as locally. Whilst businesses in the City were encouraged to sign up to the Baby Friendly Initiative and be 'kite' marked, the only facilities provided in many establishments were the ladies toilets;
- (iv) Derriford's Maternity Unit dealt with approximately 5,000 births per annum;
- (v) the National Institute for Health and Clinical Excellence (NICE) did not offer any guidance on the recommended length of stay for mothers who had delivered their babies by caesarean section. Provided there was no medical reason for mothers to be in hospital, they could go home;
- (vi) up to 28 days following discharge from hospital, women were able to choose whether they saw a midwife, healthcare advisor or health visitor;
- (vii) a copy of the Maternity Satisfaction Survey was included in the pack of information given to every woman who had delivered a baby at the hospital. In addition, 'comments boxes' were provided on all wards for patients to leave feedback about their care and stay;
- (viii) sickness levels within the Maternity Unit were comparable to the rest of the Trust. The monitoring system in place flagged up areas where sickness absence rates were higher than 5.25% per month and appropriate action was taken when necessary;
- (ix) allowance for absence was built in when planning duty rosters and, when necessary, part-time staff could be called to work extra hours or the NHS nurse bank could be utilized;
- (x) the hospital did not undertake staff stress surveys, however, the recent NHS staff survey had included a number of questions around stress and emotional wellbeing;
- (xi) turnover of staff was generally low. However, it was acknowledged that there were problems with the Trust's recruitment processes and work was under way to make it more streamlined. There were currently 3 vacancies within the Maternity Services Unit and, historically, the Trust received at least 3 applications for every vacancy;
- (xii) the majority of midwives opted to work a 12-hour shift with a one-hour break entitlement and staff were encouraged to take their break off-ward as often as possible;
- (xiii) all nurses, including midwives, were required to complete five study days a year as part of the continuing professional development programme. They were also required to submit an 'intention to practice' form;

- (xiv) Birthrate Plus would be visiting the Hospital next week to evaluate the Trust as part of an independent external benchmarking process;
- (xv) visiting hours within the hospital were, on the whole, very generous when compared to others in the south west. Whilst dads were encouraged to visit within the stated times, exceptions would be made for the fathers of babies delivered late in the day where adherence to those times would preclude them from having any or little time to spend with the new arrival and mother;
- (xvi) a business case on establishment of a midwifery-led unit had been put together for presentation to the Trust's Board. Plans had been developed concerning the physical layout of the proposal but costs had yet to be finalized. It was, however, envisaged that there would be provision in the 2010/11 budget to take the proposal forward.

Resolved that –

- (1) the Director for Public Health be requested to explore the possibility of including a number of key midwifery-related questions in the annual Health Visitor Survey;
- (2) the City Development Company be asked what it was doing to encourage businesses to participate in the Baby Friendly Initiative and become kite marked;
- (3) the results of the Maternity Satisfaction Survey, Maternity Care Patient Survey and the Maternity Unit Audit of Practice be forwarded to panel members, along with an analysis of trends and benchmarking;
- (4) a copy of the results of the annual maternity survey be forwarded to panel members when available;
- (5) a letter be sent to the National Institute of Health and Clinical Excellence (NICE) requesting that it considered including within its guidance a recommended length of postnatal stay for women who had delivered their babies by caesarean section.

91. **EXEMPT BUSINESS**

There were no items of exempt business.

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