

Team Meeting 30/10/24 – 15.00 hrs

Present:

- [redacted] DoM
- [redacted] Lead Midwife
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]



Cars

- [redacted] which presented challenge for team last week with regard to home visits – [redacted] will ask that this is returned
- Plan for on-call car to be left at hospital
- All in agreement - 4 cars needed at The Bridge; one left at hospital for both homebirth service/manager on call

Caseloads and ways of working

- [redacted] informs [redacted] and [redacted] will review caseloads
- Anticipated birth rate 2023 approx. 700
- Caseloads need reviewing for accurate caseload numbers
- [redacted] informs that both [redacted] and [redacted] to be part of this
- JCC to commence 2025
- [redacted] – a lot of confusion re. east, west, self-referrals, GP referrals – no clarity on what team is to do moving forward
- [redacted] – self-referrals to commence Nov/Dec – currently delayed

- Women will be able to go to GP, or to self-refer
- Long-term plan for vaccination clinics in ANC – whooping cough and RSV
- West clinic – on hold for now until risk assessments and planning complete. [redacted] has discussed with [redacted] re. risk assessments / health and safety
- Discussion re. Birth Rate Plus and actual number of WTE requirement in community. [redacted] suggests snapshot of September – number of home visits, bookings, antenatal and postnatal appointments etc
- [redacted] – leadership is needed if we are to change the way we are working. Team is at risk of feeling unheard and unsupported
- [redacted] – we need to consider different team member's requirements and efficiencies, as well as their preferred ways of working

#### Postnatal clinics

- Discussion re. staff views on PNC and visits – which is more efficient?
- Team agreed it is beneficial to offer women the choice of both visits or PNC
- [redacted] suggests overview of whole service to assess efficiency
- [redacted] – there should be flexibility – women should be able to have more than 1 visit at home
- [redacted] – historically this was the case
- [redacted] – postnatal continuity poor – team agree need to work to improve this

#### Homebirth service

- [redacted] – feels as if we are lying to women about the sustainability / provision of the service
- Lack of clarity about the service and how it is going to be provided
- [redacted] – goal is for community to provide 1<sup>st</sup> on-call; unit to provide 2<sup>nd</sup>
- [redacted] - concerns re. 1<sup>st</sup> on-calls after full clinic day – no protection from full 24 hour shift
- [redacted] – concerns that homebirth service has now not been running for 4 months and lack of clarity about what is being done to support the service – expressed concern that it doesn't seem all options have been exhausted
- [redacted] – executive team suggested cancelling homebirth service; [redacted] does not want this to happen
- Possibility that the demands of the homebirth service are not being adequately captured
- [redacted] – no on-call policy – no protection for staff re. time working, rest periods, on-call payments

#### Rota

- Who is going to write the rota going forward? [redacted] voiced that she is happy to continue writing of rota
- [redacted] suggests that team summarise what works well with new rota, and what could be changed
- [redacted] – preference for a 4-day week

- Team agree 1<sup>st</sup> on-call should only be after half a day – never after a full clinic day
- [redacted] – team to continue with 1 on-call per week (1<sup>st</sup>) and unit to provide 2<sup>nd</sup>, where acuity/staffing/safety allows

#### Other

- [redacted] risk team ([redacted] and [redacted]) to come and do risk meeting with community team
- Capturing workload – all home visits and other work (including results diary reviews) need to be uploaded onto the relevant clinic list on Maxims, with comment added re. who conducted the home visit/other work. Suggested that phone calls are also added to this clinic list to effectively capture workload.
- [redacted] – team not moving forward due to lack of leadership and regular changes in management. [redacted] stated [redacted] to temporarily undertake leadership of the team
- [redacted] – protected admin time. Feels that admin time sometimes not protected. [redacted] – admin time isn't always equitable. [redacted] - [redacted] to review rota and admin time.

#### Team to do

- Inform [redacted] of caseload stats: 1) Current caseload numbers 2) Bookings to date for 2024