Welcome and Introduction
Mathilde Peace, (MP) Chair welcomed everyone to the meeting. Members introduced themselves around the table.

1 Minutes of the Previous Meeting

1.1 Minutes of the Previous Meeting held on 7 October 2010 were approved as an accurate record.

2 Matters Arising
2.1 Maternity Strategy
The November Maternity and Neonatal Strategic Planning group meeting was postponed until 2011 and an update on the Maternity Strategy will be given then.
Clinical Leads and lay members will meet on 18 Dec to review the Detailed Report of Public Consultation (Sept 09 - John Thomas) and draw up an action plan.

2.2 Complaints Report.
Nothing further to report.

2.3 Postal Survey
A service-wide survey similar to the one conducted by the DOH was suggested. No other information available.

2.4 Translation Issues
Item covered under Item 5 below.

2.5 Volunteer Doulas
A meeting has taken place between Sally Egan, Shauna Powers and MP to look at potential development for Lothian. Further information to follow at Feb MSLC Meeting.

2.6 MSLC Website
No further progress.

2.7 Any Other Matters Arising
PFPI – Patient Participation Standards. MP to obtain from Sarah SINCLAIR

3 Maternity Services Group Meetings (for information)
3.1. Members were updated generally on the current situation and noted that copies of the minutes would be available on request for their information once minutes had been confirmed / agreed.
- Birth Centre Steering Group -14/11/10
- Birth Centre Steering Group – 02/12/10 cancelled, now on 06/01/11
- Antenatal/Postnatal QIP – 02/11/10
- Intrapartum QIP - 04/11/10
- Neonatal QIP - 26/11/10
- Maternity QIP - 29/11/10 Cancelled, now on 10/01/11
- Maternity and Neonatal Strategic Planning - 30/11/10 Cancelled

4 Triage and Assessment – Annette BARWICK
AB gave a detailed update on the progress made at triage (SCRH) since she came into post.
On average, 40 to 45 women go through triage every day.
A dedicated triage team has been in place since Oct 2010 and is making a real difference.
Waiting times are down from over 60 mins to an average of 20 to 30 mins.
50% of women need to see a consultant and accessing medical staff at weekends is still an issue.
A snap audit showed many positive comments (except for length of time waiting to see a consultant).
The waiting area has been improved with artwork, new seating arrangements and toys/books.

Triage staff have been on the Compassionate Care course and the Releasing Time to Care course. A project is underway to evaluate women’s journey through triage using emotional touch points technique (women in early labour) . **MP asked for the report to come to MSLC when ready. It was suggested that it could be published in the Connections magazine.**

A very important teaching role has been developed in the last year: 4th year medical students / student midwives / ambulance crews have all benefited from their work at triage.

A discussion took place about how women with language needs are dealt with. It appears that few of these women are aware of the triage phone number and end up phoning 999. Phone lines in other languages and interpreters can be organised from triage. **AB and G Mackenzie to look at how and when information is given by community midwives. Also to liaise with Sandra Smith and Frances McGuire for St John’s.**

MP thanked AB for her presentation and congratulated her on the excellent progress made.

**MP to post an update on improvements made at triage on the MSLC website.**

**5 Culturally Competent Maternity Care – Judith SIM & Dermot GORMAN**

MP introduced and welcomed Judith Sim and Dermot Gorman who were present to give an update on their work relating to staff experiences of working with minority ethnic women.

The following points were discussed:

**Interpreting**

Staff have better knowledge of how to access the service but interpreter’s presence is still difficult to organise for ‘debriefing’ after labour.

Some interpreters would benefit from maternity specific training. Talks have been initiated with ITS regarding organising a course. Financing is the issue.

Concerns about new policy of using ‘language lines’ – interpretation by phone - for consultation under 30 mins. There are issues about gender/ confidentiality/practicalities of the phone call.

Staff would also benefit from training on how to work with an interpreter and the phone lines.

**Women with serious medical condition**

Concerns that some women’s conditions are not being picked up until too late . CEMACH recommendation that these women should be seen for general health screening is not being implemented.

**G Mackenzie agreed to follow this up and liaise with Peter Bloomfield, Cardiologist.**

**Pregnancy Screening leaflet**

Lothian in partnership with Health Scotland are currently developing culturally and linguistically sensitive leaflets in Mandarin / Urdu / Polish.
Concerns that Health Scotland will not produce printed versions of the leaflets for distribution (as is the case for the English version). This raises issues about access to the leaflets and equality.

6 **Midwifery Curriculum – Susan KEY & Gail NORRIS**
Gail Norris, Programme Manager, gave a detailed presentation of the proposed revised curriculum.
The programme goes through a revalidation process every 5 years.
The structure will remain mostly the same:
- 3 year degree
- 3 trimesters, 45 wks/year
- modules of 20 credits. Total of 360 credits = Scottish Degree
- Practice: 50% minimum / theory: 40% minimum

Drivers: Patient Safety Agenda and Public Health Programme

J.SIM offered to give an intervention on midwifery care for mothers from minority ethnic groups. **J Sim to liaise with S Key**

Napier is currently contracted to train 36 midwives a year, however, there are concerns that this number could be reduced. This is worrying as G Mackenzie confirmed that the number of births in Lothian is still due to increase and remain high. Decision to be made by the Scottish Government. **Workforce Issues as standing item on MSLC agenda from next meeting.**

**G Norris will send her presentation to MSLC for comments.**

A stakeholders day is planned for 17th January 2011. **SK to send information.**

7 **Any Other Competent Business**

7.1 **Update on Pregnancy Screening**
G Mackenzie explained that Lothian were on course to start advanced Down’s Syndrome screening on 5th Jan 2011.
Regrettably, Lothian NHS had withdrawn funding for Haemoglobinopathy screening and alternative plans were being looked at.

7.2 **Lothian Sexual Health & HIV Strategy 2011-2016 Consultation**
This is the first time in Lothian that sexual health and HIV have been combined in one strategy. The document is currently for consultation until 31st Jan 2011.
The main aims are:
1. Reduce harm from sexual ill health and HIV
2. Support people with HIV to live long and healthy lives
3. Reduce unplanned pregnancies
4. Help people make confident and competent decisions about sex.
View online document @ <http://www.nhslothian.scot.nhs.uk/YourHealth/sexualhealth/documents/Final%20Strategy%20Document.pdf>
Give your views @ <https://www.surveymonkey.com/s/SHHIVStrategyconsultation>

8 **Date of Next Meeting**
The date of the next meeting was noted as Thursday 10 February 2011, 10 am to 12 noon at Royal Infirmary of Edinburgh, room TBC. Items on the agenda will include: Breastfeeding Strategy Update, Michelle McCOY VBAC Audit, Rachel O’DONNELL & Jacqui ELDER

9 Dates of MSLC Meetings in 2011
2011 dates for noting in diaries
10 February, 7 April, 9 June, 11 August, 6 October, 15 December