

# Norfolk and Norwich Maternity Services Liaison Committee

Held on Tuesday 11<sup>th</sup> October 2016

10:00am – 12:00 Brancaster Room, NNUH



## Minutes

### Present

Lisa Brophy (LB)	MSLC Chair
Rachel Graveling (RG)	MSLC Vice Chair
Felicity Hancock (FH)	Specialist Pediatric Osteopath
Rebecca Champion (RC)	Engagement Manager – North Norfolk for Central CCG
Jane Fuller (JF)	Clinical Quality and Patient Safety Manager – NEL
Joanna Keeble (JK)	Midwife
Barbara Jackson (BJ)	Antenatal/Postnatal Services Manager
Catherine Lock (CL)	Delivery Suite Co-ordinator
Sian Verney (SV)	NCT Antenatal Teacher
Jackie Heffer-Cooke (JHC)	Orange Grove Clinic
Venetia Strangeways-Booth (VSB)	NCT Antenatal Teacher
Lesley Bradfield (LBr)	Time Norfolk
Martin Cameron (MC)	Clinical Director of Obstetrics
Pam Sizer (PS)	Midwifery Matron
Sherry-Anne Halliday (SH)	MSLC Co-ordinator
Nicola Tuck (NT)	EPAU

### 1 - Apologies

Frances Bolger (FB)	Head of Maternity
Debbie Baggley (DB)	Postnatal Yoga
Dilly Turton (DT)	HealthWatch Representative
Lisa Weller (LW)	Babies at Peace
Sarah Clark (SC)	Specialist Health Visitor
Victoria Popay (VP)	Infant Feeding Midwife
Patricia Hagan (PH)	Head of Children, Young People and Maternity Services Great Yarmouth & Waveney CCG

### 2 – Minutes from Last Meeting

	The minutes from the last meeting on 12 <sup>th</sup> July 2016 were approved by the committee	
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### 4 – Matters Arising

a)	Accounts for 2015/2016 SH confirmed email received from Community Action Norfolk (CAN) following audit of the accounts. There was a duplicated cheque of which has now been reconciled and the accounts were made available for viewing by the committee	
b)	Meeting Notes It was discussed that these were no longer on the website. RC offered to investigate with comms and see if we can get them back on the N&N website, or the CCG site if need be.	<b>RC to look into where meeting notes to be saved</b>
c)	Statistics	<b>Held over to</b>

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	The department are currently in discussions regarding the provision of statistics to the MSLC	<b>be discussed with FB</b>
d)	<p>Specialist Mental Health Maternity Unit bid</p> <p>PS confirmed the application has gone in – this sits outside the Trust. Clive Rennie led the application and they are awaiting feedback. This would be funds from the England Perinatal health fund pot.</p> <p>The application is on a regional basis and feedback is expected sometime in October</p> <p>Following VSB's query, PS confirmed there is not a defined pathway for access to mental health services.</p>	<b>PS to see if copy of bid can be provided to MSLC</b>

## 5 – 2016/2017 Work Plan

	There is a new service called Pathway to Parenting to help regarding provision of information. There is a call for more breastfeeding support. PS confirmed there has been some feedback from questionnaires however these are currently being analysed.	
	<p>Birth and beyond Framework</p> <p>The syllabus will be passed on by PS when approved, but it's currently in the process of being branded. LB emphasized the MSLC are happy to be part of these processes – reviewing documentation etc. Various representatives on the committee confirmed they would be happy to be involved in meetings and looking at proposed documentation</p>	<b>PS to put forward MSLC involvement to Project Group</b>
	Translation project hasn't been progressed much due to various changes in personnel. There are limited resources in the trust for language translation. There have been discussions to work with QEII and James Paget to try and share the workload	<b>SH to forward links to translated docs to FB</b>
	<p>Quality Schedule</p> <p>JF confirmed the timeframes have been changed by NHS England to December 23<sup>rd</sup>. There are no maternity specifications currently included. There is the possibility of bringing in the whooping cough vaccine to the Quality schedule</p>	
	<p>PS had started to look into leaflet guidelines and expiry, however the department were not able to deliver details.</p> <p>JK has been investigating and has a draft spreadsheet of all leaflets and expiry. This needs to be sent to PS to be forwarded to us. It has been discussed the route for feedback would need to be formalized.</p>	<b>PS to forward details once finalized</b>
	<p>LB confirmed the MSLC are looking into further avenues to obtain user feedback and looking at other models. Possibility of amending the questionnaire. Also using various Facebook groups if we require specific feedback.</p> <p>The potential of "Walking the Patch" approach to gain feedback from service users. Helen Mills is the contact for the NNUH. There are various departments this could involve regarding maternity.</p>	<b>User reps to discuss</b>



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<p>In the long run, it is hoped the above will lead to reduction in waiting for Propess</p> <p>GROW MC confirmed part of the national agenda (stillbirth bundle). There is a shortage in sonographers, however a plan is in place. There was a question surrounding audits and the accuracy in later scans (this is a national problem) Induction is within national guidelines where baby is in bottom 10% for size</p> <p>There was a discussion surrounding large babies, the potential of shoulder dystocia and also the NICE guidelines.</p>	
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### 3 – Montgomery v Larnarkshire Health Board Case

<p>RG read extract from the case for discussion.</p> <p>Also, further summaries provided to committee (<a href="http://www.gmc-uk.org/guidance/27164.asp">http://www.gmc-uk.org/guidance/27164.asp</a> has link for reference)</p> <p>MC explained governance training sessions have taken place. The burden is now on “reasonable patient” rather than “reasonable doctor”.</p> <p>Discussion surrounding the presentation of information and the difficulties due to the various levels of understanding of patients, and also where the meeting takes place and the discussion varying depending on the scenario (eg tired woman in labour compared to a relaxed meeting)</p> <p>VSB highlighted that Birthrights training is available</p>	<p><b>SH to email case summary</b></p>
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### 7 – User Representative Feedback

<p>User feedback shared as appropriate during meeting where relevant to discussions</p>	
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### 8 – NNUH Maternity Services

<p>No data available and unfortunately time restraints</p>	
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### 9 – Confirmation of Next Meetings

<p>Per agenda</p>	
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### 10 – AOB

<p>None confirmed at meeting</p> <p>Victoria Popay (Infant Feeding Co-ordinator) offered following update via email</p> <p>“We are planning to reassess next year with Unicef BFI. We audit 30 breastfeeding and 30 bottle feeding mothers, 15 mothers on</p>	
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<p>NICU and staff. This is done on a quarterly basis. The results obtained need to achieve 80% to maintain our accreditation.</p> <p>At present the breastfeeding standards are averaging this level. However, our bottle feeding information giving, is well below standards. We are working with staff to increase this through education and annual one to ones, and feel hopeful this will happen over the next few months.</p> <p>To maintain our accreditation we have to provide a clinical referral pathway to breastfeeding women. We are currently in discussion with neonatal services to discuss the option of working together to provide this service in a Rapid Referral Neonatal Clinic.</p> <p>There is a pilot being carried out in the community looking at neonatal readmissions. The majority of the community teams are taking part in this pilot. The aim was to increase referral thresholds to 12% weight loss and reduce the number of babies being readmitted.</p> <p>The results have shown there is a small decrease in admissions, we are hoping this continues to drop.“</p>	
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**For and on behalf of the Norfolk and Norwich MSLC**  
**Sherry-Anne Halliday MSLC Co-ordinator**  
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