

## Minutes

### Present

Rachel Graveling (RG)	MSLC Vice Chair
Lisa Weller (LW)	Diss Babies at Peace (User Representative)
Ruth Sanders (RS)	Midwife Cley (due to be community)
Sophie Giles (SG)	Public Health NCC (Children and Newborn)
Jackie Heffer-Cooke (JH-C)	Orange Grove Clinic (User Representative)
Pam Sizer (PS)	Midwifery Manager
Lesley Bradfield (LBr)	Time Norfolk (User Representative)
Jane Fuller (JF)	Child Health and Maternity Commission (NEL CSU)
Rebecca Champion (RC)	Engagement Manager – North Norfolk for Central CCG
Sherry-Anne Halliday (SH)	MSLC Co-ordinator

### 1 - Apologies

Ann Roberts	Private Antenatal Teacher (happy to not be included in future invites)
Annabel Trick	Family Nurse, Norfolk Community Health and Care NHS Trust
Anne Walker	
Barbara Jackson	Antenatal/Postnatal Services Manager
Catherine Lock	Delivery Suite Co-ordinator
Dilly Turton	HealthWatch Representative
Elizabeth Turner	Research Midwife
Emma Lacey	User Representative
Emma Steward	SANDS User Representative
Felicity Hancock	BFPS
Francis Boulger	Head of Maternity
Julie Mansfield	Supervisor of Midwives
Karen Dunlop	Midwife (Delivery Suite)
Lisa Brophy	MSLC Chair
Martin Cameron	Clinical Director for Obstetrics
Patricia Hagan	Great Yarmouth Commission
Sarah Barnes	Public Health Children and Newborn NCC
Sian Verney	NCT Antenatal Teacher
Tracey Andrews	Sure Start Improvement Manager

### 2 – Minutes from Last Meeting

<p>Whilst discussing the last minutes, PS confirmed that the NNUH was not successful as a pilot site following the National Maternity Review. Informal feedback has been discussed, and it was thought that other sites were picked due to the links with more CCGs (approx. 15 at one site) and therefore links to more pathways. One site was picked in the South, however the remainder were in the North. It would have involved £2million of funding.</p> <p>JF asked if the department were looking to implement factors from the Maternity Review anyway – PS confirmed the current concentration was on building up the department following changes. The implementation of some</p>	
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<p>actions will be considering going forward after considering practicality factors due to the geographical area that is covered.</p> <p>It was discussed that Frances Boulger (FG) is due to be invited to attend the Clinical Quality Review Group (CQRG) where contractual elements would be discussed and also quality and performance. The next meeting for this is September and includes quarterly maternity updates.</p> <p>RG also asked about implementation of the Maternity Review – PS confirmed it is due to be discussed with FG in future, however there has been a concentration on discussions surrounding the workforce at the moment.</p> <p>The minutes of the last meeting 12<sup>th</sup> April 2016 were approved by the committee, and signed off by RG</p>	
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### 3 – Matters Arising

<p>a) Twins Leaflet</p> <p>RG brought forward some sample leaflets that she had produced for discussion.</p> <p>RG discussed some background surrounding the leaflet – this is a work in progress following on from feedback about use of language and also the information that is available in pregnancy and some obstetricians have asked if RG could put forward a proposed format for an information leaflet.</p> <p>It has been put forward to parents face to face and across some social media channels (with any reference to NNUH removed, and also made clear this is a work in progress)</p> <p>This is a second draft of the leaflet thoughts/comments were:</p> <ul style="list-style-type: none"> <li>• Addition of skin to skin option for elective c-section</li> <li>• Also, under elective c-section, music, calming environment, meeting the team that day</li> <li>• Supporting of the partner during the process</li> <li>• Discussion if the “3 options” were agreed terms and the arrival of the split in terms</li> <li>• Adjust the “wireless monitoring” wording – there are units available, however may be limited in number – maybe “to allow moving around”</li> <li>• Discussion surrounding the possibilities of where the leaflet could be used – also that that this would likely be a starting point for further discussion into options</li> <li>• Aromatherapy “may” be available – it is something that is being worked towards</li> </ul> <p>RC pointed out there is an element in the Quality Schedule involving leaflets and the provision of information – the provision of this leaflet could be added in future if it was felt that it was needed.</p>	
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# Norfolk and Norwich Maternity Services Liaison Committee

Held on Tuesday 12<sup>th</sup> July 2016

10:00am – 12:00 Holkham Room, NNUH



<p>LW queried whether twins pregnancies would be consultant led from the start – PS confirmed it would, unless the service user requested a midwife lead. There is the potential for supervisor midwife involvement if requested, however the Supervisor Midwife element from the department in general is being withdrawn in 2017.</p>	
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## 4 – 2016/2017 Work Plan

<p>Due to time constraints, RG openly invited the committee to comment where appropriate.</p> <p>JH-C confirmed the Orange Grove have been fundraising for more mood lighting and it is hoped another set will be available soon</p> <p>It has been highlighted that “Increasing emphasis on alternative coping methods” is to be discussed in more detail at the next meeting</p> <p>PS confirmed she hadn’t had time to progress the multi-lingual work at present</p>	<p><b>SH to add action to Oct Agenda</b></p>
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## 5 – Ongoing Items

<p>a) Birthing Reflections Service PS confirmed that the service is going “too” well. There is currently a waiting list of 8 weeks of which is being prioritised internally, with those who are currently pregnant first. Unfortunately one of the team has retired, and another has been off sick and is also due to retire.</p> <p>The service is due to be discussed with FB. The committee confirmed they have had positive feedback from users who have used the service, however the wait has been highlighted in discussions.</p> <p>RC asked if the wait could affect the feedback that is received. PS said this depended on the circumstances – in some cases it would allow the mother to reflect on issues, however is unsure on the long term affect. Phone calls are prioritised by “need”, however it is highlighted that although the services are provided by knowledgeable and experience midwives, they are not counsellors.</p> <p>LBr and PS discussed the service offered in a bit more detail. Attendees can have up to 4 hours offered which is mainly talking/listening services. This is offered in 1 hour blocks. There is no advertisement of the service as such – referrals are via midwives or word of mouth. The service has been running for a year.</p> <p>Time Norfolk are linked in with providing support services also – RG suggested there is a potential link in with mental health support and services and questioned RC if there was a potential avenue for funding.</p> <p>RC happy to put forward in committees, however there would generally be</p>	
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	<p>the need for quantitative evidence to support. There was the discussion that funding is already provided to the Wellbeing service, however LBr discussed that if it was a pregnancy/maternity related issue, the parties would be passed straight to Time Norfolk.</p> <p>LW discussed the need for the service and links when there have been pregnancy losses too.</p> <p>SG said there are similar services at the James Paget also.</p> <p>It was suggested by JF that Wellbeing would mop up anything that Birth Reflections did not deal with. LBr said that Wellbeing passed clients with any sort of pregnancy loss or neonatal death onto Time Norfolk. JF requested LBr's business card for contact details to be passed to Oliver in Wellbeing commissioning in order for this to be discussed in further detail.</p> <p>RC has said there is the potential to look at contracts and whether there is a potential gap with the Wellbeing service.</p> <p>It was questioned what would happen if a complaint was raised during part of the discussion in the Birth Reflections Service – PS confirmed that PALS would be provided as an option, however there are quite a few avenues they currently receive complaints from.</p> <p>PS discussed that they mainly got complaints rather than compliments. RG expressed that we had recently received a compliment email from a member of the public – RG read email dated 8<sup>th</sup> July 2016 received from a lady who used the service in March. PS retained a copy of the email.</p> <p>It was also discussed that Healthwatch could be an avenue if people wanted an issue to be raised externally. Another avenue is POhWER.</p> <p>PS confirmed that complaints and other data is fed into "CAFÉ" internally, and it distributed.</p> <p>RG said from the midwifery study it was clear that data was being collected.</p>	<p><b>RC to discuss with LBr</b></p>
b)	<p>Birthing partner staying overnight leaflet review</p> <p>PS confirmed there was a survey which was close to being completed. The analysis of those results would then be due.</p>	
c)	<p>NNUH Website content inc Delivery Suite info (new pics) and MSLC / CCG info</p> <p>Confirmed still under review</p>	
d)	<p>Pathway to Parenting Course content to be sent to MSLC for review</p> <p>PS will arrange to be forwarded</p>	<p><b>PS to email</b></p>
e)	<p>Cley Ward triage pilot – update on progress</p>	

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	<p>PS confirmed there will be no Cley ward triage going forward. They are currently looking into pricing in order to change two delivery suite rooms in order to be used for triage</p>	
f)	<p>Local Quality Schedule hopefully completed for review by MSLC</p> <p>JF has confirmed that the review for next year's schedule (2017/2018) will be starting soon.</p> <p>It was discussed that the new requirement of leaflets being required in the top 3 languages has not filtered to the maternity department.</p> <p>JF discussed that correspondence and copies of contracts and related documentation goes through Emma McKay who is the Director of Nursing. JF to ask if a copy can be forwarded to PS.</p> <p>JF and RC discussed that there are national requirements, however there is nothing that is specific to maternity services.</p> <p>The issue of translating was discussed – what other language would be required (there would hopefully be data available regarding hospital users) and also the InTrans service which can be costly and also increases the time in consultations. Plus, the issue of who pays for the service – maternity would in theory have to pay for translations, however in general there is also a central budget for some translation services.</p> <p>SG confirmed in other areas (inc James Paget) they have been successful in getting a volunteer to assist in translations.</p> <p>There was a discussion that clinicians needed to be involved in feeding in on any requirements included in the review – any requirements need to be achievable.</p> <p>JF also confirmed she is provided with details of a maternity dashboard on the 20<sup>th</sup> of the month.</p>	<p><b>SH to add as main action for Oct meeting</b></p> <p><b>PM to communicate with JF (possibly via Emma McKay)</b></p>
g)	<p>National Maternity Review</p> <p>Already discussed</p>	
h)	<p>GROW – Propress 24 hour release</p> <p>Acronym was confirmed by RS – Gestational Related Optimal Weight</p> <p>PS confirmed there has recently been an audit looking at the criteria They are looking at outcomes, making sure that scans are being undertaken correctly, and there is a 15% acceptable range</p> <p>JH-C expressed that this was causing concerns and anxiety in general among mothers who have been involved – was felt that a large proportion of mothers were being included in this.</p>	<p><b>SH to add high on Oct agenda</b></p>

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	<p>PS/RS discussed there is some strict criteria for those being included, however numbers appear to be increasing.</p> <p>(RC left meeting)</p> <p>RS explained there are national statistics available regarding ratings. Locally we are good. She had been involved in a recent meeting regarding GROW, and it was thought that it needed to be discussed with users more ie why they are going down that route</p>	
i)	<p>EPAU Feedback/input into MSLC including bereavement information leaflet creation</p> <p>To be returned to, due to time constraints</p>	

## 6 – User Representative Feedback

a)	<p>Review of Online Survey Results</p> <p>Not time to review in detail. Discussed potential movement to qualitative rather than quantitative results due to National Maternity Review.</p> <p>SG said that East MSLC had been focusing on a specific topic eg whooping cough discussion</p>	
b)	<p>MSLC Voice Training</p> <p>Held over</p>	

## 7 – NNUH Maternity Services

	<p>PS brought copy of Maternity Dashboard. Due to time constraints not discussed, however SH had some copies so can be discussed at user representatives meeting in September</p> <p>PS/RS confirmed that Outpatient induction of labour will be introduced from 1<sup>st</sup> August 2016. This will be for low risk pregnancies only – likely to be approx. 1 hour in hospital with pessary and some monitoring, then patients to go home to progress</p>	
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## 8 – Confirmation of Next Meetings

	<p>List brought to meeting for view. Next user representative meeting Wednesday 14<sup>th</sup> September. JH-C offers apologies as cannot make Wednesday. Discussed we may look to alternate as some also can't make Tuesdays.</p> <p>Main meeting confirmed Tuesday 11<sup>th</sup> October 2016 – Holkham Room</p>	
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## 9 – AOB

	<p>RS confirmed Emma at BEAT would like to link up with MSLC. RG confirmed not a problem – please forward on details as appropriate</p>	
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For and on behalf of the Norfolk and Norwich MSLC  
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