

Norfolk and Norwich Maternity Services Liaison Committee

Held on Tuesday 25th April 2017

10:00am – 12:00 Brancaster Room – Trust Management - NNUH



Minutes

Present

Lisa Brophy (LB)	MSLC Chair
Rachel Graveling (RG)	MSLC Vice Chair
Jackie Heffer-Cooke (JHC)	Orange Grove Clinic
Felicity Hancock (FH)	Specialist Paediatric Osteopath
Lesley Bradfield (LBr)	Time Norfolk
Suzy Hankinson (SH)	Student Midwife
Rebecca Champion (RC)	Engagement Manager – North Norfolk for Central CCG
Venetia Strangeways-Booth (VSB)	NCT Antenatal Teacher
Catherine Lock (CL)	Delivery Suite Co-ordinator
Barbara Jackson (BJ)	Antenatal/Postnatal Services Manager
Ann Walker (AW)	Clinical Delivery Manager
Martin Cameron (MC)	Consultant Obstetrician
Emma Dufficy-Rope (EDR)	Senior Midwife MLBU
Sian Verney (SV)	NCT Antenatal Teacher
Lisa Read (LR)	Clinical Quality & Patient Safety Manager NEL (in place of Jane Fuller)
Dilly Turton (DT)	Healthwatch Norfolk
Rosy Lynch (RL)	TAMBA / User Representative
Sherry-Anne Halliday (SH)	MSLC Co-ordinator

1 - Apologies

Amy Eagle	Assistant Director of Women's and Children's Services
Annabel Trick	Family Nurse
Anne Sloos	Family Nurse (was due to step in for Annabel Trick)
Florence Walston	Neonatalist
Frances Bolger	Head of Maternity
Jane Fuller	Clinical Quality and Patient Safety Manager NEL
Pam Sizer	Midwifery Matron
Ros O'Connor	NHS England Quality Improvement Manager
Ruth Sanders	Midwife
Torie Popay	Infant Feeding Midwife
Tracey Andrews	Sure Start Improvement Manager
Tracey Miller	MLBU Team Leader

2 – Minutes from Last Meeting

	The minutes from the last meeting on 11 th January 2017 were approved	
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3 – Summary of Year

	SH Provided an overview summary of the year: <ul style="list-style-type: none">We have continued to obtain feedback from user representatives via a number of channels – including face to face, email, social media and previously survey replies	
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	<ul style="list-style-type: none"> We are looking at options to restructure feedback and increase engagement We have been involved in, and attended the East of England MSLC/Service User Group Meeting We have been involved in, and attended the local Maternity STP meeting LB has worked with the sharing of information about peanut balls which has led to them being introduced in the department JHC and Yogabubs have been fundraising and provided a donation for more mood lighting in the delivery suite and MLBU There is ongoing work into the introduction of a video regarding NNUH maternity services 	
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4 – Actions from Last Meeting / Standing Items

a)	<p>Statistics</p> <p>Dashboard from April 2016 to January 2017 inclusive shared and discussed LB highlighted that the induction rate was still high. MC confirmed this was due to national agenda. AW also discussed there also may be an element of maternity choice – women opting for induction to try and avoid c-section</p> <p>There was a discussion regarding language surrounding induction – inferred that women would have to have an induction or the baby is likely to die, however then there could be delays in the induction being started. Again, highlighting the issue regarding use of language and informed choice</p> <p>MC mentioned about the possibility of service users coming in to share experiences – possibly around August/September when there are often changes in staff.</p> <p>VSB highlighted that there is Birthrights training available (for reference http://www.birthrights.org.uk/resources/training-and-education/) if funds allowed</p> <p>It was discussed that rather than service users coming in, case studies could be used instead, or possibly filmed – and maybe the set up of an annual workshop</p> <p>JHC raised the question of whether there was the possibility of more support for ladies for inductions – again changes to birth plans and use of language</p> <p>RG shared service user story about induction – lady had been left overnight and left “feeling lonely, feeling stupid, feeling afraid, and feeling ashamed” whilst seeking support overnight during induction. BJ confirmed that partners are now allowed to stay and hopefully the scenario would be less likely in future</p> <p>JHC had a snapshot of opinions from social media – which included a lady who feels she was wrongly diagnosed with gestational diabetes. Was told her plans for hypnobirthing were “out of the window”. VSB also highlighted the case where a lady was told her baby would die without the induction – it was then 3 days for a failed induction and 5 days prior to c-section taking</p>	
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	place. Highlighted increased anxiety during this time due to the use of language by staff. Also a feeling of being “out of control” – wasn’t able to breastfeed, little support	
b)	Specialist Mental Health Bid Believed FB may have an update, however not present at meeting	SH to email FB
c)	Birth and Beyond Framework PS not present	Held over
d)	Translation Project /Leaflet Review BJ updated – trust documents have not all been translated, however there is a reference for national documents. Lots of signage asking if people need in different languages to ask. Also pictures are often best practice of which are currently being used on the ward Healthwatch did provide some recommendations however it was approx. 3 years ago RC asked if this needs to be added as part of the antenatal care. AW is in the process of getting links added to the NNUH website There was discussion that the induction leaflet be looked at	AW to email details of leaflet review dates to MSLC
e)	Quality Schedule No comments from anyone	
f)	Sonographer Meeting LBr met with Kelly French/Nicola Tuck There was some confusion as had also discussed maybe combining with chaplain meeting, however another meeting is due to take place with the sonographers regarding use of language/approach if pregnancy has been lost Discussion about early pregnancy unit – concerned they may not be getting the right help. Time Norfolk have been invited to do some training and a possible support group at EPU but this needs to get approval from the trust	Ongoing with LBr
g)	Chaplain Meeting SH confirmed still awaiting date CL highlighted the dual role of the chaplain as “Bereavement Officer” however discussion that this may not always been obvious to parents LB confirmed that referrals direct from NNUH to Time Norfolk are up by 85%, so families are getting early help	SH to follow up
h)	Bounty Feedback RG had received further feedback regarding Bounty and the approach taken by the representative	

Norfolk and Norwich Maternity Services Liaison Committee

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	<p>BJ confirmed that since the last meeting a number of approaches have been trialed. There are now cards/posters on the ward so people are aware they can opt in/out. Bounty representative now speaks to the co-ordinator on the ward to clarify who would/wouldn't like to use their service. There has been a trail to put yes/no on the boards behind the patient, however the representative can't always see if the curtains are drawn</p> <p>It was discussed that there was likely to be a contract period where the NNUH are tied into using Bounty. JHC raised the potential of a not for profit photographer and maybe that funds could go back to the NNUH</p>	
i)	<p>Other Feedback</p> <p>VSB questioned the policy on drawing curtains whilst breastfeeding which was raised by a service user. BJ confirmed it depended on the person/circumstances. It is encouraged for curtains to be left open as much as possible for ventilation, hygiene and to encourage help and support – plus in some cases it is needed so that mothers can be monitored easily. It is not a specific policy that mothers are not allowed to close the curtains whilst feeding. AW discussed that curtains are needed to be left open due to health and safety with trolleys, ensure meals are not missed etc</p> <p>JHC had conducted a brief survey of mothers regarding accuracy of scanning – highlighted that there may be inaccuracies in scanning – and also that some ladies didn't know if they ended up with a "normal" sized baby</p> <p>There has been an ongoing question regarding the audits of scans – and AW confirmed this has been done. MC confirmed that the GROW lead Rosie should have this data</p>	<p>SH to follow up scanning data</p>

5 – STP Meetings

	<p>RG attended the first Norfolk and Waveney STP meeting and there would be another meeting the afternoon of the 25th April</p> <p>Quick overview that this meant the maternity departments from NNUH, James Paget and Queen Elizabeth were working together as part of the footprint in order to implement Better Births</p> <p>MC highlighted this is potentially a different way of working, however encourages co-operation and should ensure that mothers get the appropriate care for their needs</p>	
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6 – Website / Questionnaire

	<p>SH confirmed that a new website had been drafted following a similar set up for the Birth Voices East at the James Paget – whereby questionnaires can be set up on the website and providing sharing of data</p> <p>Currently it hasn't been publicised as there is the potential that we would need to "rebrand" if we decide to change to a maternity voices partnership</p>	
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Norfolk and Norwich Maternity Services Liaison Committee

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	The link is below if anyone would like to have a look/comment http://nnuhmaternityvoices.weebly.com/	
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7 – Implementing Better Births

	<p>A copy of the guidance for implementation for Better Births was distributed – along with a copy of the National Maternity Voices new template for Terms of Reference</p> <p>SH read out section from the guidance which discussed that maternity voices partnerships are the recommendation to provide feedback as part of the National Maternity Review. It was discussed that MSLCs already provide this role, and that some are being “rebranded” or new MSLCs are being set up as MVPs</p> <p>RC highlighted that it would be difficult to agree the maintenance/commissioning statement on the model Terms of Reference.</p> <p>LB confirmed it is up to the MSLC how we want to approach – possibility of simply rebranding, or the potential to use part or all of the model Terms of Reference</p> <p>Agreed that this would be held over for future meeting so parties have a chance to review and consider the documentation</p>	MSLC to review documents and discuss
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8 – Confirmation of next meetings

a	Next User Representative Meeting – agreed following meeting discussions for Tuesday 23 rd May at 10:30am – 1pm	
b	Next Main MSLC Meeting – Tuesday 11 th July 2017 – 9:30 to 11:30 – Room 22	
c	SH confirmed meetings for 2018 cannot be booked until August	

9 – A.O.B.

	<p>Films</p> <p>AW confirmed that there had been a meeting with JHC’s contact about creating a video for the department, however it would come down to costs and funding. JHC confirmed previously City College students have been involved which could bring down cost implications.</p> <p>MC discussed it may be worth adding operating theatres to the potential filming locations</p>	
	<p>Triage</p> <p>AW confirmed pathways for triage are being shown and helping women to understand the flow</p>	

Norfolk and Norwich Maternity Services Liaison Committee

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	<p>Bereavement</p> <p>AW confirmed work with LBr and funding under 4Louis for bereavement rooms on the unit and on antenatal</p> <p>Room 9 on delivery suite is due to be converted specifically for a bereavement room and have its own entrance</p>	
	<p>User Feedback – First Time Mothers</p> <p>FH received feedback from a first time mother “not being believed” that she was in second stage labour. She had progressed quickly, however staff had not believed her or examined and was told she was not allowed to push</p> <p>CL and BJ highlighted it was hard to get the balance right and prevent unnecessarily examinations on delivery suite, however it would appear the lady in question was on the ward at the time</p>	
	<p>Management</p> <p>MC confirmed he was no longer Clinical Director. Richard Smith is now “Chief of Service” effective from 1st April, and Richard had been sitting on the STP meetings</p>	
	<p>Supervision of Midwives</p> <p>BJ discussed that although this has now finished, if there are issues where the senior co-ordinator has cannot deal, there are managers “on call” for to help deal</p>	
	<p>A-EQUIP</p> <p>AW discussed this is in the process of being implemented, and some supervisors becoming advocates, however there are specific requirements for those people and training due</p>	
	<p>TAMBA</p> <p>RL highlighted her role with TAMBA, and also their offering regarding courses/support and the membership options available</p> <p>MC explained that there is no specialist midwife for twins – RL has offered help/support where possible</p>	
	<p>Propess inductions were discussed and that there was no data available regarding stillbirth</p> <p>It is thought there is data available via the Clinical Network (numbers are thought too small for local level)</p>	SH to investigate data
	<p>LB and RG discussed that we had little response from NICE question about scanning – new question agreed</p> <p>“Did you plan to give birth in the MLBU? If so, did you?”</p>	SH to enquire