



Norfolk & Norwich Maternity Services Liaison Committee

Minutes of meeting held on Tuesday 13th January 2015

Present

Lisa Brophy.....	(LB)	MSLC Chair
Rachel Graveling	(RG)	MSLC Vice-Chair
Glynis Moore.....	(GM)	Head of Midwifery, NNUH
Martin Cameron	(MC)	Clinical Director of Obstetrics, NNUH
Sam Revill.....	(SR)	Research Analyst Health Watch Norfolk
Felicity Hancock.....	(FH)	Breastfeeding Peer Supporter
Alison Toynton	(AT)	Supervisor of Midwives
Emma Brown	(EB)	Health Visiting South Team Leader
Karen Dunlop.....	(KD)	MLBU Manager
Katherine Greaves.....	(KG)	Student Supervisor of Midwives
Oliver Cruickshank.....	(OC)	Commissioning Representative South Norfolk CCG
Katy Blakely	(KB)	Commissioning Representative Norwich CCG
Helen Risebro	(HB)	Research Design Service Adviser UEA
Rachel Scarff	(RS)	MSLC Co-ordinator

1. Apologies for absence

Elizabeth Turner	(ET)	Research Midwife NNUH
Ruth Sanders.....	(RSa)	Student Midwife user rep
Joanne Gale	(JG)	NCT Breastfeeding Peer Supporter
Sian Verney	(SV)	NCT Antenatal Teacher, NCT Breastfeeding Peer Supporter
Jane Fuller	(JF)	Commissioning NEL CSU Representative
Katie Mortlock.....	(KM)	Student Supervisor of Midwives
Tracey Andrews.....	(TA)	Improvement Manager Norfolk Sure Start Centres
Luisa Lyons.....	(LL)	Infant Feeding Co-ordinator NNUH
Catherine Locke.....	(CL)	Delivery Suite Co-ordinator

2. Minutes of Last Meeting

The minutes of the last meeting held on 14th October 2014 were read and approved with the following amendment:-

MC – had not agreed to discuss any feedback relating to CRL with the USS department head.

Action(s) RS

3. Matters Arising

- a) **Patient Information leaflets** –Maternity Guidelines Committee finding their feet after a few meeting cancelled. RG advised that the leaflets on Third stage of labour approved and it was clarified that service users were always able to be sent draft copies of documents for feedback. It was also confirmed that these documents can then advertise they have been approved by the committee. Documents to be sent to RS for distribution in future.
- b) **Fathers/Partners staying overnight** – The leaflet has been approved with final tweaks being made. GM advised some hesitance still in Antenatal ward and a trial period will probably be adopted or process will just stick with Postnatal Ward. GM to advise when final decision is made via email to RS along with final draft of leaflet to distribute to User Reps. Roll out is planned for mid-February.

Action(s) GM

- c) **Website / Social media update** – ET advised via email that there are some delays experiencing due to staff changes in the Comms team GM and PS aware and working with ET to push through. Update next meeting. The website will have lots of links to NHS website to give women access good advice easily.
- d) **Alternative Pain Relief** – Following the need for more options of pain relief being available the NCT has set up a hospital adopted TENS machine Library service. Six in total provided, an initial Three will be provided to Cley ward, including batteries and replacement electrode pads. These have been taken by AT for labeling and then will be kept by Barbara Jackson and or GM under GM instruction kept locked. The NCT donation tin was also given to GM via MC for any offer of donations for replacement batteries in the future. Update / review for summer meeting July.
- e) **Use of technical language** – Volunteers have now come forward via RG to attend junior doctors training sessions to feedback on their experiences. RS arranging dates and times further with Daisy Nirmal MC to be copied in to further communication.

Action RS

4. User Rep Experiences

- a) Anecdotal Feedback – new report produced by RS handed out, this is a cumulative list reporting on trends occurring from anecdotal feedback received by members. *RS post meeting – please all members do feel free to send any feedback experiences you have relating to maternity services. It's amazing how many people maternity services do touch.* Upon the initial numbers, it was highlighted a trend in a higher amount of women having cause for concern over the availability of the Home Birth Service. GM confirmed that the service consists of two midwives 'on call' on site at the NNUH, however if sickness, which has been particularly high recently, occurs then this does suffer. It was discussed that having midwives on call at home during nights doesn't work as it impacts rota's for subsequent days. RG requested that the commissioners OC and KB review this, as following the NICE guidelines recently communicating the home birth is cheaper to trusts, CCGs are in a brilliant position to support the NNUH in providing a more robust Home Birth Service. It was discussed that Birmingham, which is a home birth rate of 8-9%, has a dedicated team of 8 midwives at any point. NNUH still working at 1-31 ratio, and are just not able to provide this. OC & KB confirmed they will raise at the next CH&MS network.

Action OC/KB

- b) Blood Sugar testing - Trends were identified that blood sugar testing in infants was impacting feeding, GM confirmed these tests, which are carried out at 3 hourly intervals, are only done in accordance with NICE guidelines. GM will pass on feedback to midwives to better position these tests to help with these situations.

Action(s) GM

- c) Antenatal Education – Following issues identified around dips in AE, GM advised the MSLC that the new partnership program of Antenatal Education with Sure start Centers and HV teams, lead by HV teams is launching in February. This will replace the existing structure of Antenatal Education. Hopefully reaching out to a wider range of women. Review in summer / winter. RG positioned again to the Commissioners that this would be a great opportunity to support these local initiatives as it was raised that some Sure start centers are unable to host as not enough staff were being made available for it. OC and KB again to take back to CH&M network.

Action OC/KB

- d) MSLC Survey – Final draft of survey was discussed, it was confirmed that a five point rating system was going to be most effective in capturing the dat. This will be reviewed in 2016. It was also noted that the annual Maternity Survey was currently being conducted, where EVERY woman that gives birth during January, February and March will be asked to complete a Survey. RS to obtain results.
 - a. The target is to have 300 responses in the first year.
 - b. It was discussed and agreed that further clarity on question 13 was needed, so an additional operative delivery option will be added at this point.
 - c. RS advised that Surestart centers are happy to take MSLC under their wing with survey distribution and RS to meet on 5th February. The hope is that MSLC will have dedicated space in each center, as well as these centers providing facilities to complete the online survey.
 - d. RS to meet with HV teams to discuss distribution through them, it was also discussed options to distribute via GP clinics as the ultimate time of completion from respondents is 6 weeks postnatally OC / KB have offered CCG support in distribution.

- e. Social network and online presence will be a priority, NNUH website and CCG sites to have links to survey.
 - f. Organic growth and distribution of survey is initial plan due to lack of funds to support administering a wider launch.
- e) Microbiome discussion was carried forward to next meeting due to lack of time. ET notes add that the next Movie Monday screening was of 'Freedom for Birth' which is on Monday the 2nd March at 7pm at the BGT. All welcome.

5. Current Research

Additional time was given to discuss a new research project that is currently seeking funding. The title of the study is 'Efficacy of iron glycine for the treatment of iron deficiency anaemia during pregnancy' presented by MC and HB. The study will be a double blind placebo randomised trial. Selecting 320 women, 80 in each of the three categories of treatment, following their 28 week blood test were identified as anaemic. It was discussed that there were still areas to fine tune, such as when best to contact women, MC emphasised it was to ensure a 'real world' approach, taking consideration of diet and lifestyle change will impact results too. HB handed out invitation to request members to join the study's steering committee. LB volunteers and RS to put the word better out to further recruit. HB also requires further clarification on how results of blood test are communicated in the community. Feedback request sheets to be collected by RS from members and given to HB by the end of February. Can all members read through paper and help with their input.

Action(s) All / RS

ET in absence also advised that the Research midwife team are looking to raise their profile and are hoping to set up a twitter account, but Comms team have put some hurdles in the way. Update next meeting. Be ET also provided updates on current ongoing projects:- *We have currently suspended recruitment on the DAPPA trial as we have some concerns about the ambiguity of the protocol. We are liaising with the R&D dept. about this.

*The 35/39 study is now closed to new recruits. We have several women who may still join the study. If we get one more recruit we will get a silver award for recruitment. *The RESPITE Remifentanyl trial is up & running & has its first recruit. Support from clinical midwives on delivery suite has been overwhelming – staff seem to be looking forward to improving women's choices. *IONA has already hit its 12mth recruitment target despite only going live 7 months ago. *Strider & SALVO are both in set-up. MC clarified to the group the Strider study is working with 19 FMU's across the country with Liverpool leading. Very exciting study looking at the use of this drug in growth restricted babies.

6. MSLC future / relationships with other bodies

RS confirmed to the group that MSLC has now received confirmation of financial support from the local CCG's. This is to fund the bare bones running of the MSLC, meeting hosting and initial administration of the survey. Funding for next year has also been approved along these same lines.

It was also confirmed by SR that Health Watch will also be in a position to support the MSLC in its work financially as well as in the shared users experience forum.

RS, on behalf of the MSLC will be attending the CH&M network regularly to report on MSLC.

Annual work plan draft to be discussed and edited at next meeting, a section within the minutes to remain a regular now will be MSLC work plan.

Action GM/RS

9. NNUH Maternity Services

a) Friends and Family Test results

Due to the timings of the meetings GM advised that review of results is not possible in advance. It was therefore agreed that in future GM will send RS results once reviewed (eg mid-February) to then allow user reps to discuss and formulate any queries for the following meeting. GM also confirmed electronic copies will be forwarded to RS for distribution.

Action GM/RS

b) Maternity Services Statistics

The last quarter's results were viewed, but again due to timing of meetings not trends had previously been identified. GM advised that a cumulative report of the past 6 years, a collection of statistics of the MSLC report has now been produced. Copies to RS for review during user meeting and group to be provided by GM.

Action GM/RS

c) PALS Report

RS advised that legal department are now involved in MSLC obtaining permission for the PALS obstetric report. PALS manager to advise GM/RS within the next week or so.

Action GM/RS

d) Staffing Standards in Midwifery Services

GM advised the MW funded establishment is currently 1:31 (target is 1:28). It was also discussed about birthing trends now some data has come out with an average of 16 births per day over the past six years. The peak months are July/September with the quietest being January. In order of number of births on average, it rates January, then February, November and December together next, then August, June then April and May together, then March, October with July and September being the busiest.

MC added we are one of the top 15 units in the country, and are the busiest out of the 17 in the Eastern Region. The figures annually currently are 5847 births in a year, compared to a peak of 6267 in previous years.

9. A.O.B.

GM advised that results of a recent Quality Assurance Audit gave good with some outstanding features feedback which is very positive.

GM advised that following the great successes with the stage 2 BFI assessment last year, the plans for the stage 3 assessment in May have now been cancelled due to funding issues and the units readiness.

GM advised that the 'Birth Reflection Service' (debrief service) is just about ready to launch. The MSLC looks forward to hearing feedback about its successes.

FH Invited all members to the 'Contemporary Issues in Breastfeeding' study day, open to all, on the 25th March please see attached flyer for ticket information.

Action(s) RS

Next MSLC Meeting:

Tuesday 14th April 2015 at 10:00-12:00
Room 23 off Coltishall Ward