



Norfolk & Norwich Maternity Services Liaison Committee

Minutes of meeting held on Tuesday 14th April 2015

Present

Lisa Brophy.....	(LB)	MSLC Chair
Rachel Graveling	(RG)	MSLC Vice-Chair
Glynis Moore.....	(GM)	Head of Midwifery, NNUH
Elizabeth Turner	(ET)	Research Midwife NNUH
Felicity Hancock.....	(FH)	Breastfeeding Peer Supporter
Ruth Sanders.....	(RSa)	Student Midwife user rep
Karen Dunlop.....	(KD)	MLBU Midwife / Supervisor of Midwives
Sian Verney	(SV)	NCT Antenatal Teacher, NCT Breastfeeding Peer Supporter
Jane Fuller	(JF)	Commissioning NEL CSU Representative
Rebecca Champion	(RC)	Engagement Manager North Norfolk CCG
Jackie Heffer-Cooke	(JHC)	Service User Representative
Catherine Locke.....	(CL)	Delivery Suite Manager
Jeremy Corfe	(JC)	Lead Consultant Obstetric Anaesthetist
Rachel Scarff	(RS)	MSLC Co-ordinator

1. Apologies for absence

Martin Cameron	(MC)	Clinical Director of Obstetrics, NNUH
Sam Revill.....	(SR)	Research Analyst Health Watch Norfolk
Joanne Gale	(JG)	NCT Chair / Breastfeeding Peer Supporter
Patricia Hagan	(PH)	Great Yarmouth CCG Representative
Wendy Simpson.....	(WS)	NCH Health Visiting Team Leader North

2. Minutes of Last Meeting

The minutes of the last meeting held on 13th January 2015 were amended to show Catherine Locke's apologies and were then approved.

Action(s) RS

3. Matters Arising

- a) **Maternity Guidelines Committee** – following the departure of RG from this committee, new process of involving the MSLC as a whole for user feedback to be implemented, RS working on process with PDM team going forward. GM to find out program of reviews for the next year for us to add to our work plan and allow for a wide array of user feedback. It was also agreed how important the agenda of the MGC was to the MSLC
Action(s) GM / RS
- b) **Birth partners staying overnight** – The final tweaks to the information leaflet and process are now being completed with the final draft to be sent to RS for MSLC in due course. GM advised that PPPG need to approve before final sign off. Launch will be via Website and App. GM confirmed it will be both Cley and Blakeney Wards in this process. Although hesitant, this has been adopted in other Maternity units with positive feedback.
Action(s) GM
- c) **Website / Social media update** – ET advised delays still being experienced but the content is finished for the website, just waiting for the 'go live date' RS raised concerns over outdated 'Delivery Suite Tour' that is still publically available on the website. GM invited user reps to have a short tour of the Delivery Suite after the meeting. New pictures will be taken and content written to promote it.
Action(s) GM / ET
- d) **Alternative Pain Relief** – TENS machine library seems successful with many Midwives reporting positively. Look possibly into increasing scope for more 'library' services such as electric candles for soft lighting, more TENS machines and other alternatives, for both Delivery Suite and MLBU.

- e) **CCG input into Home Birth Service** – RC to speak with Oliver Cruickshank and hopes to potentially discuss this at next Child Health and Maternity Service Network which is the first Thursday of each month.

Action(s) RC

- f) **Microbiome diversity** – MSLC reported increased user awareness of the potential positive links to the way babies are born and the creation of their gut flora, as such more are starting to ask for actions such as vaginal swabbing in section births. RS to send to MSLC the short to give a little insight. GM to take to directorate to see if a guideline will be in place. Will update next meeting.

Action(s) RS/GM

4. User Rep Experiences

- a) **Anecdotal Feedback** – examples given of postnatal ward feedback, CRL dating still proving to be a cause for concern with women, and level of communication, disempowering women. Better discussion around dates and EDD is needed.
- b) **MLBU access** – women feeling they've 'failed' if they don't get to use the MLBU, GM confirmed that historically an extended MLBU in the delivery suite was trialed but it didn't work. Delivery Suite refurbishment was discussed and it was found that not many user reps had visited. GM invited user reps for a tour after the meeting. Write up of the tour is in Appendix 1.
- c) **Triage** – following feedback received of women not feeling as supported during early labour, and the location of triage itself with women having to labour for a number of hours in some cases in the waiting room a number of options were discussed. Birthing mats were requested, but these would not be suitable in the waiting room, however more birthing technique posters in there could be beneficial. GM also advised that in normal circumstances women receive triage care in a room itself.
- I. It was discussed that a triage away from the delivery suite would work well, but not possible as no room. This led to a discussion about options of utilizing community teams bases, of which some still do not have a fixed based at all. This could be a future option for triage.
 - II. With reference to support of women in early labour, Karen Dunlop advised that she is creating a working group for the 'face of labour' doing research on the latent phase of labour and the use of language. RS to be included in plans when they start to unfold.

Action KD/RS

5. Current Research

Remifentanyl - User feedback had been received about the impacts of Remifentanyl and the MSLC received clarification that the study being carried out, isn't on the use of the drug, just its efficacy in preventing use further down the line of epidural. Jeremy Corfe confirmed that Remi had been used since 2005 as routine as an alternative for epidural for patients who have clotting abnormalities or back surgery. JC confirmed that the use requires mandatory continuous midwifery presence and also continuous monitoring of blood gasses / O2 as it's a strong opiate. The use of Remi is part of midwives mandatory training in analgesia. Feedback was also given about the use of language by medical staff when talking about the drug, as some terminology which can be considered friendly, can be negatively impactful to others. JC to feedback to team.

6. MSLC CCG / CSU / HW

GM advised MSLC that HW conducted an 'enter and view' exercise in February with all three Norfolk Maternity departments and produced a report on their findings. The report is to be copied to RS for user knowledge. GM advised the findings were positive overall, but HW highlighted some areas for improvement of which the MSLC may be able to help with. These included improving the layout of the Antenatal clinic waiting area, the length of time for waiting was noted and suggestions of a 'time left to wait' type board like other clinical areas have could be adopted. HW suggested the use of the TV screens to provide more information to services users, GM advised that each 'advert' on the TV screens costs £780, so this option is not cost effective. But other options could be looked at for some quick wins. It was also noted that there was not much in the way of information in other languages for those where English is not their first. RS confirmed this had been discussed on a national basis recently with an NCT lead event, RS to hopefully help with suggestions on rectifying this. HW have congratulated the department in other areas, and acknowledging their visit was only a snapshot stated "*Women had positive things to say about the whole team notably about midwives and but also the doctors and support staff such as reception staff, Midwifery support workers etc. Women said that all the midwives they had encountered had been knowledgeable, reassuring and acted with warmth and*

consideration. Partners and family members said they had felt included in discussions and decisions and spoke well of all team members caring for the patients. Following receipt of the report, any suggestions by the user reps will be brought to the next MSLC meeting.

RS confirmed that the working relationship between commissioners and the MSLC was much more positive and productive, following a 'getting to know you' meeting in March, further plans to enhance the working relationship between MSLC and the commissioners are being made and the future is looking very bright. RS did note that the payment of the funding for MSLC, which was agreed in December had still not been paid. RC confirmed she will chase.

Action RC

Jane Fuller and RC confirmed that maternity is now much more on the agenda within the acute commissioning world and they hope for MSLC to attend the next CH&M N.

Action RC/RS

7. NNUH Maternity Services

- a) **Friends and Family Test** – Results to be provided to RS for user rep review
- b) **Maternity Services Statistics** – To be provided to user reps after IT systems go live
- c) **PALS Report** - RS advised legalities of obstetrics reports is still ongoing, update next meeting.
- d) **Staffing Standards in Midwifery Service** – GM advised that NICE Guidelines have state to no longer use Birth-rate plus but to use another process, the new process is a little more long winded, Midwives are now being held to the 'red flag system' that Nurses do.

Action GM/RS

8. A.O.B.

Skin to Skin infographic – The committee was able to view the new skin to skin infographic that was created by ET in collaboration with another midwife. It is an online version currently that provides mothers the information to empower them to get the skin to skin with their baby which can benefit both so much. GM is to look to distribute, printable copies to also possibly be provided.

Action GM/RS

Birth Reflections Service – This has now launched and the members to join the MSLC for regular input GM to provide RS with contact details.

Action(s) GM

GM advised that the SCN for M&N will be setting the standards at their next meeting following the Kirkup report.

GM advised the new Maternity IT systems due to launch on the 21st April and to expect lots of training, the community midwives will still be paper based as they do not have the IT infrastructure.

GM also confirmed that they are purchasing some new hand held ultra sound scanners to reduce poor outcomes of undiagnosed breech babies.

Next MSLC Meeting:

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

Attached is Appendix 1

Appendix 1

Post meeting

After the meeting GM escorted some of the user reps around the Delivery Suite for a tour as none had seen it since the refurbishment. Those in attendance were LB, RG, RS, JHC and SV.

It was noted that it was bright and airy, the cards and pictures made the main area look welcoming. The waiting area in Delivery suite is roomier than before, and brighter. SV suggested some birthing position and breathing technique posters could be beneficial in there, as the MSLC received many reports that in busy periods some women spend a few hours in early labour there. RS is to collect ideas and provide at next meeting.

Action RS

GM took members to see a few of the 15 rooms on Delivery Suite, as some were in use, we were limited, but were able to view a few of the large rooms at the far end. These four rooms were large, bright and airy. They had beech effect cupboards and wardrobes and sofa beds in, this along with bright artwork gave a real homely feel. Although none of these rooms had birthing pools, and the financial implications of installing such things would be quite high, it was discussed about the scope of other birth aids such as the birthing frame, which could be used and stored quite easily in these four rooms, and even possibly brought into the other smaller rooms for their specific use. Further discussion and suggestions of birthing aids that can be used in the delivery suite to allow women access to as many labouring options as possible will be had with the user reps meeting and presented next MSLC meeting.