



Norfolk & Norwich Maternity Services Liaison Committee

Minutes of meeting held on Tuesday 14th October 2014

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
Elizabeth Turner.....	(ET)	Research Midwife NNUH
Ruth Sanders.....	(RSa)	Student Midwife user rep
Kathy Lamb.....	(KL)	Student Midwife user rep
Joanne Gale.....	(JG)	NCT Breastfeeding Peer Supporter
Sian Verney	(SV)	NCT Antenatal Teacher, NCT Breastfeeding Peer Supporter
Katie Mortlock.....	(KM)	Student Supervisor of Midwives
Annabel Trick.....	(AT)	Family Nurse, Norfolk Community Health & Care NHS Trust
Jane Fuller	(JF)	Commissioning NEL CSU Representative
Catherine Lock.....	(CL)	Delivery Suite Co-ordinator
Venetia Strangeways-Booth.....	(VS)	NCT Antenatal Teacher
Felicity Hancock.....	(FH)	Breastfeeding Peer Supporter
Julie Mansfield	(JM)	Supervisor of Midwives
Rachel Scarff	(RS)	MSLC Co-ordinator

1. Apologies for absence

Gemma Page.....	(GP)	NCT Branch Co-ordinator
Wendy Simpson.....	(WS)	Community Children's Services North Team Leader HV
Lorna Hughes	(LH)	Community Children's Services South HV Team Leader
Laura McCartney-Gray	(LM)	Engagement Manager Norwich CCG
Luisa Lyons.....	(LL)	Infant Feeding Coordinator

2. Minutes of Last Meeting

The minutes of the last meeting held on 15th July 2014 were read and approved with the following amendment:-

ET – in relation to discussion mentioned in appendix 1 - would like to add that I (ET) did ask how many women have given that sort of feedback. RG replied 'well over 100' & I stated that I felt as a committee we needed to use quantifiable data rather than terms such as 'significant' or 'lots'. If we want to be a powerful force for change then we need quantitative not just qualitative data from MSLC.

3. Matters Arising

Action(s) RS

- a) **Leaflets** – Investigation into a process for feedback on patient information leaflets, RG confirmed that no further feedback received from Maternity Guidelines Committee, meeting on 19th November will provide some more information.
- b) **Friends and Family Test** - GM gave feedback so far, in summary, on Friends and Family test: July, August and September. Antenatal improvement seen across the quarter, and Maternity overall sitting at 83%, Delivery Suite dropped from 98% to 83% during the quarter. This is based on around 70-100 respondents. MLBU stats skewed due to only 2-3 individuals reporting. But these were very

- positive. Community improved from 81% - 86% and postnatally a dip from 91% to 82% satisfaction.
- c) **Fathers/Partners staying overnight** – GM confirmed that the postnatal ward sister is taking the lead with this. Due to holiday, GM has not yet reviewed process and guidelines not written. GM to chase/update ready for next meeting. *Post meeting note: hoping to get draft to user group for 26th November*
Action(s) GM
 - d) **Website / Social media update** – ET advised planned launch was September now December for new sites, MSLC presence to be updated.
Action(s) RS
 - e) **Alternative Pain Relief** – JM advised women in early labour who require pain relief are currently being offered Codeine, MLBU has a couple of TENS that are lent out, but Cley doesn't. RS advised NCT are not able to purchase and donate TENS to hospital. JM to investigate potential charities who could donate, plus relationship with national companies. GM to investigate if money can change hands for supplies. Cley ward main priority as MLBU has two already. Also JM looking further into use of Aromatherapy as some midwives now trained.
 - f) **Use of technical language** – Following concerns raised by user reps, MC invited user reps to attend junior doctor training sessions run generally on Fridays as the message would be more powerful with a 'live' example of feedback. KM added that some users may find it therapeutic to feedback following a not so positive experience. Aim of January for first sessions, maybe a regular annual focus. RG to gather list of volunteers. Additional discussion arose around feedback gathering methods. This has been noted with the user rep experiences.

4. User Rep Experiences

A discussion on what feedback data was currently collected, MC advised he has been tasked with heading a CQC used structure for complaints, PALS and service user feedback. MC highlighted that something quantifiable for user feedback, such as an online can be effective. It was stressed that the independent nature of MSLC, and its historical success for gathering valuable anecdotal feedback should not be overlooked. Agreed that as well the development of the online MSLC survey the data collected from face to face/anecdotal service user feedback will be collected and reported on in a quantifiable manor to ensure that any trends that appear have evidence to support.

Action(s) RS

RG went through some recent feedback from services users, including good work on MLBU and the Peer Supporters within postnatal wards. Some negative feedback was provided relating to information provided around VBAC, Induction and issues around dating scan changes in EDD. All services users can contact the on call SOM to help get a better understanding of what is going on if they are not happy at the time.

Online Survey, RS to investigate incorporating an element of propensity of recommendation (NPS) to the service user feedback questionnaire, or combining the two to create a wider field of answer from 5 points to 10.

All suggestions of changes to be sent via email to RS by the revised date of 14th November.

The online Survey draft will be completed for next meeting ready to go live in January 2015. This is subject to the acceptance by CCG's to provide MSLC with an exclusive license to protect the data that will be collected. Results of Network will be available by mid-November hopefully.

Action(s) All

5. Current Research

ET advised a new study starting soon to complement labour care offering a product called Remifentanil which is a Patient Controlled Analgesia (PCA). This will be a year-long trial where eligible women will be given this instead of, in situations where they would have had, Pethidine. Studies have shown that 30% of women who have Pethidine go on to have epidural, where only 10% who have Remifentanil do the same. This will be around 1 woman per week.

Existing studies are still ongoing and visits and plans surrounding other areas such as Non-invasive Pre Natal testing are also continuing.

6. Engaging CCGs

JF advised that following a lull in engagement from CCG's, Maternity Services are now progressing further up the agenda. The committee were updated with how the relationship between the MSLC, hospital CCG and CSU all works.

RS is to create Annual report, Annual plan, Budget and paper for the CCG's to try to access better funding and support of the CCGs for the MSLC as a useful independent advisory group to help the CCG commission Maternity Services. This will be presented at the Child Health and Maternity Services Network meeting on the 6th November. Hopefully this will result in some additional funding and support for the MSLC to help follow through on plans such as the online survey and successfully hosting future meetings.

Action(s) RS

7. Update on entry criteria for MLBU

GM confirmed the entry criteria has not been formally reviewed however borderline cases are being considered in proposals. JM confirmed. It was also confirmed that previous PPH is a criteria that excludes entry to MLBU. GM stressed that they need to ensure that the MLBU is not medicalised and needs to prevent it from being so. IVF babies date change was given as an example of someone not meeting entry criteria. The committee discussed Crown Rump Length (CRL) dating. MC advised that it is national recommendation to use CRL.

8. MLBU Feedback

It was confirmed to the committee that labour support frames were discounted for the birthing rooms due to size limitations. JM advised, however, that they were in the process of introducing aromatherapy and intend for this to be launched in the next six months possibly, subject to finding further support from another body due to the cost limitations on this. Other Trusts have demonstrated the success of this as a birth support.

9. NNUH Maternity Services

a) Maternity Services Statistics

The Maternity Statistics were discussed and viewed. Discussion around forceps use vs Vacuum. It was confirmed that the decision between the two types are around aspects such as clinical presentation as well as an obstetrician's own experience with the equipment. These statistics of increased assisted deliveries should be compared with the drop in Caesarean section rates.

An increase in induction rates as well as operative deliveries are attributed to increasing obesity rates, aging population and generally more complicated cases governed by national guidance for interventions.

b) PALS Report

Not available at the time of the meeting – *Co-ordinator to trace source*

c) Staffing Standards in Midwifery Services

GM advised that ratio is now calculated on a rolling annual birth figure to hopefully follow seasonal trends. Currently MW funded establishment is 1:31, the ratio including both MW and MCA band 3 is 1:29.5. Students not in posts – GM advised that next year's intake has been reduced to facilitate NQs gaining a post for the relevant number of hours they require. GM also advised that all students now have hours to suit their needs.

9. A.O.B.

ET advised that a screening of Microbirth will be shown on the 3rd November. RS will circulate an invite to all members.

Action(s) RS

Next MSLC Meeting:

Tuesday 13th January 2015 at 10:00-12:00
Room 23 off Coltishall Ward