MATERNITY VOICES PARTNERSHIP (KING'S LYNN AND WISBECH)

Meeting held on: 19th June 2018, 10:00 at Vancouver Childrens Centre, King's Lynn, PE30 4SR

Present:

Jo Maule	(JM)	Chair (Community Action Norfolk)
Tasha Higgins	(TH)	Support Officer (Community Action Norfolk)
Kat Whitmore	(KW)	West Norfolk NCT (Chair) and User Rep
Orly Lyndon – Brown	(OLB)	Service User, NCT & Breast Feeding Counsellor
Emma King	(EK)	Service User & NCT
Michelle Walker	(MW)	Co-production and Service User Lead
Hayley Barnes	(HB)	Matron for Maternity, QEH
Lesley Deacon	(LD)	Divisional Director / Head of Midwifery & Nursing, QEH
Emma Harrison	(EH)	Patient Experience and Public Involvement Lead, QEH

Apologies received from:

Debbie Bassett	(DB)	Local Maternity System Programme Manager
Helen Meehan	(HM)	Lecturer in Midwifery, UEA
Sarah Jane Ward	(SJW)	Director of Nursing & Quality Assurance, West Norfolk CCG
Helen Parriss	(HP)	Team Lead, Physiotherapist Rehabilitation Services, QEH
Kathryn Owens	(KO)	Lead Midwife for the Midwifery Led Pathway, QEH
Jo Howling	(JH)	Senior Maternity Support Worker, QEH
Tefo Mokate	(TM)	Consultant, QEH
Catherine Weatherill	(CW)	Waterlily Manager & Professional Midwifery Advocate, QEH
Cath McWalter	(CM)	Commissioning Manager, West Norfolk CCG
Tracey Andrews	(TA)	Children's Centre Improvement Officer
Laura Anderson	(LA)	NCT & User Rep
Briony Polz	(BP)	Service User

1. Welcome

The meeting starts at 10:15 to allow those present 15 minutes to network and to look at the papers circulated between meetings. JM welcomes everyone to the meeting, delivers the apologies and leads introductions.

The minutes of the meeting held on 18th Apr 2018 were agreed as an accurate record and there were no declarations of interest.

JM asks the group if they have any questions on any of the papers circulated. OLB asks whether the dark border on the draft QEH website screenshots is the border that will be on the final website, suggesting that Waterlily colours would be more inviting, but is happy with the wording itself. LD confirms that this is not the final border, which will be white, instead it is the outline from the software pages used to build the website. The website will hopefully have profiles of all senior staff, consultants, community teams and Band 7's with their specialities, as well as an overview of each of the main areas - Waterlily, Delivery Suite, Castle acre Ward, antenatal. Also planning a video with a welcome to QEH from LD highlighting values etc, followed by a virtual tour of QEH's maternity facilities. Also on the website will be all patient leaflets, electronic self-referral to maternity services and patient feedback mechanism. Still working out the detail of this mechanism i.e. who receives this, especially where someone has had an issue and need to be very responsive. EH: Also considering options for providing feedback e.g. some may want to provide anonymously others through PALS.

LD is happy for Jade Myhill, who is developing the website, to come to the MVP's next meeting and present the website before it is launched. The group agreed to invite Jade Myhill to the next meeting and supported all of the website developments outlined by LD.

TH to invite Jade Myhill to the MVP's next meeting and ensure a laptop is available. **ACTION TH**

2. Update from Chair

JM: There is a lot of work going on across Norfolk & Waveney in terms of developing maternity services through the Local Maternity System (LMS), which meets on a monthly basis. DB has sent her apologies and key updates provided will be circulated with the minutes.

LD: Each of the LMS workstreams is led by one of the Heads of Midwifery from Norfolk's 3 hospitals, with each hospital linking into other workstreams through a representative e.g. HB goes to James Paget to make sure that QEH voice is heard. At QEH aware that also look after women from Cambridgeshire and Lincolnshire and its quite important that we are not forgotten when they make decisions, which could impact us quite significantly and perhaps further down the line on NNUH and James Paget.

Regarding LD's workstreams (Continuity of Care & Personalised Care) now meeting regularly to look at how we are going to merge guidelines and make sure we have the same pathways etc. Service users are welcome to attend these meetings to make sure that when developing these ideas people who have used / are using the service have input. EK comments that she is hoping to attend and on a previous occasion was unable to find a parking space. LD suggests that details of her PA are shared with EK so that parking scratch cards can be provided etc.

TH to share details with EK and other service users. **ACTION TH**

KW asks about service users presenting their patient stories. LD: Really keen to have patient stories shared with QEH boards as it is really powerful for those staff in the room to hear from a different perspective. Anyone doing this will be supported by a member of staff who can prompt any points women wanted to say and also meet with them beforehand. LD suggests contacting Hannah Barker (her PA), or for the Trust Board EH, with service users to contact TH if interested in sharing their story.

JM asks for any comments on a draft partners staying in ward leaflet for the hospital. HB: Already aware that it flips between fathers, partners and companions and need to be consistent throughout as could be anyone supporting the women. LD: There will be a line at the beginning defining what 'companions' means in this leaflet. KW: The last paragraph, 'The partner's role', is in a different context to the previous paragraphs which are talking to the mum whereas this paragraph is talking to the partner. HB: There will be something for people to sign. LD: From a legal point of view being able to have a really strict criteria of behavior gives the ability to uphold some of this behavior if needed. OLB: Also maintains a professional atmosphere and provides women with boundaries.

HB: Want to have a bay for those who don't want or do not have 'companions'. LD: May find this is not needed but will always give the option. EK asks if any consideration is being given to those with learning difficulties, impairments, English as second language etc. HB: Women with any additional support needs are identified in the antenatal period as they will need additional support for a wide range of information, the learning difficulties team will do visual translations etc. LD: First stage is to get the information right and then we will ensure it is accessible to different groups. MW: Timings in 'Safety conditions' are not consistent. LD: Understand that we need to be very clear what time we close and open ward, which is being discussed.

JM: Leaflet doesn't feel very welcoming, could something be added at the start saying, 'we want to welcome companions because we know how beneficial this extra support is but for us to do so it has to be done safely and in the best interests of everyone'?

TH to send MVP comments on leaflet and ask for final draft to be shared. **ACTION TH**

HB confirms that funding has been given from League of Friends for 10 recliner chairs, which have been ordered. A couple will be on delivery suite and others will be moved where needed. In connection with this currently in process of reviewing best place for induction of labour.

JM asks for comments on a draft c-section consent form which has a lot more information than the current form used. LD: This will be used in elective scenarios or where we know women are going down an emergency c-section route to give women the opportunity to understand the procedure. JM suggests there

should be something different for emergencies. KW asks if this can also be shared with women afterwards. HB agrees that for women who have emergency section would be useful to have information afterwards. Women are expected to read this fully and ideally given in antenatal period to allow women to take home before signing in pre assessment. EK: Reading this beforehand will make women realise how serious this operation is and help to dispel myths. HB: It is about fully informed consent. MW: Need time to discuss this with your partner or companion. OLB asks whether this could be part of a pre caesarian information pack because we see medicalised birth as a safe birth and don't think about the implications of surgery which has become very normalised. Highlighting what c-section actually means, the implications before and after and a postnatal timeline of healing and recovery would help with expectations and change perceptions. This could be part of a birth pack with partners staying leaflet etc and the information could also be available as part of website leaflets using some of the detail in this form. HB: As well as a consent form it is a service user information leaflet. MW asks whether c-sections are discussed at antenatal classes. OLB: They are, and detailed role play scenarios are carried out therefore any information developed would be really useful.

All agreed that the images used are good and overall the language is very good. JM: There are a few references that could be explained more to make sure people know what they are e.g. catheter, cannular. Data protection reference needs to be updated. It could be clearer who is signing which section for example at top saying this is for a health professional. LD: Unlikely to be signing this without presence of professional but can look at this. HB: You are signing confirmation of consent for procedure but also that you have understood the information and women may not have had the opportunity to read this, therefore may need to just be consent for procedure. EH: Also need to be consistent in partners/companions wording as discussed earlier.

JM gives the following updates from the Delivery Suite Clinical Forum:

- Staffing changes due to a mix of sickness, retirement, people moving on and restructuring but lots of recruitment activity.
- Infant Feeding Support in the hospital is now embedded with support sessions every morning for women who are bottle and breast feeding. This is really good as this is something the MVP has discussed before.
- Review of all still births will be happening as standard to identify learning.
- BadgerNet notes not showing women as much detail as hoped, which is being addressed.
- Need to help raise awareness of the hospital's self-medicating approach, where women are asked to bring in their own paracetamol and ibuprofen which is kept in a locked locker. LD: Would be useful to get a sense whether people feel this is a challenge and what communication do we need to get to women to encourage them to do this. This is about enabling and empowering women to control their pain relief. Also need to plan ahead for how much they can buy over the counter and make sure that they have enough in time. EK asks if this is on the list of things to pack for hospital.

TH to check this approach is included on list of things to pack for hospital. **ACTION TH**

JM: Norwich MVP now have their new chair and support officer in place and are starting to develop their plans. Their 'Big 5' issues are:

- Continuity of Carer
- Accessibility and Choice
- Better Measured Outcomes
- Resources Fit For Purpose and Fundraising
- Better Emotional and Physical Support for Service Users and for Service Providers

They are exploring how to reach out to new service user groups and trying new ways of capturing feedback e.g. using video.

JM: The FFT report is now pulling out feedback from the Post Dates Clinic, which is very positive. EK adds that she has heard really good things about this clinic. OLB comments that this is a really good clinic and asks about the criteria. LD: Really important that when you introduce something new you keep the criteria as narrow as possible to get it going and prove its effectiveness, then you can expand but need to manage expectations and consider individual planning.

EH: If there are any other areas that MVP want to pull out in FFT happy to do this, such as hypnobirthing which is now available as an outpatient survey. JM: Will be having conversations with EH and others about coordinating our Maternity Voices survey with the FFT so they complement each other.

TH to suggest future FFT feedback focus areas and schedule meeting regarding survey overlap.
ACTION TH

LD asks if a future Deep Dive could look at the survey question areas within the National Maternity Survey and developing action plan of what we need to focus on or what is important to the MVP in each area ready for next year. EH will send the problem areas chart to TH with an explanation and any other relevant data.

TH to schedule Deep Dive on National Maternity Survey. EH to send information to TH. **ACTION TH/EH**

JM highlights a recent disability and maternity report by Birthrights where a quarter of those surveyed felt they were treated less favourably because of their disability, and 56% felt that health care providers did not have appropriate attitudes to disability. Therefore, it might be worth in future having a discussion around this.

JM draws attention to the draft MVP Terms of Reference circulated which incorporates the group's previous Terms of Reference and new national guidance around MVP's. These will be approved at the next meeting. Important additions are what we expect from our health partners, 3.2, and also that we would encourage a service user vice chair under the current funding arrangement, 4.2, which would enable them not to have the responsibility of doing minutes, organising venue, papers etc., but supporting the MVP in increasing engagement with service users and communicating their feedback. LD suggests that it would be good to have a named substitute if Sarah Jane Ward or Cath McWalter from WNCCG cannot attend as terms states that MVP 'advises' CCG on service user views and can't do this if they are not in the room. HB asks for definition of 'PND specialist' under Associate / additional members'.

TH to circulate a feedback deadline for Terms of Reference, so amendments can be made before the next meeting, and promote vice chair position. LD to provide feedback. **ACTION TH & LD**

JM draws attention to the draft Annual Feedback Report and Annual Report for 2017/18. These are to be approved at the next meeting and any comments are requested before then. Due to the nature of some of the feedback gathered and the potential for individuals to be identifiable, the Annual Feedback Report is for MVP members only and not for public distribution. Relevant feedback extracts will be included in the annual report.

TH to circulate a draft of the Annual Report by email once it is completed and ask if there are any priorities or issues members want to pursue over the next year and set feedback deadline. LD to provide summary of developments over the last year, any elements of change that team want to happen and once signed off will share in departmental meeting.

3. Update from Maternity Department

LD informs that the Band 7 consultation held last year left 8 midwifery staff vacancies in bands below, a very low vacancy rate, with staff stepping up to fill the new Band 7 posts. These will shortly be fully recruited, and the Trust will overrecruit if suitable candidates apply.

Outpatient induction of labour being looked at as well as enhanced recovery, where we will plan antenatally for women to go home within 12 to 24 hours of having a caesarean section with plans out in place pre-delivery to ensure extra support system at home.

Along with website are developing a social media strategy, Facebook and Twitter, and need to think about how MVP can link into this and how QEH can support MVP messages, which Jade Myhill can also talk about at the next meeting.

At beginning of May 2018 CQC did full inspection of QEH and they are currently visiting to do the "Well Led" element of their inspection. Will share with MVP developments as a result of this for the early pregnancy

pathway, the area where early pregnancy services are currently being offered and the movement of the bereavement room off the midwifery-led area. There has been further feedback around referral to hospital, (such as BadgerNet, behaviour) and attitude and culture of the unit. When the final report is received will share much more detailed information about the feedback received.

OLB: Would be really interested to discuss early pregnancy pathway and anything could do in classes to help with expectations locally or share in antenatal sessions. MW: Can share information on Pathway to Parenting.

4. Deep Dive: Continuity of Carer (LMS Workstream)

JM introduces the deep dive and continuity of carer workstream, one of the Local Maternity System workstreams, highlighting the briefing note produced by TH. Countywide there has been some survey work going on asking staff and service users their opinions on continuity of carer models and we have shared their initial report. JM asks LD to provide an update on QEH's pilot model. LD: The current target from NHS England is that by end of March 2019 20% of women are booked onto a continuity type model throughout their antenatal, labour and postnatal care. Have had lots of discussions with our staff and the important thing is that the model will continue to develop and grow. As you know we set up the Midwifery Led Pathway with the home birth service and staff on call and so the discussion is that now instead of having one on call for whole community there will be one per team. This means each team will start delivering home births, factor elective caesarean sections into their working day and in general be more flexible. Overall, the pilot is expanding what we are already doing to get more women into 'continuity of care', defined as a women sees the same midwife on at least three antenatal appointments, at birth and at least two postnatal appointments.

NNUH are focussing their pilot on high risk diabetic women, QEH on low risk pregnancies and James Paget on vulnerable women and smokers. Each hospital will develop different continuity of carer models. At QEH we do a significant amount of care for women who don't have their baby at QEH but use antenatal and postnatal care. To support their continuity of care we will look at creating an 'out of area' team to look after women who aren't having their baby at QEH, enabling all other midwives to be focused on giving full continuity. MW & OLB acknowledged the logistical challenges of staff related to Norfolk's geography. HB: Fantastic when it works but have to be incredibly flexible as a midwife to work these kind of shifts and challenge is whether workforce are prepared to change shift patterns and to make sure staff do not 'burn out' mentally and physically.

JM reflects that majority of staff said they won't directly consider these models and response rate for West Norfolk is not high. LD: Unfortunately, that is a real disappointment as our voice isn't necessarily going to be heard now but will have a model that's right for QEH. Importantly, there has also been quite a big response from service users that questions if continuity of care is realistic.

5. Any Other Updates

HB informs that she is going on secondment in September for a year and therefore may not attend any further meetings but hopes to come back to QEH.

6. Future Meetings

JM asks the group for their thoughts on location and venue of meeting going forward considering trial of last two daytime meetings at Children's Centre. HB: This is a better venue for service user engagement. OLB: Daytimes work great for me. Those present agreed that this was a much more welcoming venue and that discussion should be around timings of the meeting.

TH to gather feedback from those who have sent apologies, contact venue to clarify availability and schedule future meetings at various timings. **ACTION TH**

LD: Important to consider how we get feedback from across MVP area and how do we feed this into a bigger committee and reduce commitment for a small number of service users.