

CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Minutes and Actions from Rosie Maternity Voices on Tuesday 13th March 2018 at 11:00 in Room 12, Clinical School

Attendees: **Jess Slender Vice-Chair and Service User**
Rachel James, Chair and Service User
Anna Shasha – Head of Midwifery
Rosy Jordan – Patient Experience Midwife
Anna Richardson – User Rep and Doula
Julie Taylor-Robertson, Matron
Rebecca Peckham, Cambridgeshire SANDS
Harriet Hunt, Treasurer and Service User
Liz Phillips, CCG
Ellen Dyer, Service User and Sonographer
Judith Green, Sister, Lady Mary Ward
Becky Parsons, Service User
Annamaria Nagy, Service User
Catie Lichten, Service User
Candice Lattimore, NCT
Caroline Zwierzchowska-Fod, Doula
Catherine Groom Horsewood, Service User

In Attendance: Linda Ambrose (Minutes/Actions)

Minutes

Ref	Type	Area	Detail
1	Minute	Welcome, Introductions, Conflict of Interest, Minutes, Actions	<ul style="list-style-type: none"> Minutes of the last meeting January 2018 not yet passed, Anna Shasha to confirm the stillbirth rate (quoted in the minutes as 11.31%) Action: AS
2	Minute	Actions from last minutes:	<ul style="list-style-type: none"> See the Action Log on pg5-6
3	Minute	Better Births: Continuity of Carer	<p>Liz Phillips, Better Births Manager, CCG</p> <ul style="list-style-type: none"> Beginning in 2016, BB is 5 year programme to improve maternity choice and safety. Working together to improve services over 2 different providers and 3 hospitals (Rosie, Hinchingsbrooke & Peterborough). The Local Maternity Systems (Better Births) Steering Group was established a year ago. Meetings are held monthly and RJames, Chair of Rosie Maternity Voices attends. BB reports to NHS England and has been granted some funding. Better Births website and social media launched. https://www.cambridgeshireandpeterboroughccg.nhs.uk/your-health-and-services/better-births/ Various workstreams underway including continuity of care, choice and personalisation, prevention of stillbirths, smoking cessation, perinatal mental health and policies, procedures and workforce training and development. Service users invited to join workstreams. Liz will provide her PPT slides to share with RMV members.

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			<p>Anna Shasha, HOM, leading the Better Births Continuity of Carer workstream</p> <ul style="list-style-type: none"> • Continuity of Carer is a huge project to undertake and a challenge at all Trusts. • AS attending Study Day on Wednesday 28/3/18 where RCM and NHS England will be speaking. National discussion by HOMs whether consistency of care is more appropriate than continuity of care. • Staff questionnaire piloted at James Paget Hospital. Questionnaire covered what continuity of care means to them and asks for suggestions and ideas to meet criteria. Have asked permission to use this questionnaire at the Rosie. • There is proven evidence that continuity of care promotes better infant feeding, bonding, reduces premature labour and stillbirth. • Improvement in continuity of care antenatally and postnatally is possible but intrapartum continuity of care will be the most challenging. • Necessary to take small steps to gradually improve continuity of care. <p>Julie Taylor-Robertson, Matron</p> <ul style="list-style-type: none"> • Continuity of care is affected by many factors, including that the majority of midwives work part-time due to their own family commitments. Ideas and suggestions on managing family commitments from others always useful; midwives are already experts in juggling work/family commitments already. • To ask midwives to work permanently on call is not feasible; no other member of the organisation is asked to work this way. • To improve continuity of care antenatally various options are being considered, including a centralised booking system and ensuring all appointments are booked with the same midwife, where possible, at the beginning of the pregnancy. • A service user suggested that care could be improved by midwife ensuring woman's previous notes are read prior to appointment. JTR said to do this longer appointments would need to be scheduled; currently only 20 minutes. • Each Community Midwifery team now has a named Obstetric consultant. <p>Rosie Maternity Voices survey results</p> <ul style="list-style-type: none"> • JS talked through survey results from Nov 2017 to March 2018 about continuity of care. In summary: <ul style="list-style-type: none"> ➢ Only 26% are seeing 1-2 midwives ➢ Less than 2.5% having CoC during labour and birth ➢ 29% see a midwife they know postnatally at home ➢ How can pregnancy care be improved? ¼ mention continuity of carer • RMV needs a volunteer to analyse survey results – please contact Jess Slender if available to help. • One service user asked if the survey could include mothers who transfer their care mid-pregnancy. Action: JS to check • LP said Better Births continuity of carer definition means small team of maximum 4 midwives. • Service users and professionals agreed that expectation re continuity of care should be managed from early pregnancy. Action: LP/AS to feed this into CoC workstream • Suggestions to improve continuity include team photos (in the process of being added to website), midwife-named surgeries/children centres. It was noted by a service user that Scarlett Team had given her excellent care.

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Ref	Type	Area	Detail
4	Minute	Service users: key themes, areas of concern:	<p>Tongue Tie Service: Healthwatch announcement that the CCG has pledged to improve the region’s Tongue Tie service as part of its Better Births Programme to offer an equitable service across Huntingdon, Peterborough and Cambridgeshire. This is much needed in Cambridgeshire. RJames will circulate information to volunteers and on social media so service users affected by Tongue Tie can get involved.</p> <p>Long Induction Times:</p> <ul style="list-style-type: none"> Concerns about long inductions lasting 5-7 days, inductions started/stopped/started, women spending too long on Sara Ward in labour with no privacy or pain relief, delays transferring to DU, women feeling scared (that their baby is at risk) and alone, impact on mental health, birth trauma. Better Births talks about ensuring women are as well as they can be going into pregnancy, but they also need to be as well as they can be coming out of pregnancy... prevention and focus on wellbeing really important. RMV survey: Was your actual place of birth the same as your planned place of birth? 42% said No, when we asked why? 1/3 mention induction. (49/153 answers) <p>AS explained a number of points...</p> <ul style="list-style-type: none"> Noted that long induction wait times are a problem in the majority of trusts. prioritising women on the day does cause delay for some. midwives need to be honest with women but of course it is obvious to see why a delay in transferring to DU is upsetting. Possible to have induction and go home, but criteria for this is strict d. Depending on age, co-morbidities, location etc. <p>Priority to start collecting better data, e.g. how long are women spending on Sara Ward before going into labour? How many women are labouring and/or birthing on Sara Ward? How many Outpatient IOL and IOL in RBC are happening? What is the recent IOL rate from Rosie dashboard and report back. Action: AS</p> <p>Rosie dashboard: AS to check with Information Governance whether Rosie Dashboard can be emailed to non-nhs.net accounts as most meeting representatives do not have an nhs.net account. Action: AS</p> <p>Place of Birth Transfer Rates:</p> <ul style="list-style-type: none"> National transfer rate for a primip is 40%. Rosie transfer rates usually around 40% but nearer 50% for last 2 months. Reasons for this increase have been audited and all transfers were appropriate. National transfer rate for multips 9 – 10%. Rosie transfer rates again usually similar except for last 2 months. Again increase has been audited and all transfers found to be appropriate. Transfer rates are checked monthly. <p>Caesarean birth choice & personalisation:</p> <ul style="list-style-type: none"> Unfortunately no Obstetricians were present at meeting. RJames proposed to postpone this topic to the next meeting. Action: AS to invite Jenny Brewster, Jerry Brocklesby and Tracey Christmas. Question received from West Essex MVP: The chair of WE MVP in her NCT role is supporting a woman whose baby is transverse/risk of cord prolapse, told by Rosie obstetrician no caesarean slots available for three weeks because 12 slots lost over Easter, then didn’t call her back as promised. AS explained that staff leave is carefully

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			<p>managed over holiday periods. The caesarean list is always challenging and women are given priority on clinical need. She was aware of the case and believed it had been sorted out. Action: RJames to feedback to WE MVP</p> <p>Outreach: survivors of sexual violence; Women with a family worker; Young parents</p> <ul style="list-style-type: none"> Working with doulas on the 'Birth as a Medium for Change' project, funded by Together for Families by the LA, it's a multi-agency project with Rape Crisis, Women's Aid, CWRC, Children's Centres and a Clinician from the LA. Query about drug testing mothers without consent. Q What is the guidelines on drug testing? A There is a Substance misuse pathway. Consent is taken at the beginning of the pregnancy. Objective of the work will be finding out what's good, not so good and suggestions for improvements from these vulnerable groups. Q Who can we work with in the trust? Any charities, community or voluntary groups? Action: ED to provide email contacts safeguarding team, Specialist mental health midwife. Volunteers needed to help on various ongoing projects and anyone interested please contact Rachel James
5	Minute	The Rosie: any projects, initiatives or ideas for co-design with service users	<p>#WhoseShoes event, Nov 2017:</p> <ul style="list-style-type: none"> Rose Jordan: sorted post-it notes from last Whose Shoes into 5 main themes: language of birth, support in early labour, transfer from RBC to DU, noise on PN ward and birth partner behaviour at night. Filming for virtual tour has finished and filming for early labour is already underway. RJordan to send JS scripts, to look at language being used. Action: RJordan to liaise with JS re. devising a tip sheet re. supporting their partner in labour. Written information is being developed on routine baby screening. Action: RJames to liaise with Katie Robbins again re. RMV volunteers involved in patient leaflet reader panel. Next Whose Shoes will take place in Friday 20th April 3.30 – 6pm. Meeting will focus on birth partners and in particular on fathers. Action: AS to provide paragraph/poster to be sent out by RMV to all members. <p>Monthly Guided Tour of Rosie:</p> <ul style="list-style-type: none"> RMV to attend next tour please. RMV Literature to be placed in clinical areas. Action: ED RMV reference could be added to new PN notes which are currently being updated Action:JTR <p>BFI Stage 3 Assessment:</p> <ul style="list-style-type: none"> Unfortunately Rosie did not pass outright but huge improvements have been made. AN care needs to be improved. BFI will return in 6 months to re-assess.
6	Minute	AOB	<ul style="list-style-type: none"> Agreed bi-monthly meetings to take place from November 18 on alternative Tuesdays/Thursdays. Request from West Essex MVP to know how many of their women birth at Rosie. Action: RJordan RMV Seeking an evidence/data geek volunteer to explore some of the topics, contact JS
7	Minute	Date of next meeting:	Thursday 14 th June. 11am – 1pm in Room 10, Clinical School, Addenbrooke's Hospital

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Actions Open or In Process

Date of Original Log	Type	Area	Action	Owner	Deadline	Comment
17.9.17	Action	Actions from last minutes Rainbow baby stickers	Sticker on red books for subsequent babies - referred to as 'Rainbow Babies'. Agreed that this could be implemented but would have to be Community Midwifery led.	AS	11.6.18	AS speaking to bereavement team.
17.9.17	Action	Actions from last minutes	AS to circulate dashboard	AS	11.6.18	AS to contact Information Governance re. sending dashboard to those without nhs.net
17.9.17	Action	Actions from last minutes	Bereavement team will liaise with Emergency Department re. experiences of women in that department who attend with miscarriage.	JS/Rachel James	11.6.18	JS/Rachel James to email Selina Halsall Crowgey, Bereavement Team.
17.9.17	Action	Actions from last minutes	Funding from ACT – Alex Cavanagh. SJ to contact Alex Cavanagh regarding possible Friends of Rosie funding.	JS	14.6.18	On hold, funding bid to NHSE
11.1.18	Action	Actions from last minutes : Liam Barford: Commercial Relationships	JS and LB to meet to discuss future relationship between RMV and Commercial Development.	JS	14.6.18	Meeting date TBC
11.1.18 & 13.3.18	Action	Patient information Leaflet review	JS/KR to liaise re volunteers for central PIL panel.	Rose Jordan	14.6.18	Names given to Katie Robbins in November 2017. RJ to chase again.
11.1.18	Action	RMV survey data	Volunteers required to analyse feedback	JS	14.6.18	
13.3.18	Action	Invite to Obstetricians	AS to invite Jenny Brewster, Jerry Brockelsby and Tracey Christmas to next RMV meetings.	AS	14.6.18	
13.3.18	Action	Specialist Midwives contact details	ED to provide Rachel James with email contacts of specialist midwives eg mental health, safeguarding.	ED	14.6.18	
13.3.18	Action	Whose Shoes	AS to provide paragraph/poster to be sent out by RMV to all members	AS	ASAP	
13.3.18	Action	Lady Mary Ward	Rose Jordan to liaise with JS re. devising a tip sheet re. birth partners' behaviour when staying overnight.	RJordan/ AS	14.6.18	
13.3.18	Action	Use of Language	Rose Jordan send JS filming scripts, to look at language being used.	RJordan/ AS	14.6.18	

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Date of Original Log	Type	Area	Action	Owner	Deadline	Comment
13.1.18	Action	Postnatal Notes update	JS to send paragraph re RMV to JTR to be included in updated PN notes.	JS	14.6.18	
13.1.18	Action	RMV survey	Service user asked if the survey could include mothers who transfer their care mid-pregnancy.	JS	14.6.18	
13.1.18	Action	Better Births Continuity of Carer workstream	Service users and professionals agreed that expectation re continuity of care should be managed from early pregnancy.	LP	14.6.18	
13.1.18	Action	Induction data	Priority to start collecting better data, e.g. how long are women spending on Sara Ward before going into labour? How many women are labouring and/or birthing on Sara Ward? How many Outpatient IOL and IOL in RBC are happening? What is the recent IOL rate from Rosie dashboard and report back.	AS	14.6.18	
13.1.18	Action	Rosie dashboard	AS to check with Information Governance whether Rosie Dashboard can be emailed to non-nhs.net accounts as most meeting representatives do not have an nhs.net account.	AS	14.6.18	
13.1.18	Action	RMV marketing	RMV Literature to be placed in clinical areas.	ED	14.6.18	