**Milton Keynes Maternity Voices Partnership**

**Tuesday January 24th 2022, 11:00 – 13:00**

**Online via Teams**

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| **Minutes** |
| **Attendees:**Temi Bademosi – Co-chair MK MVPRoxanna Clarke – Co-chair MK MVPTony Baker - LMNS Lead Neonatal NurseCarol R – antenatal and BF support session in MKLiz McGrath – childrens and family centres representativeRos McFadden – IBCLC and mumpod ownerMaxine Taffetani – Chief Exec Healthwatch MKFlo Montague – Service user rep and patient safety partner at MKUHGloria Aldridge – operational manager for perinatal MHAlison Davis – Chair and Non-exec director for MKUH (maternity lead)Sarah Edwards – care co-ordinator for TV&W neonatal ODNEmma Mitchener – Deputy Head of Maternity MKUHLila Ravel – lead midwife for quality improvement and risk managementLeanne Holliday – audit and guideline midwifeMelissa Davies – Head of MaternitySarah Knapp – Michelle Hancock – infant feeding leadAde – Service UserConsent for recordingConfirmation of pervious meeting minutes and no changes, **Updates:****MVP update:****MNVP – plan over the next 6 months without name change**Scoping work for Neonatal workstreams. No change to name until scoping exercise complete. Not currently excluding neonatal and try to be inclusive. LMNS and MVP will consider name changes to MNVP once workplan agreed. Will be attending neonatal workstream and PAG meetings as a minimum where possible. Aim will be to have a neonatal chair/representative with lived experience. **Publicising update – leaflet update and advert inc 360 event feedback**New update to leaflet following feedback on wording. Roller banners, t-shirts, table cloths for events to really stand out. New banners to be placed in MKUH 2 ADAU and antenatal clinic. 360 event raised profile of MVP and we asked for specific feedback on labour ward fresh as well as signing up new volunteer members. 2 more event days booked in.Advert in toddle about magazine to reach more people – launched this month. Advert covers Bedford, Luton and MK.**Support with social media** Still in process as takes a lot of time to manage. Liaising with hospital comms to see what support can be given. Potential to look or service user support but want to ensure this person can be supported due to sensitive nature or comments that can arise. **Workplan and Funding update – co-production document**Aim for draft and agreement by end of Feb to understand the funding for the upcoming year 23/24.Aim to ensure funding is reflective of the work and allows us to complete the work in an effective way.Co-production plan agreed with MKUH – workplan based on current funding as to what work we can commit to and objectives to aim for. Signed off. Shared for information. Melissa – funding issues raised at East of England Strategic Midwifery Advisory Group. Becoming evident for MVP requirement and input which requires funding structures in place to support work. Recognise this is a national issue. To enable true co-production a framework for remuneration is required. Huge opportunities are there to speak to service users and groups to link into but unable to meet the demand within current funding. Aim to link in with children’s centres to start from March. Other MVPS recruited additional roles to support with engagement which MK are exploring. Gloria – previously strong voice from MH partners and if there are ways SU’s under perinatal teams are able to support. There is money within the CNWL trust to pay for service user input. No current projects but able to support with identifying SU’s and remuneration. Main project coming up is addressing Health Inequalities – WISDOM principle to join events. **Extra hours input from co-chairs – accountable to report at each MVP meeting**All in agreement within meeting for this, none against. Significant over time not remunerated being carried out. Action: To ensure accountability will present spend report at each quarterly meeting for oversight.Action: to ensure quorate will propose question to LMNS representatives outside of meeting**Consultation on new women’s and children unit** Initial consultation attended for MVP input. Going forward we have raised the profile to endure MVP input when the SU input is required. **Monthly stats post** Positive feedback from the new look of the post. Will review again in 3 months. SU’s liked the changes, easier to read, better colours and information.**Feedback themes**Information and induction of labour – choiceBeing given information to make informed decision – feel like they are passive in the decision. Induction information given via link to academic review paper – information needs to be accessible and provided in an appropriate way. Not just statistics and risk.Need to understanding how when providing information how does that effect your individual needs and wants, the psychological impact of how information has been given. Challenging and difficult to advocate against medical recommendations. Working closely with the teams at MKUH to establish a way to make improvements. Areas highlighted within recent CQC report. The CQC report doesn’t provide the in-depth information of the experiences that have resulted in the outcomes. MVP will support to explore further. All guidelines are now available online and accessible to service users and tabs links to additional information to support service users.Looking at ways to explore how information is provided and decision making is supported and empower birthing people to be able to make decisions. Promote the Your Birth Your Baby Your Choice, - visual prompts to encourage service users to speak up if they have needs/concerns. At each point and each contact – clinician to make suggestions but its your choice is supported. Leaflets and information highlight and uses phrases it’s your choice to have a scan etc.All midwives and Drs undergoing birth rights training to support this information providing. Implementation of BRAIN pneumonic when providing information, and how that information has made you feel. Decisions being made in fear is not informed choice and need to ensure information is given in a way that empowers and supported service users. Also empower staff on how to advocate for SU’s.Service users making decisions to I’ll give a bottle so I can go home if struggling with BF. Action: how do we get information to women and birthing people, when is information provided and looking at visual prompts to support your choice your birth.Action: MVP to explore with members and focus sessions – project identified, and further planning needed**Neonatal – Tony Baker and Sarah Edwards**Exploring how neonatal voices can be heard within the MVP. Maternity perspective neonatal links are crucial – for example mother on the ward and baby in neonatal, triggering to be without baby on ward where other parents are with the baby, difficulty with communication, transfer between wards.Neonatal an area that needs more focus. Thames Valley and Wessex – consistency across the region for neonatal care. Supporting neonatal voice transitional care and parental experiences.Also, to link in with MH services as to the impact of neonatal experience on mental health. Parent engagement lead – Emma Johnson – expert source of informationTaking into consideration transfer at what point this happens, before or after birth. Mother transferred to be with baby wherever and as soon as possible. Link nurse to enable smoother transition. Projects that will be relevant and potential for MVP input – repatriation packs and baby neonatal journey cards will be piloted across the region. Midwifery will also be involved in the projects so they also know how they can support families on their neonatal journey. MVP will aim to support with projects and Service user involvement. **MKUH Update*** Meet The Team event – huge success, chance to speak to families – awaiting next event date
* CNST safety actions is due for submission and compliant with all actions – thank you to the MVP for their input
* Preparing for the next CQC visit
* Maternity improvement workplan – live document with all action plans reviewed weekly,
* Promotion of homebirth team – upskill and confidence in skills/drills at home, midwife on call dedicated and protected for Homebirth.
* Action: how to promote and get information out there around home birth
* New building consultation awaiting funding update next steps will be service user involvement.
* New triage model launched in Nov has been successfully implemented. BSOTS – seen based on clinical presentation. Staff survey positive feedback. 709 services users seen in first month.
* Equity and Equality workstream at MKUH want to build into foundation of services, documents, and day to day practice rather than a ‘project’. Working group will be established to make connection to local groups to ensure services reflect local community needs. To consider if MVP can link in when meeting with local faith leaders.

Feedback – SU experience went back into paeds and wanted to feed, wasn’t able to sit on a bed as not an inpatient. Given an office chair on wheels and an office as somewhere to feed. Nowhere comfortable to feed. Relevant to consider at new build consultation. Action: to consider and look at ways to support BF areas and privacyAqua natal – no one from physio team available.Action: Emma M – to support in follow upHealthy Lifestyle midwife – promoting health lifestyle during pregnancy due to start clinic in March.Action: to invite to next MVP meeting.**LMNS update:**Not available – LMNS colleagues at training day**AOB**:Maxine – CQC results, Healthwatch asking for response to the recent results and asking to connect with Melissa. Trust discussions have happened around an official response, mindful to review what is being published. Paper written and going to board for approval in Feb. 8 particualr questions that there was a decrease in performance responses. Plan to take these out to SU’s to get a better narrative. Will liaise with comms as to demonstrate what we have done and this is where we need to do more. encourage people to get involved as well.Action: MKUH response to Healthwatch, Ros happy to support in raising comms at her Boobin café – for comms relating to postnatal period, happy to take to her group. Preventing early discharge and decision to allow home for one night might support decision making and progress with feeding. Support for how Labour ward refresh project – just completed feedback and aim to promote spaces for various use. Decision making tools – similar to a clinical decision making a service user decision making when provided with info.Work with MKUH IT team from maternity – app now allows and supports birth preferences and information. Audit options to look at the birth preferences to see what where viewed and how many were met. Notes can be added at any stage of the service user stage, link to the care plan at clinical contacts. Notes can go straight onto birth preferences and all downloadable to your own app. Also organising a text service that sends out information during pregnancy, can choose to sign up and will then send prompts such as info on smoking cessation, counting kicks etcSupporting inromed decisions providing info ad hoc during pregnancy.Action: Take to Service users what information to include and when would they like it.**Date of next meeting: 26th April**  |