

LLR MNVP

Minutes of Meeting held on 26th September 2024 at 10.30am-12.30pm At Thurnby Lodge Children's Centre

Present (members):	
Fatimah Panchbhaya (FP)	MNVP Co-Lead
Nafeesah Tutla (NT)	MNVP Co-Lead
Anita Gondal (AG)	Leicester Mammias MNVP Coordinator
Harvi Poonian (HP)	MNVP Social Media Officer
Abida Kalsoom (AK)	Parent Representative
Amina Errahmani (AE)	Doula
Beatrice Dane (BD)	Parent Representative and Antenatal Practitioner
Corlyn King (CK)	Midwife
Dalvir Kandola (DK)	Consultant Midwife-Lead for Inclusivity
Elizabeth Lynch (EL)	Parent Representative
Goodness Wilson (GW)	Parent Representative
Heidi Stark (HS)	HomeStart Coordinator
Hollie Hughes (HH)	HealthWatch Rutland
Iffat Sultana (IS)	Parent Representative
Gillian Church (GC)	
Jess Parkins (JP)	Doula
Kathryn Hurst (KH)	Parent Representative and MNVP Subcommittee Member
Rosie Dhillon (RD)	Trainee Psychologist
Maureen Chambers (MC)	UHL Midwife
Mumtaz Rehman (MR)	Parent Representative and MNVP Subcommittee Member
Nicky Cammiss (NC)	Quality and Safety Manager
Rebecca Suthalong (RS)	Parent Representative
Saira Kawsar (SK)	Parent Representative
Salma Kidy (SKi)	UHL Patient and Communications Engagement Officer
Shahasda Shafique (SS)	Parent Representative
Shama Abdulla (SA)	Parent Representative
Zaheena Zaffaron (ZZ)	Parent Representantive
Apologies:	
Lara Harrison (LH)	QI Lead Midwife UHL
Rachel Sharman (RS)	Family Hubs Project Manger Leicestershire
Emma Barnett (EB)	Parent Representative
Floretta Cox (FC)	Consultant Midwife UHL
Ben Baucells (BB)	Neonatal Consultant
Amanda Pike (AP)	EMNODN Parent and Family Engagement Lead
Tilly Pillay (TP)	Head of Service, Neonatology
Dulna Shahid (DS)	Healthwatch Leicestershire
Kelly Wylie (KW)	Parent Representative
Maxine Chapman (MCh)	Lecturer in Midwifery, University of Leicester
Jessica Smith (JS)	Lead STORK Nurse
Jamili Miah (JM)	Parent Representative
Lisa Rollinson (LR)	Midwife UHL
Jean Walker (JW)	Midwife
Lorna Wright (LW)	Parent Representative
Aatiqah Shaikh-Blackburn (ASB)	Parent Representative

Khalood Zaffaron (KZ)	Parent Representative
Hayley Bailey (HB)	Parent Representative
Lyndsay Bakewell (LB)	Parent Representative
Leanne Marsdon (LM)	Parent Representative and Doula
Rumina Yasmin (RY)	Parent Representative
Prachi Gandhi (PG)	Parent Representative
Caroline Price (CP)	Parent Representative
Halima Variava (HV)	Parent Representative
Clare Holley (CH)	Parent Representative

ITEM	SUBJECT	ACTION
1	<p>Welcome, Introductions & Apologies All members introduced themselves. Apologies were noted as above.</p>	
2.	<p>Minutes of the last meeting and Matters Arising</p> <p>a) The notes of the meeting held on 11.5.23 were agreed as a correct record</p> <p>b) Matters arising:- None</p> <p><u>All other actions were marked as completed or on the agenda.</u></p>	
3.	<p>MNVP Updates</p> <ul style="list-style-type: none"> Working groups Perinatal Mental Health Working Group-2 meetings so far, where members have had the opportunity to share feedback. Jo Herdman (clinical psychologist and one of the leads for the Maternal Mental Health (MMH) and Perinatal Mental Health (PNMH)) joined the second meeting. Our members shared feedback on the need for clarity around the different services and how to access them as even some health professionals are not aware of who can be referred to which service. A lot of work has been going on behind the scenes to ensure everyone is aware of the services and referral process and no one should be turned down for support. FP recently attended an away day where staff spent a lot of time reviewing the accessibility of the service, especially for south Asian women, as the data shows that not as many South Asian women access the services as other communities. Lots of outreach going on around this. We will be sharing a short questionnaire around PNMH services soon, so look out for that. We have also previously asked for members suggestions for a new name for the MINT clinic. We have received some suggestions but would welcome any more. The clinic supports women with their Mental Health and they want to rename it to make it sound more inviting and clear what it does. <p>DK invited to share any further updates around this area. DK-The questionnaire has been sent to the MNVP for review and needs more changes making before we circulate it. We are still awaiting MINT clinic suggestions. DK is attending an in-person event</p>	<p>Members to share any further suggestions for the MINT clinic name.</p>

in Manchester next month. UHL is joining with other organisations around PNMH.

Induction of Labour (IOL) Working Group:

Been doing lots of work with members in this area. We have provided lots of service user feedback. Currently working on Post dates information. This needs redoing and UHL have given us the opportunity to recreate the leaflet. BD and LH interested in recreating with us. We will then share it with the Working Group before sending it back to UHL.

Also, in our last meeting with the IOL midwives, we raised a very common concern that we were hearing from members and that is the pressure to have an IOL from their community midwife and the need to be booked in when just past your due date. This has been raised and all community midwives should now be better informed about the guidelines so hopefully we should start to see a change in that area.

Maternity Guidelines Working Group- Our working group members are absolutely fantastic and we really appreciate the work they put in to review the guidelines each month and represent service users and relay that feedback in the meetings. We have had really positive comments from UHL that their feedback is really valued. I know there were some concerns around trigger warnings when there are guidelines relating to sensitive matters like baby loss, so we have raised this in our most recent meeting with UHL a couple of weeks ago so hopefully this is something you will now see if you are part of the working group.

Breastfeeding Working Group – We hope to set up this Working Group soon, but in honour of World Breastfeeding Week, we held a series of workshops which service users joined and shared their experiences of breastfeeding. We heard so many stories, many of them positive but also some which showed that there is definitely room for improvement and consistency with breastfeeding support across the hospitals. We will be analysing all the feedback and creating a short summary or report on what we found and the suggestions that were made on how women can be better supported with breastfeeding. We will be having a Breastfeeding working group so if anyone has a particular interest in this area, let us know and we can add your name to the list for the working group. This is something we will be working on soon, in the next couple of months.

NT: Perinatal Pelvic health – 2nd Meeting been held with UHL staff since providing feedback on the video and leaflet on Perinatal Pelvic Health resources. Since sharing feedback the UHL Perinatal Pelvic Health Team have worked towards strengthening their workforce by recruiting a specialist midwife and specialist physiotherapist. They are also working towards raising awareness and making the referral process clearer as well as looking at access to information and

Members who would like to be involved in the Breastfeeding Working Group to get in touch to express interest.

education, which will help in early detection and recognition of symptoms.

We have also had suggestion for bereavement/miscarriage working Group. No meeting arranged yet, but have met with other organisations, including the Bodie Hodges Foundation; BabyLoss Support, Jakin Counselling and Shama Women's Centre. We discussed what support these organisations provide and how to work together to improve awareness and access of the support they offer. First step will be having group session, but with people from these organisations in attendance for support, then creating a survey to get right questions and meaningful information. Having all the organisations in the same room was helpful for them to see how they can work together and how to support people better, by signposting to the relevant service.

We are also hoping to meet with the Bereavement Midwives.

Antenatal-we had a request for feedback on the Single Point of Access and telephone triage service. Have sent this across and we will hopefully have an update soon.

Big topic is Antenatal education. We know it increases confidence and empowers women and families to be able to make informed decisions. We will be looking at this. Will be creating a survey to look at how you felt about it and will use those survey results to take to UHL to discuss a plan.

15 Steps-We have conducted 15 steps visits at the LRI and LGH Antenatal and Postnatal Wards over the last few weeks. Thank you to those who joined us, for both their time and their invaluable contributions. We were welcomed by staff and it's good to see things from a different perspective. The next step for us will be to gather the feedback and suggestions in a report and provide this to staff. We look forward to suggestions being implemented and will keep you updated.

- Subcommittee
FP: We have now set up our Subcommittee group and have 3 members. They have supported us with setting up the meeting today. Let us know if you are interested in being involved.
- Neonatal Voices Partnership (NVP)
NT: The NVP sits under MNVP and is separate to it. Next NVP Meeting is scheduled for Wednesday 16th October 10am – 11.15am. To hear what we have been working on please do join us. Neonatal 15 Steps is on Sunday 13th and 20th October – we have limited spaces for this, and children can't attend due to nature of visit.

TV Screens: UHL will have TV screens showing important information in key areas. UHL have asked for feedback on what SU would like to

MNVP Leads to share SPA and triage feedback update when received

Members to get in touch to be involved in the Subcommittee.

	<p>have on there. Paper around the room for suggestions on what you would like to see on there. The suggestions from UHL are shown on there already and are:</p> <p>Labour wards - skin to skin, pain relief available, induction of labour Wards - visiting information, going home with your baby Neonatal unit - feeding support, STORK information MAU - how does BSOTS work, current waiting times Antenatal clinic - vaccines, website advertisement, antenatal education classes available</p> <ul style="list-style-type: none"> • Empathy Workshop We were invited to attend this through UHL. IS was invited to share her experience. IS: It was very useful for us to be involved. Made it more real for the Health Professionals who were there. Merging the views of Health Professionals and Service Users there. It perhaps wasn't the typical training that they are used to. Good to chat to Health Professionals about empathy and that were all human. Staff seemed to be really on board and engaged. <p>DK invited to update on the Vitamin D project.</p> <p>DK we are now giving free vitamin D throughout pregnancy for all. Not income dependant. IS was part of the Working Group for this and we designed the poster together. Distributed to all communal areas, and also to be displayed in GP surgeries. Will able to give you the results for the project soon. With any change, takes a little while to get into habit of sharing the information. IS-was really nice to be involved and DK was great at involving me in the were. I was pregnant and about to give birth so I could really relate to the Service Users perspective. They took suggestions on board, and great to see how it's been rolled out.</p>	<p>DK to update on results of Vitamin D project when available.</p>
<p>4.</p>	<p>UHL Update (DK) Margarita Briten is new Pelvic Health lead for the working group Thanks to all who shared stories for the PNMH Race Health Observatory (RHO) away day. FP shared these on the day. JANAM App-currently in phase 2. Next updates to be added are around PNMH and breavement. MNVP were involved briefly in the launch of the JANAM App.</p> <p>DadPad/CoParent Pad-LLR purchased the licence for this which is an online education app for dads/partners. Coparent is for inclusive support, and DadPad for Dads. Licence is in place, now waiting for advertisement to go out to roll it out, and this includes in Neonatal too. This is a national app so not involved in its creation but have some control over Leicester information, such as the Stop Smoking service.</p>	

FP: I did send out an email not long ago about dads trialling it. Great opportunity for partners to get involved and give feedback so check your inbox and get in touch.

DK: Theatre Challenge-one of outputs from this was that when a mum has general anaesthetic, they miss out on a lot of first memories, so the team have create a memory booklet with heading for photos you might want to take. UHL will provide a Polaroid camera for Service Users to use. Currently allowed to take pictures but not videos. But descision at moment is that birth partner will take these. Staff may take one in theatre as partner is not present.

KH: That sounds great. I missed out on a lot of memories when this happened to me.

DK: Shared decision-making council for staff member- Lots of projects around inclusivity are happening through this. It was noted that at Christmas time there are lots of decorations in the wards and babies are given Christmas hats. There will now be decorations for Diwali too, and a celebration card for any baby who is born with information about Diwali in Gujarati and English.

IS-My son was handed to me with a Halloween hat.

DK: Pride attended this year. Invite was shared with MNVP members but no one able to make it on this occasion, but we had MNVP leaflets to give out. Over 1000 people attended. Lots of feedback to say they were really pleased to see Maternity Services there. We made links with Trade Sexual Health who went on to attend the 15 steps visits and was itgreat to have them along for a different perspective.

Staffing update-there has been some changes among the senior leadership- Head of Nursing is Kerry Johnstone, and Louise Wid is Head of Midwifery (HOM). We have not had a HOM for some time so this is positive. The two Deputy HOMs are Rheo Knight and Becky Wardle. Now have an established senior leadership team. Will be an update next time as there will be some changes with our matrons.

Another recruit update-we now have a maternity Communications Officer who will help us engage with MNVP and other staff and service users. We are currently doing this ourselves and with the MNVP but will have someone dedicated now.

We are now implementing two midwives at the birth. To support with Fetal Heart Rate monitoring, ensuring this is not missed in 2nd stage labour. They are also there to support with perineal care and to keep an eye on blood loss. We have a lot of work to do to reduce haemorrhage rate. Not losing view of this. This will be implemented this month. LH will be able to give an update on this in the coming months.

Reached out to Kerry and Rheo for Matron of the Day (MOTD)update that was requested. Staff are feeding back to update on how it's going.

Members to share with dads/partner who would like to trial DadPad/ CoparentPad

KH clarified that it sounded like a great idea and her question in the previous meeting had been around wondering how it was audited.

DK confirmed that it is audited by staff, but not Service Users as the turnover makes this difficult. The tactical morning meetings ensure there is a MOTD, and they attend this to give updates. Senior management attend this so it's audited every day through this. Rota is updated months in advance. If there is a gap through illness etc, it is escalated immediately and gap of MOTD filled. Feedback is largely positive from staff.

Personalised Care plans-reviewing these and now including body maps. This is an outline of a person, and to support people to use different phrases or terms for diff areas of the body, in line with Trauma Informed Care, or people who have experienced Sexual Abuse who prefer different terms for genitals. Or for Trans/non binary people who prefer different terms. This is a national recommendation around Trauma Informed Care.

UHL will be reviewing the friends and family test questions. These have been in place for 5 years so time to review. DK will review with Kerry Johnstone. Some are set nationally, but some are set locally and able to review these. Wanted MNVP input with this. Questions we can edit have been put onto a word document, and wanted to see how it could be sent out to members. Wanted to have paper copies that people can tick. Suggested MNVP can email out and collate report.

NT suggested going into waiting areas and asking people in waiting areas at the hospitals.

DK-want SU voice for this and will look at latest CQC results, and will make sure we include questions where areas are problematic in the Friends and Family Test.

DK would like help with another poster. Expanding Birth Reflections (BR) service. Been to GPs and immunisation clinics. Area of the website due to update, and could do with help with a poster. UHL now has branding, so maybe a template we can edit.

HH-have you had extra funding to expand BR?

DK we are expanding and so it's in the process of being approved and looking at changing it to a 7 day service in line with Birth Trauma report. Part time staff currently. Takes about 6 months to get job through to approval stage so long process. But now approved to go out to advert.

East Midlands Maternal Medicine Network (EMMMN)-lead midwife for EMMMN would like to speak at a members meeting about the network. Key thing to ensure service user voice in there and it's lacking. Would be really useful to hear members views.

Partners Staying over night-We are supporting with partners staying overnight from the end of this month. We would like to include this in the Friends & Family Test to get feedback about how this is working

MC: where will partners stay?

UHL to provide update on implementation of 2 midwives at birth.

MNVP to consider involvement of members in providing feedback on Friends and Family Test questions.

	<p>NT-there are recliner chairs for birth partners to stay at the bedside.</p>	<p>MNVP to share date of next members meeting with EMMMN</p>
<p>5.</p>	<p>ATAIN QI project (NC) NC explained that she had previously worked on the postnatal ward and partners allowed to stay then. While it had its challenges, it had huge benefits. They found it challenging because they had extra support, but then nothing because of COVID. Really happy to see that were getting back to this support. Makes a big difference to Service Users but also for staff to know that support is there. DK came from different trust and it happened there. Got staff from that trust to come talk to UHL about how they do it.</p> <p>ATAIN stands for Avoiding Term Admission into Neonatal unit. Looks at why we have babies who we don't expect to need care from the neonatal unit, in the neonatal unit. It's a national project that's been running for some time. At start it had a very neonatal focus. Initially focused on taking a deep dive into the care of every baby on the neonatal unit. Some babies with jaundice, low temp and low blood sugar. These issues are all linked and it leads to problems down the line. Lots of work to do around admissions. What are we not getting right? Quality Improvement (QI) projects lead to better care to stop it happening. NC came in position in March and in April a new patient safety reporting system was put in place. This looks at all factors influencing Patient Safety Incidents (PSI). Neonatal admission is a PSI. We know about babies that are admitted with above factors, but what about the others? Relaunched ATAIN to look at other factors and with a maternity focus, so maternity can stop babies getting to the neonatal unit, and look at what can be done in maternity care to make changes. Every day looking at every PSI reported. When admitted to Neonatal will look at in detail and see if could have avoided admission. Sometimes there</p>	

	<p>is no way to avoid, but if there is something that could have been avoided, keen to learn this. If learn something from one case, could implement things that help in other cases.</p> <p>Will only be improvement. Nothing negative will come out. Want to give assurance that people are looking at this, and it's not just that babies go to NN and nothing happens.</p> <p>RS: Are you looking at the correlation between high induction labour rates and if there is a correlation with Neonatal admission?</p> <p>NC: Will be looking at all angles. What happens in antenatal, and other areas. Has something been missed? Was there something in the notes that was overlooked. Will look, at method of delivery. We will consider where do improvements need to be made?</p> <p>JP: When there are incidents, will you speak to parents about their experiences?</p> <p>NC: The PSI response framework now involves parents from the start-anything they have seen. Parents may see something different. Gathering all information together and looking at everything. Doing it daily means the information is regularly reviewed.</p> <p>SK-This seems like a different type of reactive method. Bringing changes quickly and thinking about changes needed.</p> <p>NC: Yes. A good example about how we look at PSI differently is that a previously the method had a big impact on staff and service user. Staff would come on shift and be met with an email saying I need a statement about an incident that had occurred. This immediately make you question if you've done something wrong and puts you on the defensive. Actually what the evidence shows is that it's very rarely a person that's done something wrong-it's the environment, a guideline or a system that is the problem. Idea now is to review incidents straight away. Have lots of questions to go through to see what has happened. The statements used previously doesn't cover what it felt like to be on shift that day. You know as a midwife whether or not you're going to have a good shift before getting onto the ward, just from the atmosphere, but this doesn't get captured in a statement. New way does capture this.</p> <p>Mistakes happen and were human, but what can we do about it. The new way pulls out immediate learning, and then looks at wider impact-so processes/guidelines going forward.</p>	
<p>6.</p>	<p>Member Feedback on ATAIN QI project</p> <p>SK-You said you started your role in March, has it started now?</p> <p>NC: Yes this new way started in April. Finding better ways of doing things, better ways of engaging. Feedback from families and staff is very positive. Change of language away from 'investigation' which is negative. Previously,</p>	

the family would only be involved afterwards. Now they are involved with the process from the start and having continual input. Can always come back at any point if you have any questions. Lot more collaborative working. Exciting and the way it should be.

ATAIN might not bring anything big, but the little things aren't noticed and can carry on happening. This is what it can pick up on and make changes on.

MC: In all of the investigation, not one question is about the professional mindset. Did they get anything to eat or go to the toilet during that 12 hour shift. Partners often say go have something to eat but there is no one to relieve them. This needs to be documented in investigations because that has an impact. Not professionals fault, but maybe Dr is held up somewhere etc.

NC: It often wasn't a thought, to write that down in a statement. But now, with the new method, having a conversation, we want to empower staff to say there were things that impacted on performance, maybe around shift patterns etc, because then something can be done about it. They may have a 6 month old at home, or be a carer for special need child/relative. But not always able to just turn up and do best on shift in these situations, and we need to create an environment where we can manage shifts to accommodate these needs to allow them to be able to give their best care on shift.

MB: It was never documented in incident reports. Danger that it just becomes a tick box.

NC It will be in the future

MB: Did you know a student midwife has designed an app that is able to detect jaundice on darker skin. Taught that skin should be pink and well profused still. But that doesn't hold for people of colour.

NC asked that name of midwife is pased ot her

FP: Highlighted that it's also important to hear the voices of staff, and we want feedback from them too.

NC: Patients often offer food and care for staff

IS: It would be good to have a empathy workshop for staff, similar to last week, and look at mindfulness and a toolkit to help them because it's such a challenging job. Otherwise it becomes a vicious cycle. Mental health and wellbeing is so important for midwives too.

HP: Suggested having a check in before your shift, to see how you are.

NC: Alongside the MOTD there's also a team of the day that check in with staff at the beginning or end of the day

HP: Do they check in with the mother when they come in to have a baby?

	<p>NT: That's something we have brought up before, that there is a specific check-in with mum, but we have suggested that it should be at every appointment. Otherwise there is a big gap between people being asked how they are doing.</p> <p>HH: It's more important when it's not a first child, because you don't know what people have been through the first time.</p> <p>NT: sometimes staff assume that you know what you are doing so don't ask. But it can be more difficult the second time.</p> <p>NT: It's possible to think you are okay, but when you are asked, it can become clear that maybe you're not actually okay. May help you realise that there is an aspect of your life that's really impacting on you.</p> <p>EL: This is where continuity of care is so important. Feel you can speak to someone you have a relationship with.</p> <p>NC: And also maybe something they can recognise through knowing you.</p> <p>IS: I had a case-holding student this time. So she saw me through from start to finish so it was so helpful.</p> <p>AK: I also had a case-holding student. It was a great experience. Especially when I was in labour, she was there for 18 hours. I have no family here so it was really helpful</p> <p>MC: Pointed out that this was too many hours and would therefore be illegal.</p> <p>HP: Would people feel able raise this in huddles if there is a problem?</p> <p>NC: We make sure that there is no hierarchy in these huddles to encourage people to speak up. Important to involve healthcare assistants and domestic staff. They see lots and it's about empowering people to say they are not at their best. May not want to say why but about being able to speak out. People do say, when they have the right environment.</p> <p>MC: Important to say can also come one to one after. May be people in that circle who they don't get on with or don't want to know.</p> <p>NC: It allows people to unload, and allows people to see when someone is struggling. Looking at what has impacted on not being able to do things the way you usually do, and being open about what has stopped you. Will take a while because its different to what were used to, but important to have in place.</p>	
<p>9.</p>	<p>Any Other Business; NT: Domino Research - To provide some context, DOMINO is a study involving pregnant people living with type 1 or type 2 diabetes. The aim of</p>	<p>Members interested in</p>

the study is to help improve pregnancy care in people with type 1 diabetes and early onset type 2 diabetes.

At this stage, UHL are seeking feedback from women who are living with diabetes on the materials that will be shared with future participants. Those giving feedback do not necessarily have to be currently pregnant, but ideally they would be planning a pregnancy, currently pregnant or have been pregnant in the past. If you would like more information please let us know.

Parallel Planning - Staff working in Maternity and Neonatal services in Leicester are aware that there are often specific times or conversations within a family's journey through Maternity and/or Neonatal services that are particularly challenging. A clinical psychologist has approached us and asked for help to get in contact with families who have experienced this. Her message is:

As a Clinical Psychologist working in Neonatal Services, I have spoken to many parents who have talked about some helpful (and unhelpful) conversations they have had with the medical team during particularly challenging parts of their journeys. Due to this, we are planning to develop a more consistent process for how the whole service should manage these challenging situations and conversations.

We are therefore hoping to run a focus group with parents who have experienced any of the following under the care of Leicester Hospitals:

- Had a baby born at 22-24 weeks
- During pregnancy were advised of or prepared for the possibility that their baby might not reach term and/or may not survive.
- During the birth/labour were advised of or prepared for the possibility that their baby may not survive.
- During their stay on NNU were advised of or prepared for the possibility that their baby may not survive or that further treatment options had become limited.

We are hoping to understand how these conversations and situations are currently being handled, and how they could be improved/ how families would like them to be handled going forwards. We would therefore really appreciate any input you could provide into this focus group discussion. If you would like to join this focus group, please inform Nafeesah, who is helping to set it up. We will be sending a draft of questions before the group, so everyone is fully informed/ aware of what to expect, and will try to be as flexible as possible regarding timings to ensure it is convenient for parents to attend.

HS: Quick update-Matt Tomlin who was running the Dads' group for HomeStart Horizons left, but we are bringing back Dads' online session on Tuesdays 7-8.30. This is for new dads with babies under 1 year old. It's an online session ideally for city parents, but if dads for other areas of LLR want to join we won't say no. One to one support is just for City. Carolyn will explain more next time.

being involved in the Domino research to contact MNVP Leads

Members interested in being involved in the Parallel Planning work to contact NT

Carolyn to explain more about HomeStart support for Dads next time.

	<p>HP: We are hoping to start thank you Thursdays on the MNVP SM channels, so if anyone want to send anything in please get in touch. This can be a video or a quote.</p> <p>AK: I'm part of IOL group but haven't been able to attend meetings but lots has been happening. Can we have an update on the IOL app?</p> <p>FP: Not sure if there is a recent update. This is for staff and has been helpful.</p> <p>DK: It's working well and there's been a lot of interest in the app. Currently presenting it at a conference and it was commended by the CQC. We could ask for patient feedback for the next meeting</p>	<p>Members to share content for Thank you Thursdays.</p> <p>MNVP/DK to ask for an update on the IOL App for next meeting</p>
<p>10.</p>	<p>Date of next meeting; <u>Online Wednesday 13th November 2024 - 7.30pm till 9pm</u></p>	