LEICESTER, LEICESTERSHIRE & RUTLAND Maternity Voices
Working in partnership to improve maternity & neonatal services

LLR MNVP
Minutes of Meeting held on *19th March 2025* at 1pm
Via Zoom

Present:	
Fatimah Panchbhaya (FP)	MNVP Co-Lead
Nafeesah Tutla (NT)	MNVP Co-Lead
Leanne Marsden (LM)	Parent Representative and Doula
Chloe Mabey (CM)	Parent Representative
Bea Dane (BD)	Parent Representative and Antenatal Practitioner
Kathryn Hurst (KH)	Parent Representative and Subcommittee Member
Sam Robinson (SR)	Parent Representative
Mumtaz Rehman (MR)	Parent Representative and Subcommittee Member
Ayesha Gronowska (AyG)	Parent Representative and Subcommittee Member
Shama Abdulla (SA)	Parent Representative
Azna Bader (AB)	Parent Representative
Khalood Zaffaron (KZ)	Parent Representative and Subcommittee Member
Halima Variava (HV)	Parent Representative
Shahasda Shafique (SS)	Parent Representative
Rumina Yasmin (RY)	Parent Representative
Zaheena Zaffaron (ZZ)	Parent Representative
Fatima Rashid (FR)	Parent Representative
Karradene Aird (KA)	Interim Head of Midwifery at UHL
Ben Baucells (BB)	Neonatal Consultant at UHL
Anita Gondal (AG)	Leicester Mammas MNVP Coordinator
Apologies:	
Jess Parkins (JP)	Parent Representative
Dulna Shahid (DS)	Healthwatch Leicester and Leicestershire
Kelly Wylie (KW)	Parent Representative
Emma Barnett (EB)	Parent Representative
Katherine Massey (KM)	Parent Representative
Elizabeth Lynch (EL)	Parent Representative
Carolyn Clarke (CC)	Homestart Horizons Mims and Dads Coordinator
Prachi Ghandi (PG)	Parent Representative
Iffat Sultana (IS)	Parent Representative
Lara Harrison (LH)	UHL Lead Midwife for Quality Improvement

ITEM	SUBJECT	ACTION
1	**Welcome, Introductions & Apologies** All members introduced themselves. Apologies were noted as above.	
2.	**Minutes of the last meeting and Matters Arising** a) The notes of the meeting held on 11.5.23 were agreed as a correct record b) Matters arising:- <u>All other actions were marked as completed or on the agenda</u>.	
3.	**MNVP Updates** FP gave an update around the Induction of Labour (IOL) work.	

	The induction of labour survey is ongoing at the minute, and the survey ends on the 28th of March. FP highlighted the importance of the survey, which was produced with input from Amy Sharpe, who is the new specialist midwife for planned care, and who manages the care for C-sections and IOL. She has been working to make the process smoother. FP explained that the survey will help the MNVP and Amy Sharpe to see how things are going, as a lot of work has been done through the IOL working group, including around the patient information and also the guidelines. The survey will help us see how well that is going. If it's working, what more needs to be done to improve. FP requested that the survey is shared with anyone who you know who's had induction of labour since January last year. There have been around 52 responses, which is positive, but it would be good to get a few more. Question from LM: BD and I did a lot of work on the leaflet, and we haven't heard anything about how this was used, so I was hoping there was an update on this? FP explained that there had been an update in a previous meeting, and apologised that she hadn't informed LM directly. The information in the leaflet that LM and BD helped produce was taken on board, with perhaps only one slight change to the wording. It is now on the website. LM shared that she had heard a lot of feedback from people she was working with that a lot of the time they were still feeling forced into an induction, and there wasn't really a balanced approach to these conversations. She had encouraged people to do the survey and hoped that some of these comments would come through. FP explained that once the survey closed, a report would be put together with the findings, and this will be shared with members, the Quality Improvement team, and UHL. FP agreed that a lot of it is feedback that has come up before, and communication is a big theme. Communication is something that UHL are trying to implement more in their training, so this is something that could be looked at with regards to IOL too. Question in the chat from MR: Can I take part in the survey if I point blank refused an induction from the beginning of my 'Options for labour' even though I was constantly being offered it throughout my refusal? FP explained that for the survey, you would need to have a recent experience of an induction, but other feedback is still important to the MNVP, and anyone is welcome to get in touch to give other feedback around IOL.	**Members to share IOL survey with anyone who has had a recent IOL**

	FP gave an update on the work around Perinatal Mental Health (PNMH) and explained that UHL have been doing a lot of work with the feedback the MNVP have already provided around accessing the PNMH services. FP explained that she is currently liaising with the team to find out what work they have been undertaking with the feedback already provided, and will then be creating a short comms piece, to update members on what has happened with your feedback- where it went and the improvements that have been made.	**FP to share comms piece on what has happened as a result of MNVP feedback on PNMH**
	FP gave an update on the work of the Breastfeeding Working Group. The first meeting was held, and it was an opportunity to listen to feedback and experiences. The next steps are to organise a meeting with UHL and the Lead Midwife for infant feeding. All the feedback that was given will be shared with UHL The hope then is to focus on creating an action plan to implement things to improve the services and the support that they provide. An update will be provided after that meeting.	**An update on the work around Breastfeeding will be given after the meeting with UHL**
	FP also shared an update from CC from Homestart Horizons around support for Dad's. This is something the MNVP had been working on previously, and then, unfortunately, the funding ended. However the funding has restarted, and they've restarted the support sessions for new and expectant dads, both online and in person. The posters for these sessions will be shared on the groups and via email.	**MNVP leads will share information around support for Dads. Members to share with anyone who may be interested**
	FP shared that UHL are currently updating their postnatal discharge information, as this is currently quite wordy and not very inviting. If members have any suggestions of what should be included in this please share them, and that this is something the MNVP leads are currently working on.	**Members to share any suggestions for what should be included in the discharge information.**
	NT updated that in terms of the work around Antenatal care, the Antenatal survey has now closed, and 92 responses were received.	
	NT shared that in terms of the Bereavement Working Group, a meeting has been held with UHL staff to share feedback, and an action plan was created to address this. NT has requested an update around this, and is awaiting a response.	**Co-leads to share updates around actions taken as a result of member feedback (bereavement/ pelvic health)**
	NT updated that a meeting had been held with the perinatal Pelvic Health team around the resources that will be shared with women and families. We are also awaiting an update on this, and will share with members once this is received.	
	NT shared that a staff member has reached out to the MNVP about holding a focus group with South Asian women to look at 3rd and 4th degree tears. This is a key area of focus for the MNVP and UHL. Further details will be shared about this when they are available.	**Co-leads to share information about the 3rd &4th degree tears**

	NT updated that 9 MNVP members attended training from the National Maternity Voices. Those members are asked to complete the feedback form that was sent out with the training. NT asked if any members who attended would like to share their experiences. KH shared that she had found it really valuable, and helped show where the work the MNVP does fits in nationally, and on a local scale. It validated how important the work is, and how it needs to be listened to. NT updated that another area of work is the Neonatal Voices Partnership (NVP). A NVP meeting was held in February. BB usually gives the update in the NVP meeting, but is here today to talk a bit about the parent proforma they are working on. BB introduced himself and explained he is the FiCare Lead. About a year and a half ago, parent-led ward rounds were introduced to try and bring parental views and make them more family integrated care focused. It was received really well from parents, but the way we were doing it from a medical point of view didn't seem to be well implemented, and it ended up falling through and not working properly. Efforts are now underway to try and revamp it.. A proforma or structure has been created in which, both from a doctor's point of view and from a parental point of view, we know exactly what we expect from one another. BB explained that he wanted to share a bit the proforma, and get some feedback from service users, as this input is invaluable. NT explained that this parent proforma was originally created by BB and his team to help with the parent led ward round, but after sharing it with our NVP Members quite a few comments were given around the fact that it can be quite difficult to know what to ask or what's appropriate, even knowing if you're asking the right questions, and feel reassured doctors know the answers. BB has done a lot of work to revamp it, in line with what our parents have also put forward. *BB shared his screen* BB explained that parent led ward rounds were implemented in Australia, and they were really successful. The proforma gives a bit of a template of what information we need from a medical point of view, and also what information, from a parental point of view, you would like the doctors to ask you, and bring it all together in one form. BB explained that the Neonatal Play Specialist would talk to parents about how to use this form. This form would be handed out on Tuesdays, and parents would be given the freedom to fill it in with no obligation to do this. It's just to make it easy to remember information. Some parents may not even	**focus group when available** **Members who did the NMV training to complete the feedback form.**

want it, and that's absolutely fine, and they might want to give it in a different way. But it's just to give that structure.

BB explained that it is based on part of what was done in Australia, and part of how we structure our ward rounds, and it would start by saying about baby's name, and giving a bit of context about gestation of birth and current gestation. Parents might say, but the doctor should know about this, and that is absolutely correct. But whenever we're talking about the baby, we give all these concepts because it gives us a lot of information, and it also helps to know where the parents are at. And, for example, if you tell me, that the patient was born at 26 weeks now 29 weeks, it gives a picture of everything that might have gone on with that patient at that point.

BB highlighted the question of 'How are you today?' So parents can express any concerns from their point of view. Some parents might be struggling from a mental point of view. Some might be struggling with their breastfeeding, or they might have been an issue with communication in the last couple of days that they would really like to bring forward. It brings the parental views right at the start of the Ward round, where they should belong.

The next question is: 'How is your baby today? And what are your current concerns?' Because that is also a priority, because parents know that baby is better than anyone, and they might say: 'My baby is not their usual self today', or 'He seems to be struggling more with this or with that', and it brings our focus into that, and it gives value to parental experiences as well.

The next bit of the form would be things that parents have been able to do for their baby, that they're learning to do or would like to do, such as skin to skin, providing touch, nappy changes, feeding, talking, reading. It's not extensive, but can be added to if anybody feels that there's something that we should put in that they would have always liked to do, and it was never offered, or that they felt it was difficult to ask. And it's also with this idea that there's some things that we might not have discussed previously with parents, such as the skin to skin or holding a baby or touching them. Parents always are very scared of doing this, and if we don't say it's absolutely fine to do it, some parents might feel scared to ask, or they might not want to have that awkward moment of Can I touch my baby when absolutely you should be able to touch your baby whenever you like.

Next would be more the potentially family bit or baby bit, and then we'll go a bit more into the medical problems. Because while doctors do know all about the babies, but it's a good idea to see what parents' understanding is, or where they're at with their journey of the baby, because some parents are ok, and other parents have had explanations, but actually, the way we've explained things they haven't really understood, or they don't quite understand what's going on. And this is very important for us to see exactly what they've understood.

	Some families have other things going on, and they might not be able to be present every single day, and we may not be able to have regular updates, which we should aim to do, but it might be a bit more difficult from that point of view, and that's why I've given a bit of things that we should focus from a medical point of view, of breathing, support, or help feeding. How's the feeding going? What is your baby on? How much have they been vomiting? Are they uncomfortable? Are they in pain? Because some of these things we may not realize from speaking to nursing staff. But maybe Mum says, actually, every time the baby feeds, after half an hour he seems to be really uncomfortable, and this is not very well reflected on the charts or the forms. Then there's the final bit of plan. What do you think you need to do for your baby today? This has been rephrased so parents feel empowered to say: for me today, this is what is important. So it is an open discussion and collaboration. BB explained that he would welcome any feedback-what people like and don't like. If it was too simple or to complicated, so they can get the right balance. LM shared that the content of it is really well thought out, and covers quite a wide range of things. One client who had twins at 31 weeks said that there was lots of information that she kept forgetting. So could there be tick boxes with areas for them tick and then add a comment relating to those things perhaps? So there would be prompts for people to think yes, that's relevant. And then I can talk about this and write a few comments about it. .But the proforma looks very cohesive and informative generally, though. BB thanked LM and will look at how we could maybe add that in. It may be worked into a digital form as well at some point. Though there would always be a paper copy too. This is very important, and this is something that's been highlighted numerous times that parents need some physical form of some sort at the same time. But if any parent feels that they need to give feedback, or they've forgotten something, they're more than welcome to catch up and say this. There should be an open culture on the Neonatal unit. And if parents don't feel like that, please feed that back, so it can be addressed. NT thanked BB and invited members to get in touch with any further thoughts	**Members to share any further thoughts on the proforma**
4.	**UHL Update (KA)** KA highlighted that there had been a recent visit from the national team, including the chief midwifery nursing officer, chief medical director, and then regional teams, that come into the service to see how	

care is being delivered. The links with the MNVP, and how feedback from the MNVP is used to make targeted improvements was highlighted as a real strength, and that this has been used as an example of good practice for other organisations to look at. KA expressed her thanks to the MNVP, and that this is a really proud moment for everyone.

KA explained that the visit also looked at other areas, including the IOL pathway, and thanked LM for her feedback, and acknowledged that this is an area that needs further work.

KA updated that the Maternity Assessment Day Unit that was highlighted in the previous meeting has had positive feedback initially, but is an area that continues to be monitored to assess impact.

KA explained that they are governed through 10 safety steps-the maternity incentive scheme (MIS). Within that lies 10 safety actions for how we ensure our services are delivering safe care. Safety action 9 links up to our Safety Champions, which also links back into the MNVP. UHL were successful in being compliant against that standard, and also against all 10 standards

KA acknowledged that this is not definitive of absolutely everything, and there's lots of work to do still, but it's a positive achievement in terms of where we have been 2 years ago, versus where we are now, in making strides to improve our service.

KA explained that the recent feedback from the MNVP through the 15 steps visits had focused around LGH in particular, and Ward 30. So a reconfiguration proposal has been put together in terms of how we can utilize Ward 30 in a better way, both for women and birthing people, accessing our services with family, but also the staff. That will hopefully address a significant amount of action points from the 15 steps report.

KA explained that they recognise that the early pregnancy and gynaecology pathways are something that require attention, and it is very much is on the agenda. The Head of Nursing who leads around gynaecology operations is starting to draw some attention to that, and working with the Bereavement Team as well.

KA explained that 3rd and 4th degree tears remain an area of ongoing focus, which feeds both into obstetric, anal sphincter work as well as the perinatal pelvic health pathway. We're trying to ensure that we are co-aligning creation of elements around that because one feeds into the other naturally as well as making sure individual requirements are addressed in that too. From a midwifery perspective there is good work being done, and now the focus is on the obstetric aspects to ensure that some of the medical components are being addressed. So what is coming through is there's an element around instrumental births and the outcomes of those. So that's a focus going forward.

	KA highlighted that postpartum haemorrhage is a national agenda, and that remains a priority for UHL. KA explained that UHL is looking to further develop transitional care. In the last meeting it was mentioned that 2 transitional care bays have been opened, one on each site. Those are starting to be utilized. There has been some positive feedback from that. But what now to focus is on going a step further within the constraints of the facilities. So we're looking at linking in with our home care team, who deliver low level interventions in the home e.g. phototherapy, additional breastfeeding support. The focus is on looking at how that service can be expanded and linked in with transitional care. KA highlighted that Antenatal Care and Discharge information are also important areas of focus, and it's important to the get these right, with the right information shared at the right time. KA updated that UHL undertook some empathy training last year for 177 staff members in the maternity services, and today there have been conversations about how we start to broaden that training out and build it in as a continuous area of sustainable engagement. Recognizing that actually through building empathy amongst us as a workforce that will translate to how care is provided. We are looking to integrate into Gynaecology services as well. The minutes from the previous MNVP meeting highlighted the experiences you're having in the ultrasound scanning department and the language that's being used or not being used. Work is being done around addressing this. KA requested that as the CQC Survey is coming up next month, for the woman and birthing people cared for in February, support from the MNVP in sharing that, and widely encouraging participation in that survey would be hugely helpful and is another route to get really meaningful feedback. KA highlighted that nationally they are reviewing that survey and about to launch a research study, so that the correct questions are being asked to get the right feedback. This is an invaluable piece of work that will be coming through. and whether UHL is involved in it directly or not, it's important to find a way to make sure that the voices of our communities are heard within that, and that you feel part of that process to help us make sure our surveys are correct, and gathering the correct information. Question in chat from LM: Can I ask about the recent information shared about the trust ranked highest for birth, injury, and Uhl being number 15 in the country. KA explained that this was not something she was aware of, and asked if LM could give more insight.	**LLR MNVP to encourage people to complete the CQC survey.**

LM explained that this was something that had just come out today, and so it was something just to flag up as it wasn't especially positive. It doesn't go into any details about how they have ranked the trusts, but it's to do with the CQC. It looks at safety, birth injury, and induction and c-section rates.

KA thanks LM for making her aware and would look into it. Reports like this are helpful for triangulating information, but can also make people feel worried about accessing services, so it's important to look at how we can make sure people feel reassured. It can be problematic as well if the data is historical.

Question in the chat from KH: Can you remind me what transitional care is please?

KA explained that transitional care looks at babies born within a certain gestation, normally around about 34 weeks onwards who require some level of additional care, but really shouldn't be admitted to a special care unit. So the aim is keep women and pregnant people with their babies as well as their partners. And so what we don't want to do is separate them for the needs of something like phototherapy or very minimal oxygen requirements, or if they are on antibiotics. So transitional care tries to keep the mother and baby together on a postnatal ward area with some higher level support from a neonatal workforce, or additionally trained, competent midwives.

It has been a challenge nationally, because our hospitals haven't been built to facilitate this, and so the delivery has been a challenge.

Those services that may have had additional capacity have been able to move a little bit faster than us. LGH is an old hospital so its capacity is really limited. So what we're trying to do is think about how we do deliver that transitional care model and the constraints of our infrastructure. And that's why we've also been looking at home care. So actually, yes, we can do this on the neonatal unit, but we don't want to do it there. Yes, we can do it on the postnatal ward, but actually, if we can do it at home and keep families together, that's even better.

FP asked if there was any update on the use of VR headsets on the maternity wards.

KA explained that her understanding was that staff had been trialling these to put themselves in the shoes of women and birthing people, and see things from their perspective, but she was happy to check to see if there are any further updates.

FP explained that from the update in the last meeting, the impression had been given that it would be women and birthing people using these, but she was happy to email LH to check too.

KA/FP to clarify work around VR headsets.

5.	**MNVP Priorities for 2025-6** NT reminded everyone that the MNVP member feedback form has been shared a few times, and asked that anyone who hasn't completed it, filled this in to share their views. All feedback would be really valued. NT asked members for their thoughts on what the priorities of the MNVP should be for the next year, from April onwards. NT clarified that the working groups would be continuing, and these had arisen from priorities for 2023-4 and 2024-5, but this was an opportunity for members to say if they felt there were other areas it would be good to focus on. KH shared that it'd be good to do some work around gestational diabetes and the information that's given to women who have gestational diabetes, or maybe lack of, as well as the way that women are told they have it, and communication in general. NT asked if this was something that the Maternity Guidelines group had looked at. LM confirmed that they had looked at a guideline around this, but there was definitely work to do around it, and they hadn't heard what had come from their feedback around the guideline yet. LM agreed that this was an area that needed to be considered. KH shared her experience of being told that she had gestational diabetes twice, by being sent the link to the app to monitor gestational diabetes. Further information was sent a few days later, but communication was not very clear. KH explained how upsetting this situation was, and that it had happened twice with a 2 year gap between. It was panic-inducing to find out this way. BD messaged in the chat to say: I've heard frequently from others and clients where that's the way they found out they had gestational diabetes. By a link to an app. MR suggested that broadening this out to include pre-existing medical conditions might be good, and this can often lead to people being told they have limited birth options. NT agreed this was a good idea Message from KA in the chat: I'm sorry for the experience, Kathryn. Message from LM in the chat: That wasn't discussed, Kathryn, the communication of being told, and this is something that has come up before. Similarly, it's the same with blood test results for other things that they get an appointment for something and don't know what for.	**Members to complete the MNVP member feedback questionnaire to share their experience of being part of the MNVP**

	NT commented that communication is something that comes up a lot, and something the Leads often feed back on. Communication is something has been a priority for UHL this year, so it's unfortunate that it has not been got right still.. But it is something that the MNVP can continue to flag up. NT highlighted that often capacity is an issue for midwives, as appointments are short. But that for something like this it is important to have enough time to talk about it. AB shared her sister's experience, of having to stay in hospital with her newborn, and receiving a letter for a scan for a condition that had not been mentioned to her while in hospital. This was very distressing for her. It shows that even in hospital opportunities for communication are missed. NT agreed that this was unfortunate, and that the MNVP have had previous feedback that it seems as though postpartum mothers can be treated as if they don't know anything, and won't be able to understand. AB agreed that this culture needed to change, and highlighted that the letter itself was quite difficult to understand. Despite her sister and her husband being educated, and working jobs where they are used to technical language and jargon, she had to help them decode it. FR shared her experience of having to go in for a blood test, and having an appointment at the same time as someone else with the exact same name as her. The results were mixed up, meaning that she had to go back for another blood test which caused difficulty and stress during her pregnancy. NT asked if there were any other areas of focus members felt the MNVP should be focussing on this year. NT highlighted that the other working groups would be continuing as usual, including the breastfeeding working groups, and that antenatal education will be one of the focuses. No other focuses were shared. NT highlighted that the Terms of Reference (ToR) had been shared, and this is something that needs to be agreed by the group. If anyone has any input or suggestions for changes, please let us know. FP thanked members for their input and suggestions around the MNVP priorities, and highlighted how helpful these are.	**Co-leads will add member suggestions to MNVP priorities** **Members to share thoughts on amendments to the ToR.**
6.	**Any Other Business;**	

	AG gave an update around the contract Leicester Mammas has with the ICB to deliver the LLR MNVP, and explained that the ICB have asked Leicester Mammas to extend the contract for another 3 months until the end of June, to allow the ICB to co-produce the plan for the LLR MNVP going forward. AG explained that there are not too many details to share yet of what the plan is going forward, but requested members to complete the member feedback form, as the information and experiences received through this are really helpful. These insights will help to shape the discussions going forward about the LLR MNVP, to ensure it works well for all the communities within LLR. NT shared that an invite has been given for a MNVP member to attend an insight visit at St Mary's Birth Centre. This is on Tuesday 8th of April at 8 30am. Members would be working alongside a team of others from the ICB, UHL etc, to support the gathering of insights from women who are at St. Mary's Birth Centre. It would finish by around 11 am. If this is something that you'd be available to participate in, and something you'd like to be involved in, then please get in touch. KA reiterated how valuable it is to have insights from members on visits like this, and encouraged anyone interested to get in touch.	**Members interested in joining the St Mary's insight visit on 8th April to contact the co-leads.**
7.	**Date of next meeting;** 4th June 2025, 1pm on Zoom	