



The All-Party Parliamentary Group on Baby Loss & The All-Parliamentary Group on Maternity

What next for maternity safety and baby loss?

Minutes of meeting held on 16:00 – 18:00, Tuesday 11th September 2017, Grimond Room, House of Commons, London SW1A 0AA.

Attendance

David Amess MP - Cons

Will Quince MP - Cons

Alison Thewliss MP - SNP

Peter Aldous MP - Cons

Victoria Prentis MP - Cons

Sharon Hodgson MP - Lab

Peter Bottomley - Cons

Apologies: Baroness Cumberledge, Patricia Gibson MP

There were also around 50 external guests, aside from the speakers below.

16:00 Welcome from Chair of APPG on Maternity

Sir David Amess MP welcomed attendees to the joint meeting. This meeting was an opportunity to discuss progress so far on reducing baby loss via improvements to safety in maternity services and hear from a panel of experts on recent developments, research findings and what still needs to be done.

16:05 AGM

The APPG on Maternity held its AGM, chaired by Sir David Amess MP. In attendance for quoracy were:

- David Amess MP - Cons
- Will Quince MP - Cons
- Sharon Hodgson MP – Lab
- Alison Thewliss MP – SNP
- Victoria Prentis MP - Cons

The following officers were proposed for re-appointment:

Chair: Sir David Amess MP (Cons)

Vice-Chair: Baroness Julia Cumberledge

Officers: Will Quince MP (Cons), Tulip Siddiq MP (Lab), Alison Thewliss MP (SNP)

The officers were seconded and approved by the parliamentarians in attendance.

Sir David Amess detailed the financial statement for the APPG on Maternity, which outlined that the Group had no income or expenditure for its reporting period and no benefits in kind. The financial statement was proposed, seconded and approved by the parliamentarians in attendance.

The AGM for the APPG on Maternity was concluded.

16:10 Presentation from Justin Madders MP, Shadow Minister of State for Health

The Shadow Minister paid tribute to the work of both APPGs. He referred to a recent debate in the chamber of the House of Commons during which a number of MPs gave moving accounts of their experiences of baby loss. He pointed to the variation in parents' experiences of care and supported funding for neonatal bereavement support but raised concern about the funding not being ring-fenced. He highlighted the staffing problems in maternity units, with a shortage of 3,500 midwives nationally and stressed that staffing levels were vital to good care.

Questions were then taken from the floor and there was a lively discussion which highlighted staffing problems and the importance of continuity of carer.

16:35 Presentation from Philip Dunne MP, Minister of State for Health

The Minister outlined the government's approach and pointed out that all stakeholders are working together to reduce baby loss and maternal death. He highlighted the following initiatives:

- the NHS England Saving Babies' Lives care bundle, which aims to reduce deaths
- using system-wide learning to improve maternity safety
- the new investigations body which will include maternity in its investigations.
- the implementation of a national standardised perinatal mortality tool to enable qualitative analysis to ensure lessons can be learned.
- increasing the number of bereavement suites.

Victoria Prentis MP asked the Minister what is being done to increase recruitment and the Minister stated that most staff placements have now been filled and they have created more training places.

16:20 Roundtable: What next for maternity safety? chaired by David Amess MP, Chair of APPG on Maternity. (This was paused at 16.35 for the Minister's presentation):

First, Sir David Amess MP introduced Mandy Forrester, Head of Quality, *Royal College of Midwives*, outlining her experience as a midwife for 32 years and currently working in maternity safety at RCM.

Mandy spoke on the importance of continuity of carer and outlining the different models that can be adopted to achieve this aims (Single midwife; Small team of 6 or fewer, etc.).

Next, Sir David Amess introduced Ken Lownds, patient advocate, Zero Harm, Right First Time. Ken discussed his experience in the airline industry and the need to apply the strategies adopted there to maternity and neonatal care. He stated that "zero harm" is a crucial imperative for all care health service defensiveness is an obstacle to safety.

Finally, Sir David Amess introduced Leigh Kendall, patient leader at Nobody's Patient initiative. Leigh discussed her experience of neonatal bereavement and highlighted the haphazard care she received, with little support after the death. She said she was excluded from service user groups and the CQC survey. She has developed a programme through parent workshops which she would like to be adopted. Leigh tabled her paper 'Listening to parents who experienced bereavement or complications', which calls for the introduction of an NHS maternity services survey for families who experienced bereavement or complications, to be delivered via the Care Quality Commission.

16:45 Q&A and discussion

Sir David Amess MP opened the discussion out to a wider Q&A, with questions from the APPG members and from the floor. This covered the following issues:

- Many midwives are feeling frustrated and overwhelmed, which is damaging retention. An member of the audience described midwives' jobs as "gruelling", as the working day can last more than 12 hours without a break.
- It was pointed out that communication fails in short-staffed units
- London hospitals are particularly pressurised and the ratios are problematic because they do not take into account the increase in high dependency cases that can require 1 to 1 care.
- It was suggested that there was insufficient bereavement training for midwives, with an average of 2.5 days per year spend on bereavement training by midwives.
- Celia Burrell (Queens Hospital Romford) pointed out that the inspectorate does not have a standard to judge bereavement care against in hospitals, therefore care varies enormously.
- Mandy Forester (RCM) stated that RCM is developing career frameworks including competencies to support the role of bereavement midwives. Currently CQC regulates against other organisations' standard and confirmed that specific standards are needed. Victoria Prentis MP said she would shortly be meeting with CQC and would raise this issue with them and she highlighted the importance of improving bereavement care, given its impact on the next generation growing up.
- Inadequacies in care for men were highlighted.
- The need to involve senior clinicians (doctors and consultants) was highlighted.
- The link between neonatal bereavement and mental health problems was pointed out and Carrie Ladd (Royal College of GPs) highlighted the perinatal mental health toolkits that RCGP had developed.
- It was suggested that NHS culture has to change to end the "closing of ranks" but the difference between the health service and airline "command and control" structures was also pointed out.

17:45 Baby Loss Awareness Week 2017

Will Quince MP assumed the Chair, and requested an update on progress towards Baby Loss Awareness Week 2017, which is taking place from 9th – 15th October. Clea Harmer, CEO of Sands, gave a short update, explaining the 3 policy asks for Baby Loss Awareness Week as follows:

- Excellent bereavement care mandated in each of the four nations.
- Every healthcare setting to have a lead for bereavement care training
- Bereavement rooms to be available and accessible to all parents. There would be events in Scotland, Wales and Northern Ireland, including plans to encourage organisations to turn their buildings pink and blue.

Sands is coordinating the initiatives, but with a wide network of charity stakeholders and supporters who are all contributing to the planning and delivery of the Week.

18:00 Close

Will Quince MP thanked the speakers and attendees, and closed the meeting.

Next meeting of APPG on Baby Loss: Monday December 11th, 16:00 - 18:00.