

Norfolk & Norwich Maternity Services Liaison Committee

ANNUAL REPORT 2006/07

1 Background

The N&N MSLC is an independent advisory committee, bringing together the different professions involved in maternity care and user representatives. Its purpose is to contribute to the development and provision of high quality maternity services which meet the needs of local women. The committee aims to make sure that the views of women who use the NNUH's maternity services are taken into account by both commissioners (Norfolk PCT) and providers (the NNUH).

The MSLC meets quarterly at the N&N University Hospital, with the user members also meeting separately as a Users Group. The committee is intended to be 'user led', and by meeting regularly, the user reps are able to discuss and agree issues for the agenda and take forward agreed projects. The Users Group also tries to maintain links with user reps on other hospital committees, such as the Labour Ward Forum and Midwifery Guidelines Committee.

Responsibility for maintaining the MSLC lies with Norfolk PCT which provided an annual budget of £2508 for 2006/07, some of which funds the part-time administrator who services the committee's work. The user reps, who all act on a voluntary basis, are also able to claim travel and childcare expenses from this budget.

Our Terms of Reference are attached as Appendix 1.

2 Membership

Current membership of the MSLC stands at 25, as listed below (up from 22 in 2005/06). The 11 names marked with an asterisk are those who joined the committee during 2006/07.

Users

Lauren Birch* National Childbirth Trust
Lisa Brophy Association for Improvements in Maternity Services/National
Childbirth Trust (MSLC Chair)
Cindee Crehan* Project Manager, Embrace Young Mums
Lianne Elliott* National Childbirth Trust
Sharon Goddard* Teenage Pregnancy Support Officer, Norfolk Teenage Pregnancy
Strategy Unit
Rachel Graveling* Norwich Birth Group
Kim Jolly* National Childbirth Trust
Sian Larrington* Sure Start Programme Leader
Jackie Sutton N&N MSLC Coordinator
Sian Verney National Childbirth Trust

Commissioners

Kathryn Griffiths* Commissioning Manager, Norfolk PCT

NNUH

Sheila Crisp Midwife (Delivery Suite)
Karen Dunlop Midwife (Delivery Suite)
Mark Dyke Consultant Paediatrician
Sue Frost Midwife (Community)
Rosemary Jackson Midwife/Project Coordinator
Sue Marshall Head of Midwifery
Glynis Moore Midwifery Manager
Richard Smith* Consultant Obstetrician

Richard Warren..... Consultant Obstetrician
Karen Watts*..... Assistant Director of Nursing for Women's & Children's Services
and Sexual Health/Divisional Lead for Patient & Public Involvement
Sue Whitaker*..... Non Executive Director, NNUH Trust Board

Primary Care

Chris Barnett..... Health Visiting Team Leader, Norwich PCT
Barbara Kelly General Practitioner, Norfolk Local Medical Committee

Midwifery Education

Julie Lindsay..... Professional Head of Midwifery, UEA School of Nursing & Midwifery

Eleven people left the committee during the year:

Joanne Doleman..... National Childbirth Trust
Karen Dures..... National Childbirth Trust
Mike Lee Head of Patient & Public Involvement, NNUH
Rachel Leeds..... Commissioned Care Project Manager, Norfolk PCT
Michele Newbury-Lee..... Project Worker, Embrace Young Mums
Anthea Nicholson NNUH Patient & Public Involvement Forum
Sally Richards..... Independent User Rep
Judy Rivett..... Non-Executive Director, NNUH Trust Board
Kathryn Self Peer Breastfeeding Supporter, North Norwich
Tara Studholme-Lyons ... Assistant Director of Acute Commissioning, Norfolk PCT
Clare Walker Independent User Rep

As Sue Marshall and Glynis Moore were unable to attend all the meetings this year, midwifery management was represented on some occasions by Pam Sizer and Jan Edwards. Two obstetric trainees have attended meetings as observers, as has a midwife preparing for the Supervisor of Midwives course. We are currently seeking a new rep from the NNUH PPI Forum.

3 Meetings

The full MSLC met four times between April 2006 and March 2007: 11th July, 3rd October, 9th January and 27th March.

The Users Group also held four meetings: 21st June, 13th September, 22nd November and 1st March.

4 The MSLC's Work during 2006/07

The MSLC's work falls under three broad headings:

Projects – pieces of work which we undertake as a committee or in partnership with the NNUH.

Issues – the committee discusses a range of issues and concerns related to the NNUH maternity services and tries to agree ways in which any concerns can be addressed to improve services for women.

Information - our work includes receiving and commenting on information about the maternity services from NNUH.

Each of these areas of work is looked at in turn below.

5 MSLC Projects

5a Comments & suggestions scheme

The MSLC Comments & Suggestions scheme aims to give all women who use the maternity services the opportunity to comment on the care they receive and suggest any areas where they feel services could be improved.

Piloting of the scheme began in April 2005. A short questionnaire was included in the 'booking pack' received by women when they first registered for maternity care with their GP or midwife. Questionnaires were also available from National Childbirth Trust antenatal teachers. A pre-paid envelope was provided for returning completed questionnaires to Norfolk PCT. They were then forwarded to the NNUH audit department for analysis.

To date, the MSLC has received an analysis of the questionnaires returned between January and December 2006. 49 responses were received (from approx 5000 women who had babies during the year).

In terms of the results of the scheme, the first section of the questionnaire asks women to rate a number of aspects of maternity care on a 1-10 scale. The summary results of this section were:

	Highest score (ie the aspect women were most satisfied with)	Lowest score (ie the aspect women were least satisfied with)
Antenatal care	arrangements for ultrasound scans	waiting times in hospital clinics
Labour and delivery	choice about partner/ companion in labour	care when being induced
Post natal care in hospital	immediate care after delivery	help with baby care
Post natal care at home	frequency of midwife visits at home	consistency of advice from professionals

The second section of the questionnaire invites women to respond to three broad questions:

- What was the best aspect of your care?
- What was the worst aspect of your care?
- Did your care during pregnancy go as planned? If not, what happened?

Finally, there is a space for any additional comments.

There were some 130 comments made in these sections which were presented in full to the MSLC. The comments were anonymised but there was no analysis of the main themes and issues. The comments were both positive and negative.

In terms of addressing the issues raised in the questionnaire responses, NNUH staff feel that many of them will be difficult to deal with unless there is funding for additional staff.

The response rate to the scheme has been very disappointing, with questionnaires returned by only about 1% of the women who used NNUH maternity services during 2006. No responses have been received during the first six months of 2007. This raises serious questions about whether the scheme is an effective way of gathering and evaluating women's views.

However, the Users Group strongly supports the principle of enabling women to comment on the care they receive. The group feels that finding an alternative time/method of distributing the questionnaires may increase the response rate.

The MSLC will decide at its July meeting whether or not the scheme should continue.

5b Review of maternity service information leaflets

In summer 2004, Users audited the wide range of information leaflets used by the maternity service. This audit showed that there was a mass of information available, some nationally produced and some locally produced, which was of very variable quality and which did not cover all relevant areas.

In summer 2006, NNUH compiled a list of relevant leaflets produced by the Trust and the Department of Health and which were easily accessible to midwives via the intranet/internet. This list was for midwives' use to enable them to identify and access good quality up-to-date information for the women they care for.

NNUH also worked on obtaining or developing a number of additional leaflets: breast thrush; mastitis; post-natal care; breastfeeding for dads; breastfeeding for grandparents.

During 2006/07, the Users Group became involved in reviewing and revising the maternity information leaflets produced by the O&G Clinical Guidelines Committee. Users were concerned at the quality of some of these leaflets: some of the content was inadequate or poorly structured and some of the language, style and tone was overly technical and therefore difficult for some women to access. The Users Group felt that there was not enough input from service users to the development and review of these leaflets. It was therefore agreed by the Clinical Guidelines Committee that in future they will ask the MSLC Users Group to comment on all maternity information leaflets when they are due for review.

The Users Group have substantially re-written the information leaflet on induction. Two leaflets have been drafted to replace the current single leaflet: the first looks at the options women have when they are overdue and the second describes the procedures associated with induction. On the whole, the MSLC was impressed with the revised leaflets which were felt to be informative, well-written and easy to understand. Unfortunately the Clinical Guidelines Committee is unable to consider the new leaflets until the scheduled revision date in October 2008.

Users have also given feedback on the information sheet on 'Infection with Group B Streptococcus (GBS)'.

5c Labour ward environment audit

The MSLC Chair and NNUH delivery suite manager carried out an audit of the delivery suite using the 'labour ward environment audit toolkit' developed by the National Childbirth Trust. The audit highlighted some areas where improvements could be made. Funding had already been made available to make certain improvements to the delivery rooms to make them feel less clinical, including re-decorating and moving equipment.

5d MSLC web page

The MSLC web page went live in November 2006. It is accessed via the Maternity Department page of the NNUH website. The web page contains information on the committee's role, purpose and membership as well as minutes of meetings and annual reports.

5e New DoH National Guidelines for MSLCs

Following publication of these guidelines in February 2006, it was agreed that there were a number of areas for us to address:

a) Strengthening MSLC membership, in particular getting broader user representation

The MSLC has expanded its membership this year by making links with organisations which work with women from socially disadvantaged groups (Sure Start and Norfolk Teenage Pregnancy Strategy Unit). We also have new user reps from the Norwich Birth Group and the North Norwich Peer Breastfeeding Supporters, together with more active representation from Embrace Young Mums. These new contacts mean we are better able to speak and act on behalf of a wider range of local women.

b) Developing closer links with other groups involving users at NNUH

Within the NNUH, we have had representation for the first time from the PPI Forum but are currently seeking a new rep from that group. We have endeavoured to develop closer links with the Labour Ward Forum and regularly exchange minutes of meetings but have had difficulty in finding someone who is able to act as a formal link by attending both groups. We would also like an MSLC user rep to join the Midwifery Guidelines Committee but as their meetings are held early in the morning this is proving difficult for our members who often have young children.

c) Increasing the amount and breadth of user feedback

We have looked into the possibility of enabling women to give comments via the MSLC web page. Other suggestions have included posters and having a piece on 'Baby TV' in the maternity department waiting areas. Future work in this area will be linked to our decision regarding the comments and suggestions scheme.

d) Enabling the MSLC to influence commissioning

The new guidelines reiterate the importance of having good links between MSLCs and maternity service commissioners. Norfolk PCT agreed to look at how the MSLC could best be involved in the commissioning process, given the new PCT structure and the advent of Practice Based Commissioning. One mechanism agreed by the MSLC is to have a second GP rep on the committee. The DoH guidelines also suggest that MSLCs should have PCT public health input. These areas will be followed up by the PCT this year.

5f Joint conference with Kings Lynn and James Paget MSLCs

A day conference was held in July 2006 for representatives of the three Norfolk MSLCs. This was a useful forum for discussing common issues and concerns.

6 Service issues discussed by the MSLC

During the year, a number of issues have been discussed by the committee, including:

- the use of WHO growth charts for breast-fed babies
- NNUH policy and practice re identifying and dealing with cases of domestic violence
- UNICEF baby friendly status
- NNUH protocol for stem cell collection
- availability of pethidine for home births
- currency of information leaflets on the NNUH website
- provision of information to women on pain relief in labour
- NICU infection outbreak
- whether it is necessary to book places on antenatal classes
- NNUH policy and practice re the number of birthing companions
- possibility of making electronic scales available to community midwives.

NNUH and Norfolk PCT should inform the MSLC about planned or actual changes and developments to the maternity services and enable the committee to comment. Over the past year, this has included:

- the introduction of postnatal clinics
- audit of 1:1 care on delivery suite.

7 Information monitored by the MSLC

Maternity service statistics

Quarterly statistics are provided for the committee, covering areas such as the number of births, rates of different forms of intervention, number of home births etc.

Comments and complaints

A monthly report of comments and complaints made about the maternity service is provided for the MSLC.

8 MSLC Work Programme for 2007/08

Our work during the coming year will build in part on some of the projects and issues which have featured during 2006/07 and will include:

Gathering feedback from service users

We will decide whether the Comments and Suggestions scheme should continue beyond its current pilot, and if so, whether any changes should be made to the scheme. We will also look at other ways of enabling women to comment on their maternity care.

Review of maternity information leaflets

The Users Group will continue to provide feedback to the Clinical Guidelines Committee on leaflets which are due for review.

9 Ongoing concerns and issues

Staffing levels

We are still concerned that staffing levels are not high enough to provide the quality of service which women deserve, and which professionals want to offer.

Service issues

User reps on the MSLC have ongoing concerns about a number of service issues: the ability of the home birth service to meet women's needs; high rates of caesarean section and steps being taken to address this; the quality of information issued to women about many aspects of their maternity care; the consistency and quality of breast-feeding support; limits being imposed on the number of birth companions.

Unicef Baby Friendly Status

The MSLC is concerned that after many years of working on this, funding is still not available to enable the maternity department to pursue its long-standing aim of achieving 'Baby Friendly' status. This is an important initiative with the potential to make big improvements to the breast-feeding experience for women and their babies, and to raise breast-feeding rates for the NNUH. The committee feels it should be fully supported by the Trust.

Woman centred care

The MSLC User reps have always been strong advocates for the fundamental principle of woman-centred care and are always concerned when organisational or professional issues appear to take precedence over the legitimate needs and wishes of service users. Users urge the NNUH to develop a culture, structure and resources which will enable and support maternity services to be delivered in a way which offers real choice and quality to all women. We welcome the DoH policy document 'Maternity Matters' (published April 2007) which sets out a national framework for providing "high quality, safe and accessible services that are both women-focused and family-centred".

The MSLC hopes that all members can continue to work constructively together over the coming year to address these and other issues in the interests of the women and families who use the NNUH maternity services.

**N&N MSLC
June 2007**

Report distribution

NNUH Chief Executive
Norfolk PCT Chief Executive
NNUH PPI Forum
NNUH Labour Ward Forum

Kings Lynn MSLC
James Paget MSLC

Norfolk, Suffolk and Cambridgeshire Strategic Health Authority
Norfolk Local Medical Committee
Local Midwifery Supervising Officer

National Childbirth Trust Head Office
National Perinatal Epidemiology Unit

Norfolk & Norwich Maternity Services Liaison Committee

TERMS OF REFERENCE

October 2002 (updated June 2007)

The N&N MSLC's terms of reference are based on guidance issued by the NHS Executive in 1996 ("Maternity Services Liaison Committees Guidelines for Working Effectively").

Aims, objectives and activities

The MSLC is an independent advisory committee, bringing together the different professions involved in maternity care and user representatives. It aims to make sure that the views of women who use the NNUH's maternity services are taken into account by Norfolk PCT (service commissioner) and the NNUH (service provider).

The purpose of the MSLC is to contribute to the development and provision of high quality maternity services which meet the needs of local women. It achieves this purpose by

- a) monitoring and reviewing services, and
- b) providing feedback and making recommendations to both Norfolk PCT and to the NNUH.

In order to monitor and review local maternity services, the MSLC needs to gather and use information from a range of sources, such as:

- consumer research (which may be carried out by the MSLC itself, or by the PCT or the NNUH)
- quality assurance
- comments and complaints made by users to the NNUH
- clinical audit
- feedback from user groups.

The NNUH should inform the MSLC, and seek the committee's advice, about:

- maternity service business plans
- proposals for changing or developing maternity services
- clinical audit
- how they are involving users in planning and monitoring maternity services.

Norfolk PCT should consult the MSLC on:

- proposals for changing or developing maternity services
- maternity service specifications
- quality standards for maternity services, and how these are monitored
- what information local women and primary health care staff need about maternity services
- priorities for clinical audit
- how they are involving users in planning and monitoring maternity services.

The MSLC should produce an annual work programme setting out its plans for each financial year, and an annual report at the end of the year. This programme and report should be presented to a public PCT meeting and then widely circulated by the PCT.

The MSLC's chair should meet the PCT Chief Executive twice a year to agree the annual work programme and present the annual report.

Membership and chair

Members	Number
Users (<i>minimum of one third of total membership</i>) <ul style="list-style-type: none"> • nominated by voluntary maternity organisations, local women's or community groups (including NCT, AIMS, Metfield Birth Group) • members of Patient and Public Involvement Forum • independent user reps 	6-7 (or more)
Purchasers: Norfolk PCT <ul style="list-style-type: none"> • public health representative • commissioning manager 	2
Provider: N&N University Hospital <ul style="list-style-type: none"> • senior midwifery manager (1-2) • midwives currently in clinical practice (2-3 to cover hospital and community experience) • consultant obstetrician • consultant paediatrician • non-executive director • representative of PPI services 	7-9
Primary care <ul style="list-style-type: none"> • general practitioner • health visitor 	2
Midwifery education	1
Total	18-21

Members should liaise with the groups they represent. This should include reporting regularly on the activities of the MSLC to their organisation/colleagues, and giving feedback to the MSLC.

The Chair is either elected by the committee or appointed by the PCT, for a period of two years.

The Chair should be independent of those directly involved with providing or commissioning maternity services and should if possible be a user member.

Committee proceedings

The Chair may invite individuals on an ad-hoc basis to a meeting for particular items on the agenda.

The MSLC may set up sub-groups on an ad-hoc basis to work on specific topics and report back to the MSLC. The sub-groups may co-opt members as appropriate.