

Norfolk and Norwich Maternity Services Liaison Committee

ANNUAL REPORT 2005/06

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 (Southern Norfolk PCT, on behalf of all the Norfolk PCTs) 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 Southern Norfolk PCT which provides an annual budget of £2000, 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 22, as listed below. The five names marked with an asterisk are those who joined the committee during 2005/06.

Users

Lisa Brophy National Childbirth Trust (MSLC Vice-Chair)
Joanne Doleman* National Childbirth Trust
Karen Dures National Childbirth Trust
Michele Newbury-Lee Project Worker, Embrace Young Mums
Sally Richards* Independent User Rep
Jackie Sutton N&N MSLC Coordinator
Sian Verney National Childbirth Trust
Clare Walker* Independent User Rep

Commissioners

Tara Studholme-Lyons ... Assistant Director of Acute Commissioning, Southern 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
Mike Lee Head of Patient & Public Involvement
Sue Marshall Head of Midwifery
Glynis Moore Midwifery Manager
Judy Rivett Non-Executive Director, N&N Trust Board
Richard Warren Consultant Obstetrician

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

Four people left the committee during the year:

Trish Davidson..... Midwifery Sister (Delivery Suite)
Barbara James Matron for Women's Services
Daphne Metland Independent user rep (MSLC Chair)
Sharon Pike Midwife (Delivery Suite)

Given that the MSLC is intended to be user led, we are pleased that three new user reps have recently joined. The committee is currently seeking a new Chairperson following the resignation of our previous chair, Daphne Metland who held the post for two years from January 2004 to October 2005.

3 The MSLC's Work during 2005/06

The work of the MSLC falls under three broad headings:

Projects – these are pieces of work with a tangible outcome 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 these concerns can be addressed to improve services for women.

Information – the committee receives information from NNUH on service developments and outcomes and is invited to comment.

Each of these areas will be looked at in turn below.

3a MSLC Projects

Comments & suggestions scheme

The committee was delighted that the piloting of this scheme finally got underway after several years of development (the idea was first mooted in February 2000, work started in spring 2001 and an initial design for the questionnaire was approved by the MSLC in July 2001).

The 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. A short questionnaire will be included in the 'booking pack' which women receive when they first register for maternity care with their GP or midwife.

In April 2005, 1000 copies of the questionnaire were sent to the company which produces and distributes booking packs for inclusion in new packs. Further copies were sent directly to GP surgeries to be inserted into existing stocks of the packs. Questionnaires will also be available from National Childbirth Trust antenatal teachers.

A pre-paid envelope is provided for returning completed questionnaires to Southern Norfolk PCT. They will then be forwarded to the NNUH audit department for analysis. It is anticipated that results will start to become available from summer 2006.

Redrafting the N&N's Guide to Maternity Services

This is another long-term project which came to fruition in 2005. In 2002, the Users Group was actively involved in a major re-write of the NNUH's Guide to Maternity Services which is issued to all pregnant women who use the service. In addition to the regular members of the group, a local mother volunteered to produce the first re-draft, working on comments from both users and midwives, and using guides from other hospitals as examples. Unfortunately the resulting draft was too long and heavy editing was required to bring down the word-count. The new guide was finally printed in late 2005 and is now in use.

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 is a mass of information available, some nationally produced and some locally produced, which is of very variable quality and which does not cover all relevant areas. The maternity service has therefore recently begun to review the leaflets it uses with the aim of developing a comprehensive, up-to-date, evidence-based and user-friendly package.

Labour ward environment

User reps and NNUH staff are to look at whether and how improvements could be made to the delivery rooms to provide a more positive birth experience for women. The MSLC has purchased a 'labour ward environment audit toolkit' developed by the National Childbirth Trust to guide this work and to provide a benchmark against which the NNUH delivery suite can be measured.

Press coverage of maternity issues

The MSLC is keen to see better coverage in the local press of 'normal' childbirth issues. A short piece appeared in the EDP on breastfeeding, and a double-page article was published in 'The Pulse'. It is hoped that the EDP will run a more detailed article in future.

MSLC web page

We are currently working on the development of a web-page linked to the NNUH website which will provide information on the MSLC and may also allow women to give online feedback on their experience of the maternity service.

3b Major issues addressed by the MSLC

Caesarean section rates

This has been a major area of discussion over the past year as it is felt that the rates of both emergency and elective caesareans at NNUH could be reduced. Members have explored the reasons for the current relatively high rates and ways in which they could be brought down. Specific areas which have been addressed are:

- The links between induction and CS: this has led to the adoption of a more accurate system of dating pregnancies which it is hoped will reduce induction rates. The committee discussed the possibility of changing NNUH policy so that induction is offered to women at term +14, rather than the current term +10. However the obstetric division were unable to agree to this change as there is a lack of evidence relating to the period between T+10 and T+14.
- The use of foetal blood sampling to inform decisions re emergency CS: an audit showed that FBS is being used appropriately as part of the decision-making process. There is therefore no scope for reducing CS rates by changing policy or practice in this area.
- Measures taken by other maternity units to reduce their CS rates: users have provided details of the successes achieved in other units, however NNUH staff have not felt that these measures would be appropriate to this unit.

Staffing levels

A major concern throughout the year has been the staffing levels within the maternity service and the impact which this has on those staff in post and on the care provided to women, including the closure of the delivery suite on a number of occasions. The committee was pleased to note that an additional 16 newly qualified midwives were appointed in autumn 2005 and hopes that this will have a significant impact on service delivery.

Maternity services strategy

During 2003 the MSLC held a series of workshop sessions to identify our priorities for the future development of the maternity services. A work programme and action plan were produced based on the outcomes of these sessions (see Appendix 2). However there was clear overlap between our work programme/action plan and the areas being addressed by the Maternity Strategy Steering Group formed in 2005. Our plans have therefore been handed over to the MSSG and have been taken into account by that group in preparing their five year strategy for the maternity service.

Home birth

Discussions on this issue have focussed on Users' ongoing concerns that the maternity unit is not able to offer a fully resourced home birth service. Concerns were also raised about the home birth information sheet which women requesting a home birth are required to sign.

Treatment of tongue-tie in newborns

Users raised concerns that babies with tongue-tie were not getting proper treatment to resolve the problem. The Head of Midwifery discussed the provision of this treatment with colleagues in paediatrics and looked into the feasibility of getting midwives trained to provide the service. Following staff changes within paediatrics it has been agreed that the service should continue to be provided by that division. The MSLC will review the situation later this year.

Unicef Baby Friendly status

The committee has been monitoring the progress which NNUH is making towards achieving this status, which should improve breast-feeding rates.

Other issues raised by Users

During the year, a number of other areas of concern have been raised by Users and discussed by the committee, including:

- maternity service policy and practice for minimising the risk of MRSA
- referral procedures between NNUH and the Gilchrist Maternity Unit
- ways of normalising caesarean deliveries
- issuing of formula milk by the post-natal ward.

3c Information considered 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 quarterly summary of comments and complaints made about the maternity service should be provided for the committee, although there have been some problems in receiving this over the past year. It is hoped that the information will be provided regularly in future.

Service information

NNUH informs the committee about planned or actual changes and developments to its maternity services and invites comments. Over the past year, this has included:

- the reorganisation of community midwifery teams
- introduction of a new national initiative to test the hearing of newborns
- changes to visiting hours
- production of a new information leaflet on the Guthrie test
- labour ward policies re taking calls from relatives
- temporary allocation of a labour room to the paediatric service
- trial closure of six post-natal beds to relieve pressure on staff.

4 MSLC Work Programme for 2006/07

Our work during the coming year will build on many of the projects and issues which have featured during 2005/06, as outlined above.

4a Ongoing and new projects

Comments & suggestions scheme

The first results from this scheme will become available within the next few months, enabling the committee to identify whether there are any areas of concern to women using the maternity service which could and should be addressed by the maternity department.

Review of maternity service information leaflets

The MSLC will monitor this review and provide any input requested by the maternity department.

Labour ward environment

The labour ward environment audit will take place during this year. Any recommendations arising from the audit will be discussed by the committee and put forward to the maternity department for implementation. We are keen to see improvements to the delivery rooms to make them more homely, rather than clinical in nature.

Press coverage of maternity issues

The committee hopes to have ongoing coverage in the press of maternity related issues, particularly those reflecting 'normal' pregnancy and childbirth.

MSLC web page

The web page will be developed during this year, allowing us to both raise the profile of the MSLC and encourage local women to become involved in our work.

MSLC Terms of Reference

New guidelines on the way MSLCs should operate was issued by the Department of Health in February 2006. We will be studying these guidelines to see whether and how they may impact on our terms of reference and ways of working.

Communication with other user groups

The MSLC would like to establish better links with other groups involving service users, such as the Labour Ward Forum and the Patient and Public Involvement Forum.

4b 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. The main issue is the number of midwives which the service is able to employ with its current staffing budget. The MSLC strongly supports the maternity department in bidding for funds to take on further cohorts of newly qualified midwives once they have finished their training at UEA.

Work of the Maternity Strategy Steering Group

The MSLC is keen to offer any support it can to the MSSG to address the service priorities we have identified. Once the group's strategy document has been finalised, the focus will move to implementation and the MSLC will be kept informed of progress.

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.

Unicef Baby Friendly Status

The MSLC is concerned that funding is not readily available to enable the maternity department to pursue its 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.

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 their babies who use the NNUH maternity services.

N&N MSLC

April 2006

Report distribution

NNUH Chief Executive
S Norfolk PCT Chief Executive
NNUH PPI 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
National Perinatal Epidemiology Unit

Norfolk & Norwich Maternity Services Liaison Committee

TERMS OF REFERENCE

October 2002 (updated March 2006)

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 Southern 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 Southern 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.

Southern 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: Southern 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.

**Maternity Services Liaison Committee
Action Plan for Taking Forward MSLC Work Programme.**

	Action	<i>Lead</i>	<i>By</i>	<i>Progress to Date</i>
1.	<p>Pre Conception <i>Goal</i> "Education and information to ensure all pregnancies are planned and that all men and women have access to pre-conception advice (through schools, FP clinics etc), ensuring at risk groups are targeted and given specific professional information and support."</p>	TSL / BK		Actions fall outside the remit of the MSLC. Recommended that links be made with existing work in this area for example teenage pregnancy coordinator.
1.1	Identify the information to be disseminated (general and specific)		Dec 2005	
1.2	Seek/produce information in appropriate forms			
1.3	Establish relationships with appropriate agencies			
1.4	Disseminate information.			
1.5	Measure whether all service users have had access to information		Dec 2006	
1.6	Measure whether there have been lifestyle changes as a result.			
2.	<p>During Pregnancy <i>Goal</i> "Support all women through information and choice with access to achieve quality, safe and rewarding pregnancy, aided by appropriate and adequate professional care." <i>Targets</i> By December 2005 we will:</p> <ul style="list-style-type: none"> • Identify the information to be disseminated (general and specific) • Seek/produce information in appropriate forms • Disseminate <p>By December 2006 we will measure:</p> <ul style="list-style-type: none"> • Do users feel they have had access to sufficient information at all stages? • Did all mothers access appropriate care? 	SM / JS		<i>Specific actions to be agreed</i>

	Action	<i>Lead</i>	<i>By</i>	<i>Progress to Date</i>
	<ul style="list-style-type: none"> • Did mothers achieve their choice? • Maternal and neonatal outcomes. • User satisfaction. 			
<p>3.</p>	<p>Intrapartum</p> <p><i>Goal</i> Midwifery model:</p> <ul style="list-style-type: none"> • midwife led unit • midwife consultant • 'normal' birth • autonomy – better place for midwives to work, therefore will recruit/retain more midwives <p>Midwifery led Day Assessment Unit Possibly community based midwifery unit. 100% start midwifery model. 20-30% will need to move to the medical model.</p> <p><i>Needs</i></p> <ul style="list-style-type: none"> • Staffing (this will be helped when midwifery students qualify September 2005) • Budget – define business needs; cost neutral. • Pathway mapping. <p><i>Measures</i></p> <ul style="list-style-type: none"> • Percentage and numbers of women having midwife led care (start/end point) • Impact of day assessment unit on <ul style="list-style-type: none"> - labour ward bed occupancy - waiting time in triage - Presence of consultant midwife would help normalise birth 	<p>SM</p>		<p><i>Specific actions to be agreed</i></p>
<p>4.</p>	<p>Post Natal</p> <p><i>Goal</i></p> <ul style="list-style-type: none"> • Holistic postnatal care, delivered by: midwives, maternity assistants, peer support • Extension of timescale beyond current 10/28 days <p>Maternity Assistants (NVQ) on community</p> <ul style="list-style-type: none"> - delivering individual, personal care - appropriate use of midwife time - better breastfeeding support. 	<p>GM</p>		<p><i>Specific actions required</i></p>

	Action	<i>Lead</i>	<i>By</i>	<i>Progress to Date</i>
	<p><i>Measures</i></p> <ul style="list-style-type: none"> • Increase in breastfeeding rates • Numbers of midwife assessments of newborn • Early discharge/readmission rates (bed days used) • Effectiveness of maternity assistants/community: retrospectively, pilot study • Maternal satisfaction with improved care 			
<p>5</p>	<p>Support Required by MSLC</p> <p>One group then identified the types of support which will be needed to help achieve these goals, including mechanisms, structures and information:</p> <ul style="list-style-type: none"> • Help to write business case plans • Admin and project management support/funding • Consensus amongst PCTs, all health professionals, commissioners • Willingness to embrace change and help shape change at all levels. • Spaces <ul style="list-style-type: none"> - in health centres to deliver community care (but need to consider transport problems/access issues) - office space for admin support (being looked into at board level) <ul style="list-style-type: none"> • Avenue to input to board decisions • Mechanisms to allow business case to be heard – advocate/presenter. (Central Norfolk Leadership Board – Phyllis Shelton/Garry Shayes) • How PCTs function and how to access channels • Information needs – examples of good practice, eg Torbay midwifery model. Get experts in to speak here (funding?) • Information sharing (email newsletter?) • Input from PCTs – financial/admin 			
<p>6</p>	<p>Changes MSLC would like to make now</p>			

	Action	<i>Lead</i>	<i>By</i>	<i>Progress to Date</i>
	<p>The other group identified changes which could be made now to help achieve our goals:</p> <p>Get information to mothers pre-conception</p> <ul style="list-style-type: none"> • Local media campaign (public health/health promotion) • Develop joint approaches with services for at risk groups • Pilot – try it out in a locality <p>During pregnancy:</p> <ul style="list-style-type: none"> • Midwives to market choice better – need to define choices to underpin, and identify barriers. • User survey to establish baseline satisfaction. 			

Tara Studholme Lyons
Assistant Director Acute Commissioning
9 March 2005