



**Reading, Wokingham and West Berkshire Areas**

**Maternity Services Liaison Committee**

**Annual Report March 2011-2012**

**Catherine Williams  
MSLC Chair**

## 1.0 About the MSLC

The Maternity Services Liaison Committee ('MSLC') is an independent working group that reviews how maternity services are working locally. The Committee reports to the Primary Care Trust. Formal contact with the Royal Berkshire Hospital Foundation Trust ('RBH') occurs mainly through the clinical governance structure of the hospital: an MSLC service user member attends hospital maternity clinical governance meetings, and the governance committee receives a copy of the MSLC minutes.

- i. The MSLC's formal role is to advise the Primary Care Trust commissioning maternity care and other commissioners on all aspects of maternity services, including:
  - strategy for service.
  - progress on implementing the standards and recommendations of the Children's National Service Framework in the area
  - lessons from investigations and reviews of maternity services by the Care Quality Commission
  - service specifications for maternity service contracts
  - public and service user involvement.
  - configuration of services.
  - quality standards for maternity services and ways of monitoring standards
  - clinical governance, audit and guidelines for clinical care
  - the consistency in delivery of maternity services and clinical practice across the district, based on reliable research evidence.

The committee operates under the terms of reference set out in the *National Guidelines for Maternity Services Liaison Committees*. (Department of Health, 2006).

- ii. The MSLC aims to ensure that maternity service commissioners and the maternity unit at the Royal Berkshire Hospital, Reading ('RBH') take account of the views of women and families using maternity services.

At its quarterly formal meetings, this multidisciplinary group, which includes service users, midwives, service user representatives, a commissioner and an obstetrician, looks at variety of topics raised by both service user and health professional members.

## 2.0 Membership of the MSLC

Please see Appendix 1 for a list of current members. A lay member (service user representative) chairs the committee and it meets quarterly. The current Chair of the committee was appointed in November 2011. The Chair receives an honorarium. Service user representatives are volunteers and are paid out of pocket expenses (including childcare and travel costs).

## 3.0 Our work in 2011-12.

The work we have done is summarised in the table below. In our last report we mentioned the design and publication of a leaflet and poster: these have brought us a small but steady stream of enquiries about the MSLC in recent months, and some new volunteers. All women booking their care with the RBH maternity team receive a copy of the leaflet, and the posters are placed in a variety of community venues.

Aims for 2011-12 in 2010-11 report	Activity in 2011-12
1. General duties under terms of reference: monitoring service commissioning, strategy, progress in implementing national policy/targets etc.	<ul style="list-style-type: none"> <li>• Discussion at quarterly MSLC meetings; new standing items section on agenda in 2012.</li> <li>• MSLC service user member and chair attend maternity clinical governance (Jen Townsend and Catherine Williams)</li> <li>• contact between chair and RBH/PCT between meetings.</li> </ul>
2. Develop the collection of feedback from parents, and the MSLC Parent Group, to support the work of the committee.	<ul style="list-style-type: none"> <li>• Ongoing – collecting feedback. Feedback collection questionnaire developed &amp; in use.</li> <li>• MSLC Parent Group has reviewed its proposed 'early weeks of pregnancy drop-in', especially likely reach in the available location; referring to MSLC terms of reference, Parent Group has decided to prioritise collecting feedback on services, focusing on Children's Centres to reach a more diverse range of parents.</li> <li>• Ongoing – developing draft MSLC Parent Group Blog</li> </ul>
3. Obtain feedback about postnatal care and review the care (including breastfeeding support) given to mothers following birth within the Royal Berkshire Hospital.	<ul style="list-style-type: none"> <li>• Information from West Berks Link survey and other feedback from women to service user members/reps suggests strongly that this is an area needing review.</li> <li>• Service User Reps working with RBH on visiting hours survey as part of thinking about women's experiences postnatally.</li> <li>• Need to consider what might be helpful and practical to explore further/recommend.</li> </ul>
4. Adopt formal terms of reference (ToR) for the MSLC	<ul style="list-style-type: none"> <li>• This MSLC already operates under standard MSLC ToR (Dept of Health, 1996).</li> <li>• A copy with our MSLC logo has been prepared.</li> </ul>
5. To continue to work to meet the recommendations of the Maternity Review that relate to the MSLC, and generally to monitor implementation of the Review recommendations.	<ul style="list-style-type: none"> <li>• Service user reps continue to attend relevant meetings (Sarah Curtis, now joined by Catherine Williams)</li> <li>• Work relevant to MSLC complete (terms of reference checked; leaflet published; feedback collection ongoing)</li> </ul>

6. Continue with the Birth Environment Audits.	<ul style="list-style-type: none"> <li>• Audit done March 2012 (see Appendix 2)</li> </ul>
7. Continue to comment on information provided to parents, policy documents and protocols in the MSLC area	<ul style="list-style-type: none"> <li>• Chair talked to auditor during the Information Standard Assessment (review provisionally awarding maternity unit a national quality standard for information provision – and specifying work to be carried out in 2012 to achieve ratification of award)</li> <li>• Chair receives and comments on draft leaflets before each clinical governance meeting</li> </ul>
8. Maintain liaison with other groups including the Storks Fund and build liaison with other hospital groups,	<ul style="list-style-type: none"> <li>• Liaison with Stork Fund continues (Lisa Ramsey and Sarah Frost)</li> <li>• Catherine Neil has joined us to represent Buscot parents</li> <li>• Chair attending RBH Patient &amp; Public Involvement Stakeholder group.</li> </ul>
9. Monitor progress towards opening of the separately managed Midwife Led Unit.	<ul style="list-style-type: none"> <li>• MSLC agenda standing item for 2012</li> </ul>
10. Facilitate a good working relationship between all members of the committee.	<ul style="list-style-type: none"> <li>• All of the above, contributing to maintaining good working relationships; Trust and PCT supportive of and welcoming to service user involvement.</li> </ul>

#### 4.0 Topics discussed in our meetings

These have included:

- feedback on services collected by service user members when they have been out in the community visiting mother and baby groups and working with women (several members are involved in providing antenatal preparation for birth; two are doulas);
- the early labour triage line;
- RBH's application to achieve level 3 in the Clinical Negligence Scheme for Trusts (CNST) – a measure of the quality of the measures that the maternity unit has in place to promote good practice and safety;
- provision and location of 'out of hours care' by midwives (weekend and Bank Holidays);
- progress against 'CQUINS' targets – part of a national scheme in which targets are set for RBH to achieve which, if met, result in payments to the Trust. Targets of interest to MSLC include the caesarean birth rate and the 'normal birth rate' (normal birth is defined as vaginal birth without the aid of forceps/ventouse irrespective of whether the labour has been induced or is spontaneous, and also includes epidural analgesia and any intervention, i.e. augmentation);
- RBH project to review and streamline the 'induction of labour' process, to reduce delays for women; this involved interviewing women to understand their experiences – service user members were able to put the project team in touch with women who were willing to be interviewed;

- the ending of provision of antenatal classes in Hungerford, for capacity reasons; the background to this; women's concerns;
- complaints received by the maternity unit;
- staffing and capacity updates including details of occasions when the unit is operating at full capacity;
- the decision not to award the RBH neonatal unit 'level 3' status;
- the creation of the new 'Poppy Team' - midwives who work with vulnerable women;
- a presentation on feedback collected for MSLC by the Reading and District Twins Club.

Copies of Minutes of all MLSC meetings held in 2011/12 are held by the Chair and by the Berkshire West Primary Care Trust (NHS Berkshire).

## **5.0 MSLC Parent Group**

A service user forum, now called the 'MSLC Parent Group', has been set up to inform the work of the MSLC and to contribute to MSLC projects. The current members of the forum are the lay members of the MSLC together with some new Parent Group members. Meeting initially in a volunteer's house, this group has moved to a community venue (a church hall meeting room) during 2011-12, and plans to meet in a children's centre in future.

The group provides support to service user members and time to discuss MSLC work. It is hoped that in the future it will grow to include Parent Group members whose contribution will support and inform the work of the MSLC, particularly bringing in feedback on services to the formal Committee.

## **6.0 Liaison with other groups**

### **6.1 RBH Maternity Clinical Governance Committee** (MSLC reps Jen Townsend and Catherine Williams)

We continue to attend these monthly meetings, which are about risk management and good practice. The formal business – part of the overall Trust risk-management structure - includes discussion and approval of new and revised guidelines, protocols and maternity information leaflets; review of particular cases where practices might need to be reviewed; complaints; staffing and capacity; and making arrangements to share NHS-wide alerts about clinical matters and new policy guidance e.g. NICE guidelines.

Matters discussed in recent months have included:

- The action plan following review of a maternal death in 2011.
- Review of the induction pathway.

- The trust 'bare below the elbows' hygiene policy – the need to make partners accompanying women into theatre aware.
- Checking consistency of understanding amongst staff about 'categories' of caesarean section.
- New or revised information leaflets on a huge variety of topics including skin-to-skin contact, premature rupture of membranes, Group B streptococcus infection, advice for the postnatal period, tears and stitches and assisted vaginal birth (the MSLC Chair receives the leaflets before each meeting to review and comment.)

## **6.2 RBH Patient and Public Involvement ('PPI') Stakeholder Group** (MSLC rep Catherine Williams)

This group is attended by representatives of various hospital PPI groups and the chairs of local LINKs (local involvement network groups – services users review health and social care services). RBH is currently restructuring its PPI arrangements, looking ahead to the effect of NHS reforms (LINKs will be replaced by local Healthwatch). At the January 2012 meeting of the group the MSLC Chair explained the nature and role of MSLC (independent, supported by and reporting to the Primary Care Trust), and mentioned some of our work.

## **6.3 Other groups**

The Chair and Sarah Curtis attend the Maternity Implementation Group that has followed up the work of the Maternity Review detailed in our 2010-11 report. This group continues with a focus on issues that may arise during the transition to new commissioning arrangements in 2013.

The Chair is a member of the RBH Maternity Information Group that oversees the process of creating, updating and publishing RBH Maternity Information Leaflets.

We continue to have a strong link to the RBH Stork's Fund, which raises funds for the maternity unit, and thank Lisa Ramsay (Service User Representative) for acting as liaison person and also being personally involved in fundraising events for the Fund.

## 7.0 2011-12: Chair's Review

### Our area: some background and context

The RBH maternity unit continues to be busy, with 5817 births (5918 babies) in 2011-12 (5,963 births in 2010-11; 5935 births in 2009-10).

Key end of year figures for 2011-2012 were:

58.0% normal births (spontaneous vaginal births - see section 4 above)  
16.0% assisted births  
26.0% births by caesarean section.

During the year, it has been pleasing to note progress in reducing the caesarean section rate – while there has been some variation from month to month, the trend seems to be downwards.

A full analysis of the RBH data for 2010-11 is contained in the RBH Maternity Services Report available from the RBH internet site:

[http://www.royalberkshire.nhs.uk/maternity\\_information](http://www.royalberkshire.nhs.uk/maternity_information) (see 'Reports' link)

Additional background information to set the MSLC's work in context is provided by the Joint Strategic Needs Assessment for Berkshire West 2010/11 (Demography), available from <http://www.berkshireobservatory.org/Health/JSNA/Berkshire-West-JSNA/>. This notes:

- the mix of wealthy and very deprived areas across Reading, Wokingham and West Berkshire (pp. 16-17).
- that Reading is the third most ethnically diverse town in the South East (p.8) and
- that ensuring that the provision of services across the area is equitable and accessible is important, given the geographical variation across the region, with very rural areas contrasting with the Reading/Wokingham conurbation - *'It is recognised that access is a major issue to people without access to a vehicle in rural areas.'* (p,21)

### Collaborative working, and developments at RBH

As a member of this MSLC, and more recently as its Chair, I have been pleased that midwifery projects, small and large, are brought to our attention as they are planned, and service user members are invited to be involved, or to bring in parents to contribute. As Chair, I have been welcomed by the obstetric team and other staff as a new attendee at Maternity Clinical Governance meetings and the Maternity Information Group.

Throughout the year, the Committee has been pleased to hear reports of progress towards opening of the new Midwifery-Led Unit (MLU) within the hospital later in 2012, which will have more rooms than the existing midwifery-led facility. I am also pleased to note that in 2011 the RBH Trust Board approved a plan to recruit more midwives for the service than the 'establishment' (officially recommended) number. While recruitment to this level has not yet been achieved, this is a very positive development

### **Feedback from parents on maternity services: themes**

The feedback that service user members have collected from women (and some partners) this year can be grouped into the broad themes listed below. These match, in broad terms, the impression of services that the service user representatives have formed through attending formal MSLC meetings and working alongside health professional members through the year. Overall, parents report that the service is extremely busy, and staffed by people whose commitment to what they do and professionalism is immense.

Themes:

- Comments on care in labour are usually very positive, with women often wanting to commend individual midwives for their care. See also our Birth Environment Audit (Appendix 2), which made positive findings
- Some women express frustration at not always being able to speak to their community midwife when they call (back-up numbers are always provided and MSLC has been pleased to be involved in commenting on the standard telephone message that includes these details) and feeling that the community midwifery team is very busy.
- Experiences of medical induction of labour can be disheartening if the process is lengthy – MSLC has been pleased to support the RBH project to improve this process.
- There is awareness in the community that occasionally small numbers of women are directed to other maternity units when in labour because all RBH birthing rooms are in use. The MSLC will continue to monitor these diversions in 2012-13, hoping that service developments (such as streamlining the process for induction of labour) and the opening of the new MLU will reduce the likelihood of this happening.
- Women in the Newbury area, where service user representative Claire Bushell has been very active through the year collecting feedback from children's centres, continue to express interest in having a birth centre locally and a wish to have more midwife-led rooms at RBH in the meantime; themes emerging have also included a lack of continuity antenatally (seeing different midwives), wanting more postnatal visits,

and disappointment at the withdrawal of antenatal classes in Hungerford (which we have discussed at MSLC).

- The area of care that women most consistently suggest could be improved is postnatal care and breastfeeding support – on the ward in hospital, and at home. Women comment with sympathy that staff in the hospital seem rushed and under pressure, while feeling that their own needs have not always been met.
- A strong sense that maternity services team really matters to our communities in West Berkshire, Wokingham, Reading and South Oxfordshire.

## **8.0 Work for 2012-13**

We aim to:

- continue to work with RBH on midwifery service improvement projects
- continue to help with the development of the pilot project to extend visiting hours for partners and the possible extension of this into a pilot project to allow partners to stay overnight (subject to availability of suitable rooms and other necessary conditions)
- continue to monitor progress towards opening of MLU and also key indicators such as numbers of complaints, staffing and capacity (including diversion periods), normal birth and C-section rates.
- monitor the impact on parents and families of the decision not to award the RBH neonatal unit 'level 3' status
- continue collecting feedback on services, focusing on visiting childrens' centres where we hope to reach a more diverse range of parents (MSLC Parent Group)
- recruit more service user members, as several are unable to continue to volunteer with us into 2012-13
- develop links to the new (shadow) commissioners and explore how we can work together in the new commissioning arrangements from 2013

## **9.0 Acknowledgements**

The Chair would like to take this opportunity to thank Sarah Curtis, the previous Chair, who made a significant contribution to the Committee and its work during her time as Chair. Thanks also to all the MSLC members - service user representatives and health professionals - for their time and commitment. The support given to the MSLC by both Berkshire West Primary Care Trust (now part of NHS Berkshire) and the Royal Berkshire Hospital NHS Foundation Trust is appreciated.

## **Appendix 1: Membership List.**

Catherine Williams	Chair / Service User Rep (Trainee NCT Antenatal Practitioner, Twyford & Henley) (Chair from November 2011)
Sarah Frost	Service User Rep
Jen Townsend	Service User Rep
Lisa Ramsey	Service User Rep (Doula, Lamaze)
Claire Bushell	Service User Rep (Homebirth/Hypnobirthing – Newbury area – to March 2012)
Sarah Curtis	Service User Rep (NCT Antenatal Practitioner, Reading) (Chair to November 2011)
Karen Mitchell	Service User Rep (Doula, Lamaze)
Amy White	Service User Rep (NCT Antenatal Practitioner – Newbury area, from March 2012)
Debbie Smith	Service User Rep (NCT – Chair, Reading Branch)
Catherine Neil	Buscot (neonatal unit) Service User Rep (Buscot Parents' Drop-in Leader; NCT Postnatal Practitioner).
Helen Willingdale	Twins & Multiples Rep (Associate Member)
Gill Valentine	Director of Midwifery, RBH
Sally Murray	Berkshire West Primary Care Trust (to Nov 2011)
Shairoz Claridge	Berkshire West Primary Care Trust (from Jan 2012)
Jane Siddall	Obstetrician
Kate Nash	Trainee Consultant Midwife, RBH
Annette Weavers	Consultant Midwife, RBH
Louise Webb	Supervisor of Midwives, RBH
Linda Rough	Matron for hospital maternity services
Jean Sangha	Matron for community and midwifery-led services

## Appendix 2 – Birth Environment Audit

### **Royal Berkshire Hospital Delivery Suite and Marsh Midwifery Led Unit**

Date 08 March 2011  
Time 1100

Audit carried out by :       Jen Townsend MSLC Member (Service User)  
  Amy White MSLC Parent Group Member

For operational reasons, it was necessary for us to agree the time and date of this audit visit in advance with the Maternity Unit team.

The audit toolkit used is published by the NCT (date of publication) – a copy is attached in the Appendix to this report.

### **Main Labour Room Score 13/20**

Labour Room 8, the home from home room, the pool room and one of the rooms on the Marsh Midwifery Let Unit were viewed as part of this audit with the focus being on room 8.

This was a good sized room with the bed in the middle of the room. The bed was set up in a chair position with the back raised and the base of the mattress down. There was a minimal amount of medical equipment on show. The Glove and apron box was mounted on the wall at eye level. The room also had a birth stool, birth ball. These items were next to the bed and clearly visible. There were no pictures on the walls or reclining chair for the birth partner. The room had a clinical feel and is in need of some redecoration.

The room achieved the full 2 marks in 2 of the 10 areas.

**Access to the Toilet** – The room had an en suite shower and toilet, which was clean and well presented.

Score 2/2

**Cleanliness** – The windows were dirty on the outside however the room looked clean and tidy. The surfaces were clear of equipment and obstructions making cleaning easy.

Score 2/2

**Decoration** – The paintwork in the room was in need of a freshen up and showed watermarks especially by the sink area. The cupboards were of a dated style. The room could benefit from redecoration.

Score 1/2

**Room Quality** – The room had one high back vinyl chair,

There were no pictures, no drink or snack facilities in the room however there was a vending machine in the corridor outside. Despite this the room felt quite light and spacious and not unpleasant.

Score 1/2

**Furnishing** – The large multifunction bed is the main focus of the room however it is set in a reclining chair position not presented as a flat bed. It is possible to remove the bottom section of the bed enabling the mother to labour in a sitting up position with her feet supported or can be used as a support while the mother is using the birth ball. The chair in the room was a padded vinyl chair with no recline feature.

Score 1.5/2

**Space** – The room is spacious but is mainly taken up by the bed. There isn't much room to walk around in the room however it would be possible to move the bed to one side of the room and have more space on the floor. You would need a mat to labour or give birth using the birthing aids or comfortably on the floor. Having spoken to the ward manager these mats are readily available.

Score 1/2

**Water / Washing Facilities** - The room had an ensuite shower (wetroom) and toilet. There was no bath or pool available in the room. These facilities were well presented and felt relatively modern and clean.

Score 1/2

**Privacy** – The room has a curtain across the door and blinds at the windows. These were pulled back at the time we saw the room. The blinds would have to be pulled to maintain privacy as the Paediatric dept is across the alleyway from the maternity block and has windows overlooking the delivery suite.

All rooms are accessed from the main corridor so it is important the curtain in front of the door is used to maintain privacy.

'Midwifery led Birth' signs are available in the staff area and are placed on the doors of the rooms for mothers that are having a midwifery led delivery. Access to the room for medical staff is then limited for the duration of the birth unless a medical emergency occurs.

Score 1.5/2

**Control over light and heat** – The room does not have air conditioning and the windows do not open. The lights in the room aren't dimmable but there is a smaller light strip light above the bed and angleable examination lights in some of the rooms. There was a fan on the wall near the bed.

Score 1/2

**Labour Aids** – The room had a ball and birthing stool both clearly visible by the bed.

Score 1/2



### **The Pool Room**

This room was very nicely decorated with a painted mural on the wall. The blinds were closed, however it didn't feel particularly overlooked. This scored an impressive 15/20 on the birth environment audit tool. There was a birth ball stool and large mat on the floor as well as a hoist which was positioned out of the way in the far corner of the room. The room was clean and had a single vinyl covered chair for the birth partner to use.

The pool room shares an ensuite facility with the 'Home from Home' room next door. We were told that it is very unusual that the two rooms are utilised at the same time.

There was some storage of medical supplies under the counter top on entrance to the room which would benefit from being cleared to ease cleaning and give a better impression in the room. Otherwise it was very nicely presented, calm and peaceful environment.



### **The 'Home from Home' Room**

The 'Home from Home' Room has a large 'domestic' double bed in the centre of the room a chest of drawers and an attractive wooden rocking crib. It feels much more homely and less medicalised than room 8 .This also scored an impressive 14/20 on the birth environment audit tool.

This room felt more in need of the décor refresh as there were scuffs to the walls in places however it felt a nice peaceful room in which to give birth. It also shared an ensuite with the pool room. However as detailed above it is extremely rare that the two rooms are used at the same time. This room might provide a good environment in which to give birth if a preferred home birth was not an option.



### **Marsh Midwifery Led Unit**

One of the rooms was in use at the time of the audit and one of the rooms was being made up after being cleaned.

The room we saw was very nicely decorated in neutral colours. It had lovely pictures and a mural on the walls depicting peaceful scenes from nature. There was an attractive film on the windows in a floral design giving privacy and diffusing the light.

Instead of a hospital bed there was a curved mattress against the far wall and a large mat on the floor. There was a birthing stool in the ensuite bathroom.

The room was clean and nicely presented. The furniture was homely with a rocking chair



and side tables.

### **Other information, findings and items discussed**

- The staff we met were welcoming and very happy to show us around and answer any questions we may have had. Judith Tuckey (Delivery Suite Manager) showed us Room 8 as well as the Pool Room and the 'Home from Home' Room. A fellow midwife was also kind enough to show us around the MLU room up on Marsh Ward both members of staff were cheerful, welcoming and proud of their unit.
- The 'public' areas of the unit i.e the corridor and the main reception are very warmly decorated with suitable and homely pictures on the walls. The reception was manned and had a 'Midwife in Charge' picture and name clearly displayed.
- The main corridor was kept clear of all obstructions and equipment giving a bright spacious and not overly clinical feel to it. The only equipment in the corridor was the

- resuscitaire and scales. Down the far end of the Delivery Suite there were some building works being carried out. There was a visible barrier around a door way in the corridor; however everything was being done to keep disruption to a minimum.
- Room 8 had no CD player but had a working PatientLine Set.
- No CTG machines were present in the rooms which we felt to be excellent. A Pinard Stethoscope was present and visible.
- Posters encouraging alternative positions for labour and recommending skin to skin contact were on display in each of the rooms and were clearly visible.
- The triage line is working very well. We were told that there are fewer mothers arriving at the unit in very early labour (1-2cm) meaning there are smaller numbers being sent home again. Feedback is showing that people are finding it very beneficial and reassuring to have a named person on the phone whom they are able to call back if they have any questions or their situation changes. More time is being spent with the mothers on the phone too with some calls lasting up to 15 minutes, when appropriate

### **Action Plan**

- Building work has begun on the new MLU Rushey Ward. This has been a stop start process due to unforeseen structural issues and hence increased costs but is now going ahead and we were told that the plan is for it to be open at the beginning of August 2012. The Delivery Suite is also due a paint refresh. This would have been done sooner but the timing has been affected by the delays to the MLU building works. The MSLC would like to be involved in the consultation, development and implementation of these programs.
- There are some criteria on the Better Birth Environment audit that are outside of the parent or midwife control (e.g. soundproofing, air conditioning and buildings maintenance) We would like the Hospital management team to work with the Maternity Unit to review and, if possible, address these items as part of the changes being made with the new developments.
- The MSLC will continue to liase with the Maternity Unit's Stork Fund allowing more birth aids to be purchased, improving the facilities currently available.
- Date of next Audit March 2013

We would like to thank Judith Tuckey (Delivery Suite Manager) and Gill Valentine (Director of Midwifery) for welcoming the audit and helping us to make the necessary arrangements.

**Jen Townsend and Amy White**