



Report of activity September 2015 – August 2016

BHRUT Maternity Services Liaison Committee

**Written by: Felicity Smith, Chair and Laura Mayor, Co-Chair
September 2016**

'In every area there should be an effective multi-disciplinary maternity services forum, where commissioners, providers and users of maternity services bring together their different perspectives in partnership to plan, monitor and improve local maternity services. In many areas a maternity services liaison committee (MSLC) has become well established which provides this function.'

Taken from Department of Health's, National Guidance for Maternity Services Liaison Committees (MSLCs)

Introduction

The Maternity Services Liaison Committee at Barking, Havering and Redbridge University Hospital Trust has been building on the work that was started in 2014-2015 which started to transform a relatively small MSLC to a larger group that has wider influence and input into the Maternity pathway. This year's work has been slightly 'hit and miss' with some areas that have gone well and others that need further focus.

This report picks up on some of the things that the MSLC has done in the last year and the varying degrees of success. It also picks up on some ideas for the future and the action plans of how to make these things a reality.

Why are MSLC's important?

MSLC's have an invaluable role to bring the user voice into both providers of maternity services and commissioners of the service itself. Through recognition of the user voice and the role that users have, services can be tailored to ensure that the best service is given.

'As users of the service, women and their partners can make valuable contributions to the design and provision of maternity care. For nearly 30 years, Maternity Services Liaison Committees (MSLCs) have been the means by which service users have been able to make those contributions. They have an excellent track record: maternity services have changed to meet the expressed needs of women and their partners and babies, more than any other service. This is due at least in part, to the unique approach of MSLCs and their consensual, multidisciplinary ethos.'

Taken from Maternity services liaison committees (MSLC's): a consensus statement from NCT, RCM and RCOG.

However, the MSLC is not a user group – MSLC's have to be multidisciplinary independent advisory groups to commissioners. This encourages a different level of discussion with variety of parties involved – and 'for the resulting consensus to be fully integrated into decision-making in an affective, timely and appropriate way'¹.

Changes in the MSLC leadership structure

Previously, Felicity Smith has been the Chair of the MSLC with two vice-chairs, Jodie Calder and Annette Chandler. In February 2016, both Jodie and Annette stood down as vice-chairs and therefore, Felicity considered the resource needed for the MSLC leadership team. Great thanks was given to both Jodie and Annette for their assistance in developing the MSLC and the dedication given.

Laura Mayor joined the MSLC leadership team in May 2016 after Felicity Smith recognised the greater need for resource to help drive the MSLC forward and engaging with different service users

¹ Taken from Maternity services liaison committees (MSLC's): a consensus statement from NCT, RCM and RCOG.

etc. Laura has particularly come on board to help push forward the communication channels and aid the strategic direction of the MSLC.

Areas of work since September 2015

Since September 2015, there has been a focus on improving communication channels to hopefully engage more service users. This has been stalled partly through lack of financial support from the CCG (see more below), however has been boosted since Laura Mayor came on board as Co-Chair. There has also been focus on the areas of our action plan which was laid out for the year.

Areas of work outlined in action plan:

Headline	Action/Description	How it will be measured?	Team involved	Impact assessment
Triage	Triage is a constant area which needs developing. Along with working with BHR staff to share messages of when to use triage, MSLC will walk the patch in triage too – not speaking to staff or users but to get impression of how Triage is being used to see if there are ways to help BHR hit targets of responding to user need	Red to Green on the dashboard	Triage team MSLC users qualified in 'walk the patch' Local antenatal provision organisations	<p>Work in this area is just beginning. MSLC members attended meetings of the Triage staff to discuss particular issues that they are facing and spoke at length to key Triage staff. These were:</p> <ul style="list-style-type: none"> - 'Frequent fliers', people repeatedly coming to Triage when they don't need to - Space – not having enough space to work and also to give users privacy to have discussions that can't be overheard <p>Since the feedback, the MSLC and staff from BHRUT have developed a poster to help users identify why they should be using triage. There has also been conversations with the estates team regarding changing the layout of the Triage area to help utilise space more effectively. Although this doesn't mean more beds, it would mean that those waiting won't be waiting in the hallway.</p>
Impact and actions – WHOSE SHOES ACTION PLAN	Working alongside a pledge from Whose Shoes, MSLC will provide assistance to BHR staff on complaints, and following up walk the patch feedback with quick actions. Also gathering and acting on feedback from FFT	Decrease in complaints by 10% in the next year.	Head of maternity, Dashboard, MSLC Chair and vice-chairs	The complaint rate since September 2015 has remained around the same mark, with the highest amount of complaints in a month being 8 and the lowest being 2. However there hasn't been a sizable decrease and therefore we will continue to monitor this.

<p>Postnatal care</p>	<p>MSLC wants to improve communication in postnatal wards between staff and users, to ensure users feel communicated to and are getting the support they need to in hospital.</p> <p>MSLC will publish the postnatal guide and will do 7 steps of communication that will be disseminated to staff who work in postnatal to put them in the users' shoes.</p> <p>MSLC will also take part in interviews of new maternity staff to ensure focus on user experience and will look to talk in the mandatory training of all maternity staff.</p>	<p>MSLC will monitor the impact in terms of feedback during walk the patch sessions</p> <p>Evaluation of MSLC involvement in maternity staff.</p>	<p>MSLC BHR staff</p>	<p>While the 7 steps of communication haven't been written, the MSLC has had a great impact in the postnatal departments. From Walk the Patches, a number of users highlighted that their issues didn't seem 'buzzer worthy' and that they wouldn't ask a question. This feedback enabled staff to start doing their own 'walk the patches' in the morning to ask users how their nights had been and if there were any questions that they have had. Feedback is already starting to come through from users that this is happening and is making users feel assured.</p> <p>The postnatal guide is still awaiting printing.</p>
<p>Being positive - WHOSE SHOES ACTION PLAN</p>	<p>To help this, MSLC will also ask for tracking on compliments and sharing good news stories that could be used in publicity or thought MSLC accounts</p>	<p>Increase in positive compliments by 10% in the next year</p>	<p>Head of maternity, Dashboard, MSLC Chair and vice-chairs</p>	<p>Since September 2015, compliment levels have varied, with the highest being 459 and the lowest being 302 in a month. However there hasn't been any sizable increase so we will continue to monitor this.</p>
<p>Diversify the user group</p>	<p>MSLC will diversify the users that are involved – by learning from other MSLC's and continuing to advertise the programme</p>	<p>User involvement in the MSLC will increase</p>	<p>BHR communications staff Money from the charity (for posters etc.)</p>	<p>This area of work is ongoing but has been stalled by lack of funding from the CCG. A number of activities have been taking place however to ensure that things that don't require funding have been done.</p>

Additional areas of work and outcome:

Area of work	Description
Twitter	At time of writing, our followers are at 198 which has grown considerably over the last year. This has been a great way to communicate with BHRUT but also wider MSLC's etc.
Facebook Group	The Facebook group has now over 98 members, who have input into discussion topics etc. This is especially useful for users who cannot attend MSLC meetings. This page is private and individuals have to request to join the group.
Facebook Page	To help promote the MSLC to a wider audience – with 140 likes.
Updated page on BHRUT website about the MSLC	The BHRUT website was re-launched in April 2016 but despite the content of the MSLC page being agreed, the page was lost. In July the MSLC began working with BHRUT communication colleagues to have it re-instated.

Barriers

MSLC Queen's faced a number of barriers this year:

- Lack of finance provided by CCG. In January 2016, the request was made formally to the CCG for finance for the MSLC – mainly for a website and promotional materials as well as covering users' expenses. A case was made, using the national MSLC guidance, which provides insights on how other CCG's fund the MSLC and to what levels. A request for £6,000 was made which was reasonable. Due to the delay, the MSLC decided to go ahead with building a 'free' website and also purchase business cards. In July we heard that these finances have been approved, but to date there is no process on how to apply and receive them to fund activities.
- Postnatal guidance. This was written in year 2014-2015 but is yet to be printed. There were a number of issues, with the MSLC logo appearing alongside the Trust logo, and a change in personnel who handled it. In July's meeting, we were assured that this will now be sent to print.

Next steps...

The MSLC has set out an action plan for 2016-2017. Alongside this action plan of tasks, the MSLC will continue to be involved in:

- Walk the patch
- Bi-monthly meetings
- Interviews with new staff for maternity
- Communication tools with current and previous service users

Appendix A – Meeting agenda and minutes from the last year