

# Gathering Views on Engagement in Maternity Services in NHS Scotland

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health and social care for  
everyone in Scotland

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[www.hisengage.scot](http://www.hisengage.scot)



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# 1. Introduction

## 1.1 Executive summary

Healthcare Improvement Scotland – Community Engagement (previously known as the Scottish Health Council) was asked by the Scottish Government to gather information about the existence, role and support for Maternity Services Liaison Committees (MSLCs) across NHS Scotland. An MSLC advises NHS boards on the care provided to pregnant women and their partners and the parents of newborn babies. The Committees exist to make sure NHS boards listen to and take account of the views and experiences of the people who use local maternity services. Made up of service users, an MSLC monitors what services are being provided to expectant and new parents and recommends changes and improvements. It acts as a voice for the people who use these services.

Going forward, the Scottish Government wants to ensure that maternity service users have:

- a voice at both a local level and national level
- good mechanisms to ensure they are aware of how to engage at a local level, and
- local engagement mechanisms that can lead to national engagement approaches.

In 2004, the Scottish Government made it mandatory for all NHS boards in Scotland to have a Maternity Services Liaison Committee.

NHS Scotland has 14 territorial NHS boards, all providing maternity services to the population they serve. Through the gathering views exercise conducted by Healthcare Improvement Scotland – Community Engagement, we found that six NHS boards had groups or committees, a further two had recently ceased to function and six areas used a range of other engagement methods. NHS Grampian and NHS Highland each have more than one group or committee.

Through our Engagement Offices (one in each NHS board area), we engaged with NHS boards and lay members to establish:

- how the MSLC was structured
- how it operated in terms of representing local service users
- how lay members were supported by the NHS board
- what lay members would find helpful to support the work of the MSLC, for example further guidance on their role, information on policy and practice and engagement with each other
- whether they would find it helpful to engage with other MSLCs formally or informally to share experience, ideas, how they would like to do that, and
- whether they would be interested in learning more about and contributing to national policy development.

We found that the majority of NHS boards had or had tried to establish a Maternity Services Liaison Committee since 2000 with varying degrees of success. During this period most NHS boards made changes and in some cases multiple changes, to the original model. Since the previous guidance relating to the Maternity Services Liaison Committees model, a number of NHS boards have adopted a range of alternative effective engagement approaches. The findings clearly indicate that the way forward for maternity services is to ensure that all engagement processes ensure that the voices of women are taken on board in a proactive and inclusive way.

Ways of promoting the MSLC varied and a common finding from the vast majority of lay members involved was the lack of information about the role of the group available to them prior to joining.

All NHS boards said that recruitment and retention of lay members was their biggest challenge. In some areas they were unable to gain public or service user interest in joining a committee and therefore were unable to establish a group.

A number of groups have acknowledged the need for a clear aim and purpose and where this was lacking, lay members felt this led to them being uncertain of their role on the group. For those NHS boards who had, or previously had, a group or committee the experience of a formal, board-room style meeting was felt to be intimidating for many members of the public, especially when considering that a service user may have a baby or young children with them.

It was highlighted that time commitment expected from lay members and staff to be actively involved in an engagement activity was difficult to manage. There was also an awareness that parents and families had a number of competing priorities and for them to give up the time required to participate could be very challenging.

The need for ongoing support and training for lay members and staff to participate effectively was recognised, as well as the need to raise the profile of why maternity services are engaging service users and carers. For some rural areas it was felt that the demographic of the group was fairly static and therefore engagement tended to be representative. In some areas, however, staff and lay members felt that engagement was not representative of recent and current service users.

All feedback received has been shared with the Scottish Government and the information gathered through this work will be used to develop and improve engagement with service users across Scotland. We will also liaise closely with the Scottish Government in order to provide feedback to participants about how the views expressed in this report have been used.

## 1.2 Current position

In 2004, the Scottish Government made it mandatory for all NHS boards in Scotland to have a Maternity Services Liaison Committee.

NHS Scotland has 14 territorial NHS boards, all providing maternity services to the population they serve. Through the information gathering exercise conducted by Healthcare Improvement Scotland – Community Engagement, we found that six NHS boards had groups or committees, a further two had recently ceased to function and six areas used a range of other engagement methods. NHS Grampian and NHS Highland each have more than one group or committee.

Area	Group/Committee Type Structure	Other
NHS Ayrshire & Arran	Maternity Services Provision Group	
NHS Borders		Other engagement methods used
NHS Dumfries & Galloway	Maternity Link Group	
NHS Fife		Other engagement methods used
NHS Forth Valley	Maternity Services Liaison Committee	
NHS Grampian – including Moray	Grampian Maternity Voices Partnership Moray Maternity Voices Partnership	
NHS Greater Glasgow and Clyde	Maternity Services Liaison Committee (has not met in 2019)	
NHS Highland – including Argyll and Bute	Highland Maternity Voices Partnership Maternity Services Liaison Committee	
NHS Lanarkshire		Other engagement methods used
NHS Lothian	Maternity Services Liaison Committee	
NHS Orkney		Other engagement methods used

Area	Group/Committee Type Structure	Other
NHS Tayside	Maternity Services Participation Network (recently disbanded)	
NHS Shetland	No current group	Other engagement method used
NHS Western Isles: Bòrd SSN nan Eilean Siar		Other engagement methods used

## 2. Discussion

### 2.1 Developing our understanding

Our priorities in gathering information about Maternity Services Liaison Committees were to:

- establish where they exist
- understand their role
- establish how they are supported and members have knowledge of where to access support to carry out the role, and
- find out whether they had the necessary information to engage locally in service improvement.

### 2.2 Scoping the current landscape

Through our Engagement Offices (one in each of the 14 territorial board areas), we engaged with NHS boards' staff and lay members of committees or groups to establish:

- how the MSLC was structured
- how it operated in terms of representing local service users
- how lay members were supported by the NHS board
- what lay members would find helpful to support the work of the MSLC, for example, further guidance on their role, information on policy and practice and engagement with each other
- whether they would find it helpful to engage with other MSLCs formally or informally to share experience and ideas, and how they would like to do that, and
- whether they would be interested in learning more about and contributing to national policy development.

### 2.3 Approach

All of our Engagement Offices carried out interviews with the relevant NHS board staff to understand the local picture and where possible, to gain the opinions of the members of the public involved in any structure.

### 2.4 Discussions with NHS board staff

We used discovery interviews<sup>1</sup> to explore with staff their awareness and experiences of engaging people in maternity services. The method encourages a conversation between the

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<sup>1</sup> [www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/Discovery-Interview-Guide.pdf](http://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/Discovery-Interview-Guide.pdf)

interviewer and interviewee, allowing them to share what they feel is important<sup>2</sup>. The discussions were recorded, reviewed and themed under headings of positives and challenges that related to the origin of the engagement, structure, support representation and reflection. In the model we used, these are known as ‘journey points’ (see appendix).

## 2.5 Discussions with lay chairs and lay members

Of the six NHS boards with a current group or committee, we were able to speak with lay members and lay chairs from three areas namely NHS Grampian (including Moray), NHS Highland (including Argyll & Bute) and NHS Lothian.

Additionally, we spoke with a lay member from a recently disbanded group in NHS Tayside and the former lay chair of the NHS Western Isles’ Committee which now has an alternative method of engagement. Staff in our Engagement Offices were unable to contact lay members involved with the groups in NHS Ayrshire & Arran, NHS Dumfries & Galloway and NHS Forth Valley in the timescale that was available to complete the project.

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<sup>2</sup> [www.england.nhs.uk/improvement-hub/publication/discovery-interview-hints-and-tips-the-power-of-stories/](https://www.england.nhs.uk/improvement-hub/publication/discovery-interview-hints-and-tips-the-power-of-stories/)

## 3. Summary and conclusions

### 3.1 Findings

Interviews were based on the following themes which were called 'journey points' in the model we used:

- origin
- structure
- support
- representation
- reflection

An individual journey point sheet from staff and a lay member's perspective for each NHS board is in the appendix.

### 3.2 Origin

The majority of NHS boards had or had tried to establish a Maternity Services Liaison Committee since 2000 with varying degrees of success. During this period most NHS boards made changes and in some cases multiple changes, to the original model. Since the previous guidance relating to the Maternity Services Liaison Committees model, a number of NHS boards have adopted a range of alternative effective engagement approaches.

The findings in this report clearly indicate that the way forward for maternity services is to ensure that all engagement processes ensure that the voices of women are taken on board in a proactive and inclusive way.

Ways of promoting Maternity Services Liaison Committees varied with a range of methods being used from; word of mouth, staff identifying interested service users, posters, information leaflets, newspapers and radio advertising. Most lay members indicated that they had been approached by NHS board staff to become involved and a few said they had directly approached the committees themselves usually following experience of childbirth.

When established, membership has tended to include service users and/or lay members, maternity staff including senior management, GPs, health visitors, consultants along with representatives from relevant organisations such as National Childbirth Trust (NCT)<sup>3</sup> and Stillbirth and Neonatal Death Society (SANDS<sup>4</sup>). Often the groups were led by a committed lay member and/or Chief or Lead Midwife.

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<sup>3</sup> [www.nct.org.uk](http://www.nct.org.uk)

<sup>4</sup> [www.sands.org.uk](http://www.sands.org.uk)

The majority of Committees are structured with formal meeting agendas and minutes being produced – they often meet quarterly. Some groups have a clear terms of reference and many are, or have been, chaired by a lay member.

A common finding from the vast majority of lay members involved with the committees or groups was the lack of information about the role of the group available to them prior to joining.

Some committees provided training for members, for example, the previous Maternity Services Liaison Committee in NHS Dumfries & Galloway received training from the NCT and Voices Scotland<sup>5</sup> (which is capacity building training) and in NHS Forth Valley they received training from SANDS about bereavement and associated issues.

### 3.3 Recruitment and retention

All NHS boards identified that recruitment and retention of lay members was their biggest challenge. In some areas they were unable to gain public or service user interest in joining a committee and therefore were unable to establish a group, for example, in Orkney.

For the majority of MSLCs the need for ongoing recruitment was identified as a challenge as lay members would move on when their children grew older and their experience of the service became less current. Many groups have found that as well as dwindling numbers of lay members, the level of staff involvement and contribution from other organisations also decreased over time.

Some areas highlighted difficulties in maintaining interest and having relevant agenda items to discuss. For some areas these have been the defining factors in their group no longer meeting or needing to be refreshed. The majority of lay members who participated indicated that they felt that the formality of the committees and groups was a factor in recruiting to them.

Lay members also highlighted that the usual method of recruitment, that of a direct approach from staff, could contribute to a lack of diversity in the group.

### 3.4 Structure

For those NHS boards with a committee or group currently operating there are, on average, between four and six lay members attending regularly, often with a lay chair. A number of groups have acknowledged the need for clear aims, with some established and some still developing them. The need for a clear aim and purpose was reflected in feedback from lay members too. Where this was lacking, lay members felt this led to them being uncertain of their role on the group.

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<sup>5</sup> [www.chss.org.uk/voices-scotland/training-support/](http://www.chss.org.uk/voices-scotland/training-support/)

There are now six groups which have an alternative name to a Maternity Service Liaison Committee (four have kept the name as an MSLC). Feedback has suggested that the committee name was too formal and therefore could be off-putting to service users. Lay members in general agreed with this view.

Agenda setting is not approached consistently. In some areas the lay chair directs it and in others staff set the agenda. However, the impression is that all members can input into the agendas setting process. The majority of lay members said that they could input to agenda setting and their suggestions were usually included. However, lay members sometimes struggled to see any evidence of changes being made as a result of their input and several also mentioned the slow pace of change in the NHS generally. Some good examples, however, of MSLC achievements were shared with us:

*“The other day the Chair was reading out a list of achievements, things that service users have helped to influence.”*

*“We’ve been lucky that the Committee has been asked to be involved in developments in lots of areas of the hospital. The thing that’s most important to me is that there is something good coming out of listening to peoples’ experiences, my experiences, then shaping services as a result of that.”*

*“We had influence over the design of conventional theatre gowns. Based on feedback through the Committee, gowns now have an extra seam with poppers at the front opening on both sides so mums can do ‘skin to skin’.*

In NHS Forth Valley the need for a welcoming environment that is flexible and conducive to the challenges that parents may face in attending a meeting was identified, with one member continuing to input solely via email. The majority of NHS boards have considered the timing and venues of meetings, with some meeting at lunchtime or in the evening.

A number of groups have dedicated pages on their NHS board’s website and some have a dedicated Facebook page. A number of areas without a group or committee have developed active Facebook pages, for example, NHS Fife and NHS Orkney both use these social media channels to not just share information but to recruit people to attend activities and to gain feedback on the service.

Feedback from some lay members indicated some uncertainty about using Facebook as a communication channel and others have indicated some unsatisfactory experiences whilst using it.

Where there isn’t a group many NHS boards use a range of ways to gather patient and carer experiences and feedback such as questionnaires on discharge, via board wide systems and utilising data from national surveys. The use of Care Opinion<sup>6</sup> was also highlighted. Ad hoc

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<sup>6</sup> [careopinion.org.uk](http://careopinion.org.uk)

engagement on specific topics was felt to be relevant and meaningful to recent and current service users, for example, NHS Shetland engages through an established group of breastfeeding peer supporters.

### 3.5 Formal structure

For those NHS boards with, or which previously had, a group or committee the experience of a formal, board-room style meeting was felt to be intimidating for many members of the public and considering that a service user may have a baby or young children with them, it was not felt to be the most welcoming environment. As mentioned previously, the formality has also been identified as a factor in recruitment and retention by a number of lay members.

### 3.6 Time

It was highlighted that the time commitment expected from lay members and staff to be actively involved in an engagement activity was difficult to manage. There was also an awareness that parents and families have a number of competing priorities and for them to give up the time required to participate can be very challenging.

*“Taking up too much time is an issue, we are volunteers. However, an online forum with a biannual gathering would be my preference. It would be great to share ideas and practice across all health board areas.”*

For frontline staff involved, it was felt their attendance was often over and above their working hours and so based on good will. The timing of meetings during the day or evening and their length have been given considerable thought, in many NHS boards however, it still remains a difficult area to balance.

Lay members highlighted that the timing of meetings was one of the main challenges in their involvement. For members from remote and rural areas it was an added challenge as they had to factor in travel time, with one example given of a four hour round trip for a two hour meeting which isn't sustainable.

Other methods to engage lay members in meetings have also been highlighted as challenging for different reasons, for example when held via video conferencing and challenges with not being able to be heard, not knowing when it was okay to talk and not being given an opportunity to contribute to discussions.

### 3.7 Support

In the NHS boards with a group or committee, administrative support is generally provided along with ensuring lay members have access to travel and childcare expenses, although in one NHS board lay members noted a lack of administrative support as a challenge.

It was felt that the majority of NHS boards were supportive of the structures, with many groups being attended by senior management including Chief Midwives and linking in with Nurse Directors. However, it was also felt that there can sometimes be a lack of awareness in some areas of the activities, role and function of the groups.

Across the country there was a variation in staff attending the meetings, with some being heavily attended by senior management and others having a full range of staff. It was clear that this variation had an impact on the perspectives shared, with some areas reporting a lack of awareness from frontline staff of the existence of committees or groups and/or maternity service user feedback. The feedback from lay members also highlighted the variation in attendance by staff groups and the impact this had on awareness within and perspective from the wider organisation.

Engagement activities are shared with staff and service users, but it was reported that there are internal communication challenges in some NHS boards and also challenges in finding the best method to communicate with lay members.

Few NHS boards offered specific training or support for lay members to participate, although staff in NHS Forth Valley spoke of an approach where tailored support to the needs of the individual was offered and NHS Dumfries & Galloway offers a “peer buddy support” system.

Staff in many NHS boards felt that engagement and involvement should be seen as an integral part of everyone’s role with staff encouraged to participate in national initiatives such as ‘What Matters to You?’<sup>7</sup>. However, further support and training for staff on this would be required.

In some NHS boards staff make themselves available to lay members before and after the meetings. Some groups have had support from the NHS boards’ Public Involvement staff, however, this varies. Lay members spoke about the commitment from members of staff to the structures in the NHS boards and that this was often the driving force for the existence of the committees and groups.

A number of lay members said they felt that staff sometimes adopted a “defensive position” when the feedback they gave was less positive and this was then detrimental to making improvements in the service. A few said that this made them unsure of their role on the committee or group.

### 3.8 Building capacity

The need for ongoing support and training for lay members and staff to participate effectively was recognised. The desire to co-produce and work together to improve services was a consistent theme. Some lay members mentioned that previous training undertaken elsewhere in other roles was useful in their role as a member of a MSLC.

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<sup>7</sup> [www.whatmatterstoyou.scot](http://www.whatmatterstoyou.scot)

## 3.9 Profile and communications

Staff and service user awareness of groups, committees and engagement activities in general was reported to be variable. The need to raise the profile of how and why maternity services are engaging service users and carers was identified by both staff and lay members.

## 3.10 Consistent support

In some areas there was a lack of awareness of what support was available to not only the lay members, but to help facilitate the engagement activities. Where additional support was provided by the NHS board it was not always consistent or available for long.

## 3.11 Representation

It was generally reported by staff that all service users were encouraged to give feedback on their care and that this positive approach to engage with the service was extended not only to service users, but their families and carers too.

Many NHS boards used their contacts with relevant organisations such as NCT and community groups such as parent and toddler groups, as a method to invite participants. For some areas many lay members are drawn from these organisations and its members felt that this helped them as they were familiar with the more formal style of the group. A challenge highlighted was finding a balance between the issues or topics that an organisation, such as NCT, may wish to focus on, alongside the areas of focus for staff at the time and the experience of recent and current service users.

The majority of lay members shared that they had been invited to join the group. This may have been because they used the service or were known to staff through other related groups.

## 3.12 Diversity

For some rural areas, such as Dumfries & Galloway and Orkney, staff felt that the demographic of the group was fairly static and therefore engagement tended to be representative. In the majority of other areas it was clearly noted by staff and lay members that engagement was not representative of recent and current service users of the service. Groups such as [TheDadsNet.com](https://www.thedadsnet.com) (online group), the lesbian, gay, bisexual and transgender community, black and ethnic minority groups, those with addiction problems, people with additional needs and young people were specifically identified as being underrepresented.

How to attract people from a diverse range of backgrounds and supporting them appropriately to be able to input and work together with staff was felt to be a key challenge. A solution seemed to be to have a range of methods to engage and involve in order to attract a range of people.

During discussions with staff, the process of collecting relevant equalities data from lay members was queried. In some areas staff felt they were aware of equality and diversity topics and provided that perspective at meetings.

Some areas noted that there was no agreed time tenure for membership on groups or committees and this led to quite a static participation.

### 3.13 Location

Holding meetings in one specific geographical area was felt to lead to a saturation of people from that area which could often exclude those living or working further afield. If committees or groups are meeting in only one area, asking attendees to come to them can limit those able to physically attend.

Some NHS boards are considering using a range of community venues but feedback from the lay members was that although the locations for meetings can be varied within an area, it was not always helpful for travel.

NHS Highland is among those using video conferencing to overcome this. However, some who were involved by video conferencing highlighted challenges in using it for a meeting, including a lack of knowledge of the etiquette for using it. It was felt though that video conferencing had a place to supplement other ways of meeting but not as a sole method.

Additionally, NHS Grampian noted that for some service users who might not have had a positive experience, it may be difficult to return to a maternity setting - representatives from the Birth Trauma Association<sup>8</sup> highlighted this specifically.

### 3.14 Equality monitoring

There are clearly issues relating to clarity of how to capture this data and the purpose for which it was intended. This should be explored further to ensure maternity services reflects the views and experiences of all those accessing services.

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<sup>8</sup> [www.birthtraumaassociation.org.uk](http://www.birthtraumaassociation.org.uk)

## 4. Reflection

Many areas felt that there had been a number of engagement successes in maternity services. This ranged from giving input to information materials to responding to feedback and generating service improvements. One example was feedback from someone who had experienced a stillbirth that they were able to hear other babies crying through the walls and this was particularly distressing for them. The patient was invited to discuss her experience and this led to the labour ward being soundproofed. Other feedback included:

*“The Committee has helped to input into the design of the new maternity unit in Inverurie which does help to make the environment better for new mums. Lay representatives have been able to influence small changes.”*

*“I have found it really interesting being involved. Getting involved with the development of the new hospital. I welcome the opportunity to be involved and helping with the design of the bereavement suit. Our involvement has had recognition for partnership working with the NHS. I got to go to the turf cutting ceremony which was really good getting the opportunity to do that. We are discussing having an up to date, revised leaflet about the group.”*

Successes enjoyed in maternity services are often shared either with the groups or committees, or promoted through social media channels. A challenge was identified as how to balance the positive experiences and successes with the areas where the service could improve. Some lay members identified a lack of clarity on what they could share more widely. An example was given of a member sharing feedback on their group’s Facebook page, this was picked up by the press and media who ran a story with only the negative aspects included. They felt this damaged their relationship with staff.

When considering future engagement, staff and lay members recognised the need to engage differently, in a way that is responsive and relevant to modern families, less formal, action focused and not onerous for service users or staff.

The majority of areas suggested increased use of social media alongside dedicated webpages on NHS boards’ websites. For some areas, using social media has been difficult to achieve due to internal policies. There are however, clear benefits identified, along with some challenges, from the areas that have used it. The benefits have included reaching people who may not have engaged in a more traditional format and it was felt that social media increased the visibility of the service and generated more open conversations. The challenges included lack of clarity on what could be shared on social media. Overall though it was felt that the benefits outweighed the likely risks.

Involving recent and current service users and their families is seen as a key focus for maternity services to be able to implement the recommendations from the Scottish Government’s Best Start Plan.

In taking forward the recommendations for improvements from the Scottish Government Best Start Plan<sup>9</sup> involving recent and current service users and their families is seen as a key focus for maternity services. There was recognition that there needed to be adequate resources available to support this work as well as suitable resources to support engagement in maternity services in general.

National networking in future that facilitates sharing the learning, good practice and the development of ideas and approaches was received positively overall by both staff and lay members. Staff highlighted a potential risk of duplication, as other structures may exist, with many staff already having networking opportunities and considering the existing challenges on their time and capacity. Lay members highlighted the challenges of time and capacity for them but generally welcomed the opportunity to learn from other areas.

Feedback highlighted that there was a desire to improve on existing ways of engaging with service users potentially through national networks.

*“Currently there are good links amongst maternity staff across NHS Scotland. They could use joint meetings and networking as opportunities to speak to, learn from and share with other NHS boards.”*

*“We would welcome support from Healthcare Improvement Scotland – Community Engagement to help build on service user involvement.”*

## 5. Next steps and recommendations

We would like to thank everyone who took part and shared their views about service user engagement in maternity services and their suggestions for improvement.

All feedback received has been shared with the Scottish Government.

It is recommended that:

- The information gathered through this work is used by the Scottish Government and partner organisations to develop and improve engagement with service users across Scotland.
- Training and online resources are developed working in conjunction with Healthcare Improvement Scotland – Community Engagement to enable service providers to improve the way they engage with maternity service users.

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<sup>9</sup> [www.gov.scot/publications/best-start-five-year-forward-plan-maternity-neonatal-care-scotland-9781786527646/](http://www.gov.scot/publications/best-start-five-year-forward-plan-maternity-neonatal-care-scotland-9781786527646/)

- Further work be conducted to ensure clarity on how to capture equality monitoring data by service providers to ensure maternity services reflects the views and experiences of those accessing service.
- Healthcare Improvement Scotland – Community Engagement liaises closely with the Scottish Government in order to provide feedback to participants about how the views expressed in this report have been used.

16 July 2020

## 6. Appendix

### NHS Ayrshire & Arran – staff response

<b>Positives</b>	Maternity Services Provision Group	Clear aims and agendas for meetings	Support with administration from secretarial staff	Recruit through local contacts such as the Breastfeeding Network or SANDS	Informal feedback to group members resulting in improvements to services
	Established for over 10 years	14 members on the group with 6 to 7 of them being lay members and this included the Chair			
	Regular meetings, a Chair, Terms of Reference, meeting agendas and minutes taken	Agenda, Minutes and Action Log created	Good support from the board	Service users informed of the group at antenatal classes and Healthy bump/healthy baby group	Action log: - member of the group's name attached to actions - revisited at every meeting
	Membership: service users, representatives from relevant charities, maternity services management team.	Minutes from the meeting go into the Clinical Governance Structure	Maternity service management team attend the group and link with frontline staff	Invitation to join is extended to any service users	National networking useful to hear from other areas on their engagement structures -what works and what doesn't
		Advertising group via contacts and Facebook page	'Being Open' initiative recruited new members		Current structure is working well
<b>Journey Points</b>	<b>Origin</b>	<b>Structure</b>	<b>Support</b>	<b>Representation</b>	<b>Reflection</b>
<b>Challenges</b>		Finding a replacement Chair for the group	Lack of frontline staff involved	Not representative of the local population	Link into NHS Ayrshire & Arran's Participation Network contacts database
		Recruitment			
		Time commitment			
		Timing of meetings (day/evening)			

## NHS Borders - staff response

<b>Positives</b>	Previous MSLC ran for 5 years: 2005- 2010	Service users engage with staff directly, named contact person and relationships with the community midwives	Both heads of services have a midwifery background	All service users treated the same	GREATIX and DATIX recording systems to log positive and negative experiences of care
	Reported directly to the board	Post care feedback requested from service users			
	Membership: staff and lay members from organisations SANDS (Stillbirth and Neonatal Death), Breast Feeding and NCT (National Childbirth Trust)	Breast Feeding Support Group	Staff would consider engagement an integral part of their everyday job	All service users encouraged to participate in their care.	Best Start programme – opportunity for networking and sharing ideas and practice
		Nurture (CIC social enterprise)			
		Birth Options Clinic			
Roughly 2:1 staff to lay representative ratio	Care Opinion	Frontline staff supported by management staff team to make a difference		Felt that the service does discuss things openly but keen to build on service user involvement	
	Using every opportunity to use and learn from feedback				
<b>Journey Points</b>	<b>Origin</b>	<b>Structure (current)</b>	<b>Support</b>	<b>Representation</b>	<b>Reflection</b>
<b>Challenges</b>	Recruiting lay members	Microsite for the service needs updating	Other services can take precedence	Small and rural populations where there isn't a great deal of diversity	Best Start programme - financial resources that this may require
	Maintaining interest in the group	Could be more effective at engaging with service users	No specific engagement activities		
	Relevant topics for the agenda after the initial areas of interest became exhausted			Recording equalities information relevant to the service	

## NHS Dumfries & Galloway staff response

<b>Positives</b>	MSLC ran for around 25 years	Maternity Link group meets on a semi regular basis	Maternity Link involvement is part of the service	Maternity Link previously had a Facebook page, which the group established themselves	Group responds to service user's comments, concerns, compliments and complaints
		Clear aims which are set out in their terms of reference			
	Training was provided for members - NCT and Voices	Four lay members on the group	Has administrative support	Webpage and leaflets in the department to promote Maternity Link	Important to link, share and network with other NHS boards
		Involvement in Best Start Programme and new hospital build	Travel and childcare expenses offered		
Initially large staff representation – latterly only Head of Midwifery attending	Travel and childcare expenses are provided	Recruitment leaflet produced and offers peer buddy support	Contact with mother and toddler groups	Training for staff and lay members	
<b>Journey Points</b>	<b>Origin</b>	<b>Structure</b>	<b>Support</b>	<b>Representation</b>	<b>Reflection</b>
<b>Challenges</b>	Numbers engaged dwindled, this lead to a new recruitment drive	Difficult for lay members finding time to attend meetings	Maternity staff are not currently linked in with this engagement	Not representative of the local population	Difficult for frontline midwives to have the time to input into the group
		Need for ongoing recruitment	Lack of staff awareness of group	People may only be interested in one topic or issue	Recruitment of lay members to the group
	Attendance of staff members – time available	Commitment and capacity needed – amount of reading, form filling		Need to go out to where people are	Governance issues - lay member Chair

## NHS Fife staff response

<b>Positives</b>	Did previously have a MSLC	Maternity, Pregnancy and Birth Facebook page Dedicated webpage	Staff encouraged to participate in national initiatives	Facebook page and Care Opinion gained quite a lot of feedback	Celebrating success via posters at national events
	Met quarterly	Board-wide Patient Feedback Systems	Involving service users in application of 15 Steps for Maternity	Changing demographics of area – provides a range of views and experiences	Desire for co-production of services between service users and staff
	Lead Midwife took committee forward	Pregnancy and Birth app			Future engagement needs to be different: – less formal – more fluid membership
		Feedback gathered on discharge			Good to know how other boards engage
	Membership: range of staff, lay members and organisations e.g. SANDS (Stillbirth and Neonatal Death)	Ad hoc engagement	Staff aware of a range of engagement methods for improvements and redesigns	Need for a variety of methods to engaging and involving a range of people	National networks exist for a range of maternity staff already
		Member of DadsNet.com Network			Staff participate in a range of national initiatives and events
		Care Opinion			
<b>Journey Points</b>	<b>Origin</b>	<b>Structure</b>	<b>Support</b>	<b>Representation</b>	<b>Reflection</b>
<b>Challenges</b>	Recruiting lay members	Increasing service user involvement when redesigning services	Support and training for staff on engagement and involvement	The committee route didn't attract a range of service users	Engagement has to be relevant to the service user
	Retention of lay members	Involvement in Best Start Programme		No controls over comments and posts to the Facebook page	Training required for staff and service users
				Changing demographics of area – challenging to engage with so many	

## NHS Forth Valley staff response

<b>Positives</b>	Established around 2008/9 (refreshed and amalgamated 2 sites)	MSLC meets four times per year at 17:30	Has administrative support for papers and minutes	Staff promoted it to all service users	MSLC continues to function well	
	Membership: Lay members, maternity staff, GPs, Health Visitors along with representatives from organisations such as Aberlour befriending support, SANDS, Association of Breastfeeding Mothers.	Welcoming atmosphere	Finger buffet provided	Head of Midwifery and Nurse Director supportive	Feedback or complaints responses also informed services users about MSLC as an additional way to be involved	Committee members share the work being done beyond those on the group
		Being understanding of work and childcare commitments for lay members	Feeds into the Clinical Governance group and Person Centred group	Board as a whole very supportive of maternity services		
		Links into other initiatives such as Patient Public Panel, Best Start programme	Frontline staff aware of the group	Support or induction training based on individual lay member needs	Welcomes all service users	More use of social media to engage service users that are not able to attend meetings in person
		Chair a non-clinician, Vice Chair previous service user	Meeting papers are sent out at least 7 days in advance	Lay members a core part, it is 'their' committee		
	Previously involved people asked to be involved in leading the new amalgamated MSLC	One lay member who can't attend stays linked in via email.	Staff available half an hour before the meeting starts for lay members	Staff bring awareness of equality and diversity to the group	Joint meetings and networking would provide opportunities to speak to, learn from and share with other boards	
	Ongoing promotion of group to services users and flyers and posters were shared	Agenda set by staff, though everyone is encouraged to shape the agenda	Lay members can stay after the meeting to ask questions and chat	No required length of term for lay members		
	<b>Journey Points</b>	<b>Origin</b>	<b>Structure</b>	<b>Support</b>	<b>Representation</b>	<b>Reflection</b>
<b>Challenges</b>	Recruitment of service users			Recording relevant equalities information	Maintain the momentum of the group	

		Further advertising and information on the website			Involving new service users
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## NHS Grampian staff response

<b>Positives</b>	Established 2010 after refresh of previous group	Group now called Maternity Voices Partnership	Administration Support	Previous contact with local communities	Relationships and links with organisations
		New lay member Chair	Lay members expenses	Posters displayed promoting the group	Welcome difficult questions that leads to good, open and positive relationships
		Meets quarterly			
	Consultant midwife and Communications team involved	Development workshop to be held in September	Board is supportive of maternity services	Considering meeting in various local community venues	Successes of maternity service shared with the group
	Lay member Chair	Growth of service user representation	Good attendance from staff at maternity service level		Future possible changes in format: - NHS Grampian wide group - moving around the area - increasing engagement of users
Membership: Lay members, dedicated representation from maternity staff, relevant organisations	Significant attendance by relevant organisations				
<b>Journey Points</b>	<b>Origin</b>	<b>Structure</b>	<b>Support</b>	<b>Representation</b>	<b>Reflection</b>
<b>Challenges</b>	2018 – discussions began on the format and function of the liaison group	Traditional board type meeting which is quite formal	Financial resource	How to get a diverse range of groups represented	Achieving a balanced agenda and focus
		Representation from organisations can out number service users	Staff side support often carried out with normal working hours	Meet at the Maternity Hospital – barrier to some people attending	Continued support from Public Involvement team
		Recruitment of service users		Formal group structure	Resources available to the group
		Attracting fathers	Staff can feel they are being held to account rather than co-production	Current attendees very capable – can be intimidating to new members	Clear national direction

## NHS Greater Glasgow and Clyde staff response

<b>Positives</b>	MSLC has been established for a number of years	Met twice a year	Administration support provided	Lay rep has extensive experience on the group	Ongoing patient engagement
	Transferred to the Women and Children's Directorate three to four years ago	Membership: representatives from SANDS and NCT, Chief Midwife, Lead Midwife, midwives, GP and relevant consultants	Support from Executive Nurse Director	Representation a range of staff – tending to be senior management	Working on Obstetrics and Gynaecology patient and carer experience groups
	Lay member Chair	Information sharing and service updates	Desire to link in with Best Start programme		Best Start programme
		Service carrying out other engagement activities		Networking with other boards would be positive	
					Links with Maternity Managed Clinical networks
<b>Journey Points</b>	<b>Origin</b>	<b>Structure</b>	<b>Support</b>	<b>Representation</b>	<b>Reflection</b>
<b>Challenges</b>	Engagement with service users	Hasn't met in 2019	Some resistance to using social media	Lack of lay members	Need to be action focused
	Retention of members including representatives from organisations	Group hasn't been action focused	Lack of awareness with broader maternity staff	No time limit or required term to be on the group	More diversity amongst members and groups attending
					Using social media to engage on topics of interest
	Currently there are no lay members attending	Agenda set by staff	Time to attend	Lack of front line staff membership	A clear national direction - statutory and good practice
Only one meeting held last year	Only lay member attending was the Chair	Communication			

## NHS Highland staff response

<b>Positives</b>	MSLC established around 10 years ago	Four lay members, staff representatives and people from relevant organisations	Administration support provided	Reviewing groups and contacts around area that they can work with in the future	Community relationships strengthened with Caithness Health Action Team (CHAT) being invited to join the group	
	Obtained service user feedback through surveys, questionnaires and Facebook pages	Chair is a lay member and a member of the National Childbirth Trust	Venues and video conferencing arranged for the group	Membership – service users and relevant organisations	board maternity webpages to be updated	
		Meetings held monthly and at lunchtime			Recruitment - group members considering how to attract new members	Facebook page to be made public
		Minutes recorded by lay member			Best Start programme	
	Changed to Maternity Voices Partnership - first meeting in January 2019	Clear aims - Currently constructing mission statement	Agenda items are decided amongst the group	Contact between group members via a closed Facebook group	Multiple venues around the board area to be used	
		Networking with NHS Grampian Maternity Voices Partnership	Developing a dedicated webpage		Staff attendance at meetings	
<b>Journey Points</b>	<b>Origin</b>	<b>Structure</b>	<b>Support</b>	<b>Representation</b>	<b>Reflection</b>	
<b>Challenges</b>	Representation of the range of service users	Group is in its infancy – still to work out how its managed and appropriate governance	Development of lay members	Recruitment	Facebook page being made open to the public	
	Retention - service users attending for a while and then would leave		Board not fully sighted on the group as still early days – need to raise awareness	How to support people to come to meetings	Peoples time for the group	
	Meeting topics quite strategic		What support is available for lay members?		Training	
					Retention of members	

## NHS Lanarkshire staff response

<b>Positives</b>	Two iterations of MSLC: first being in 2003; second in 2012-2015	General engagement - contact people already known to the service.	There is support from the board for engaging people in the work of maternity services	All service users' feedback on their experiences requested via questionnaire.	Information and feedback gathered has helped to shape the new model of delivery
	Both versions driven forward by a lay member	Feedback from service users via a questionnaire collected on the 10 <sup>th</sup> day after the baby is born	Frontline staff all supporting ongoing engagement	Best Start Group meetings include a lay representative and other service users are invited an ad hoc basis	Wishaw Maternity are developing a Facebook page to gather views and engage parents and families
	Meetings held quarterly	Care Opinion			
	Roughly 1:2 staff to lay member ratio	Best Start Group meetings informing the pilot areas (Larkhall, Blantyre and Hamilton)	Feedback is used to shape future training of staff along with shaping the service		Recognition that there is a need to engage differently now
	Reported into the Women's Services Directorate				
<b>Journey Points</b>	<b>Origin</b>	<b>Structure (current)</b>	<b>Support</b>	<b>Representation</b>	<b>Reflection</b>
<b>Challenges</b>	Lack of continuity of attendance: hard to maintain people's attendance	General engagement - contact people already known to the service		Best Start Group – lay member comes from a professional background; difficult for parents to attend meetings	To get service users to engage over and above the completion of the questionnaire
	Hard to recruit lay members				Parents do not want to sit around a meeting table

## NHS Lothian staff response

<b>Positives</b>	Long established, estimated before 2000	Meets every 6-8 weeks	Administration support provided	Lay members recruited through word of mouth	Input into information leaflets (design and translations)
	Previously Head of Midwifery in West Lothian was the Chair	Agenda set by lay Chair with lay members and staff then contributing	The board is supportive	Many lay members also members of organisations such as SANDS or NCT	Visiting times
	lay member Chair	Minutes are shared	Clinical Leads attend meetings	Representation from some groups such as BME	Gaining real time feedback from service users on wards
	Terms of reference	Staff have regular email contact with the Chair	Maternity service staff attend and provide good perspective	Lay members are able to influence the work of the group	The group has a good working relationship
Have established subgroups for particular work streams		It would be good to have a national event for active MSLCs to encourage networking and sharing			
Dedicated pages on the NHS Lothian website that includes meeting papers		Future focus on social networking and online surveys			
<b>Journey Points</b>	<b>Origin</b>	<b>Structure (current)</b>	<b>Support</b>	<b>Representation</b>	<b>Reflection</b>
<b>Challenges</b>	Lay member Chair in post 10-15 years	Attendance numbers can vary	Specific support for lay members	Not wholly representative of local population	Need to draw members from across the entire board area
		Tends to be more staff than lay members attending		Engaging with a broad range of service users	Gaining feedback generally from service users

## NHS Orkney staff response

<b>Positives</b>	Attempted to establish a MSLC early 2000s	Ad hoc engagement on topics	Commitment from the board to involve people	Feedback mainly from pregnant women and mothers with small children	Successes shared via Orkney Health and Care newsletter
	Local meetings were held in different locations	Dedicated Facebook page	Providing travel expense, papers in advance and support to attend regular meetings when needed	Overall engagement is representative of the local population	You Said, We did feedback
		Volunteer breastfeeding peer support			Patient stories at NHS board meeting and shared with the service
	Promotion via a variety of means – newspaper, radio, posters	Questionnaires	Staff would consider engagement as an integral part of their everyday job	Future engagement needs to be different: - virtual forum - using technology - interact on service users' terms	
Focus Groups		Feedback is used to shape and improve the service	Use of Attend Anywhere in the future		
<b>Journey Points</b>	<b>Origin</b>	<b>Structure</b>	<b>Support</b>	<b>Representation</b>	<b>Reflection</b>
<b>Challenges</b>	No uptake from recent service users	Reactive engagement		Small amount of feedback from Dads and Grandmothers	Maternity Services Liaison Committees are not the ideal format
	Committee was not established	To involve service users in the early planning and development		Fairly static demographic	Topic specific engagement that is relevant to service users
				Geographical barriers	Public Transport

## NHS Shetland staff response

<b>Positives</b>	Did previously have a MSLC	Plan to reconfigure small focus style group based on Best Start Programme	Staff encouraged to participate in identifying participants for planned focus group	Established group Breastfeeding Supporters is very active often asked for views on topics	Celebrating success via posters at events
	Met on ad hoc basis to discuss specific issues such as island accommodation in Aberdeen.	Aiming for discussions that will focus on policies as well as maternity service pathways.		New supporters frequently join this group via regular media promotion and advertising which takes place	Using regular feedback from service users e.g. complaints and feedback structures
	Membership: Maternity staff and 6 lay members	Targeted approach to identify service users who are going through or recently been through the maternity service/process and who may wish to engage via their contact with the midwives.		Previous MSLC regularly recruited for new members to join, offering drop in sessions for service users.	
	Numerous attempts to revive MSLC which has included trying to change the format, location, time etc.				
<b>Journey Points</b>	<b>Origin</b>	<b>Structure</b>	<b>Support</b>	<b>Representation</b>	<b>Reflection</b>
<b>Challenges</b>	Disbanded due to being unable to recruit new members	Increasing service user involvement	Maintain flexibility of meeting timings, expenses and methods	Recruitment	Does the format lend itself more to people who've had negative experiences?
	Retention of lay members – people joined to talk about specific issue and when that finished they left	Early stages of planning	Maternity engagement currently feels a bit isolated from the boards wider engagement networks	Gaining a representative cross-section of service users	Retention and relevance
	Loosely run no clear governance structure				Multiple competing priorities for parents post-birth
					Mandate to engage the public around maternity services may see resources allocated

## NHS Tayside staff response

<b>Positives</b>	Four committees in each locality established in the early 2000s'. Tayside wide committee 2013 - 2019	Tayside Maternity Services Participation Network dedicated pages on NHS Tayside website	Lead NHS staff member did feel supported and valued by colleagues for her role in the network.	Wish to hear what went well and what could have been better from all service users.	Service user interest in a "Maternity Voices" type participation group – short term involvement /service users continually being replaced.
	Called Tayside Maternity Services Participation Network	3 areas in Tayside have Facebook pages	Keen that the board are aware of activities of any future network/ group/ engagement along with wider NHS Tayside staff.	Staff want to get as diverse a range of women involved as possible – group members or providing one-off feedback/views	Recent maternity engagement event using the "Who's Shoes" participation toolkit
	Quarterly meetings				Desire for specific local maternity information website including how to give feedback, share views and get involved.
	Reported to NHS Tayside Maternity Forum	Service users feedback captured via online surveys carried out by volunteers and medical students			
	Lay member Chair of meetings				
Promoted community maternity units and developed information on place of birth choices	Keen to re-establish some kind of local maternity participation group – recent engagement maternity event	Important to link, share and network with other Boards.			
			Nationally an oversight group which facilitates sharing of good practice, ideas and gives general direction welcome.		
<b>Journey Points</b>	<b>Origin</b>	<b>Structure (current)</b>	<b>Support</b>	<b>Representation</b>	<b>Reflection</b>
<b>Challenges</b>	Recruiting lay members to the Tayside wide network	New group needs to be: <ul style="list-style-type: none"> <li>• Less onerous/ formal</li> <li>• Sustainable</li> <li>• Encourages a range of service users to get involved who have recent service experience</li> </ul>	Lack of board awareness of the network	Network wasn't representative of local population – desire to address this with any new structure	Time of day, length and location of any meetings or events with service users
	As children grew older service users tend to move on from the group		No administration support was provided to the network		Need to go where service users are instead of expecting them to come to the service
	Too formal				
	One lay member and one staff member attending				

## NHS Western Isles staff response

<b>Positives</b>	MSLC established 1990s ran till 2016	Boards Facebook page	Service tries to respond to all comments and feedback received.	All service users encouraged to give feedback on their care	Best Start programme
	Initially large membership of lay members and staff	Currently feedback is received via national questionnaires on maternity services			MSLC – honest conversations and service developments such as the establishment of a birthing pool
	Membership of MSLC wider than just those who attended for example included Western Isles Voices.	Good continuity of care with midwife			National oversight group comprising of members from committees could be useful
	At the outset the group was new and innovative	Board-wide Patient Feedback Systems			If re-establishing a group need to consider technology to engage
<b>Journey Points</b>	<b>Origin</b>	<b>Structure (current)</b>	<b>Support</b>	<b>Representation</b>	<b>Reflection</b>
<b>Challenges</b>	Numbers dwindled and attendance would vary	Only a small percentage of women from the area are contacted via national surveys	Difficulty in recruiting staff locally can make the time commitment needed to gather and act on feedback challenging.	Constraints around engaging with service users in the southern islands	The need to be mindful about staff workload and size of NHS board when additional tasks are generated
	recruitment of members to attend	NHS WI Facebook page receives comments which are often in isolation		Not currently receiving a wide range of views	Best Start programme – input not necessarily from local service users
	Timings of meetings and venues all reviewed	Not having a facility for conversations around feedback		Asking new parents to be involved in a national network.	

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