National Review of Maternity and Neonatal Services

Gathering views and experience of maternity and neonatal services

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Section 1: Executive Summary

In October 2015 the Scottish Health Council was asked by Scottish Government to develop and deliver a programme of public engagement, across all NHS Board areas. The purpose was to gather views from people who had used maternity and neonatal services in the last four years to inform a National Review of Maternity and Neonatal Services in Scotland (neonatal means 'new born' and neonatal units specialise in the care of babies born early, with low weight or who have a medical condition that requires specialised treatment). The National Review aims to examine choice, quality and safety of maternity and neonatal services in light of current evidence and best practice.

The Scottish Health Council sought views from a wide range of service users and community groups, using various methods such as; focus group discussions, one-to-one discussions and completed questionnaires from individuals who were unable to attend a group. Using all these methods, a total of 581 people – 105 of whom had experience of both maternity and neonatal services - took part in the engagement across Scotland.

The discussions focused on predetermined questions which had been designed to gather views about people's experience during their pregnancy, during labour and after the birth, and what they felt could be improved in their care at each of these stages. For those with experience of neonatal services, the questions focused on what worked well for them, what did not work so well, and what could be improved.

People were also asked general questions to find out if they were provided with enough information, offered a choice and were involved in making decisions using the options available to them at each stage of their own or their baby's care. Participants were also asked to give their views on what matters to them for their maternity or neonatal care.

In general, people's experience of maternity and neonatal services was very good and they were happy with the services provided and their experience and treatment. However, some areas for improvement were also identified.

Several key themes emerged from the engagement, namely:

The overwhelming theme that emerged from the consultation was ***the need for continuity of staff*** at all stages of the pregnancy, during labour and birth, and following the birth.

The particular ***challenges faced by people living in remote and rural areas***, mainly around travel and the amount of time spent away from home. They supported the provision of maternity care – particularly routine clinic and scan appointments – as close to home as possible.

Many women described the ***excellent support and advice provided for breastfeeding***. However, some women felt pressure to breastfeed even when this

was proving difficult for them or their baby, often causing them undue stress. These views were also expressed in discussion of neonatal services.

Good communication was identified as being important throughout the whole experience of pregnancy, childbirth and aftercare. Some women were able to provide examples of good communication, while others had experienced failures in communication and had received conflicting advice.

Through targeted engagement, the Scottish Health Council met with a wide range of people from ethnic minority communities. ***The importance of translation support*** for women, whose first language was not English, or ***being provided with information in their own language***, was highlighted.

Many women mentioned the benefits of ***partner support*** throughout their experience of both maternity and neonatal services. Where partners were allowed to be fully involved, including being able to stay with mothers before, during and after the birth, this often helped to reduce anxiety.

People were asked if they were provided with information, offered a choice and involved in decision making about the choices available to them at each stage of their or their baby's care. Of those who responded (475 out of 581 participants), the majority of people (340) answered "yes"; 107 said "yes to some extent", 29 said "no", and nine said that they were "not sure".

Following the engagement work, an evaluation was undertaken by seeking feedback from those involved. The evaluation is included in this report and forms part of the Our Voice Programme Work Plan and Scottish Health Council's objective to "***gather intelligence from individuals and communities and use it to shape national health and care policy".***

Section 2: Background

On 26 February 2015, the Minister for Public Health, Ms Maureen Watt MSP, announced a review of maternity and neonatal services in Scotland. The Review aims to examine choice, quality and safety of maternity and neonatal services in light of current evidence and best practice. Public and professional engagement is central to the Review and the Review Group has a programme of engagement with the workforce, NHS Boards, service users, professional organisations and third sector organisations to help inform the Review.

The Review Group, chaired by Jane Grant, Chief Executive of NHS Forth Valley, will make recommendations for a Scottish model of care that contributes to the Scottish Government's aim of person-centred, safe and effective care which provides the right care for every woman and baby every time and gives all children the best start in life.

The Review Group will provide a report to Ministers later in 2016 which will record its findings, and make recommendations for implementation of the findings.

The Scottish Health Council was asked by the Scottish Government in October 2015 to develop and deliver a programme of public engagement, across all NHS Board areas to gather views from people who had used maternity and neonatal services in the last four years to inform the Review. This was also seen as an opportunity to test approaches to gathering views and intelligence as part of the 'Our Voice' programme. **'**Our Voice' is aimed at improving involvement for people across Scotland, to help them share best practice and help test, develop and improve ways to engage with a wide range of people.

The aim was to hear a wide range of service users' experiences of the service, and their view on the quality of that service as well as what's currently working well, the challenges and what they would like to see improved. The public engagement exercise was also aimed at hearing service users' views on choices in maternity and neonatal services, information about choice, availability of choice, and involvement in decision making.

Section 3: Approach

The Scottish Health Council sought views from a wide range of service users including:

- mother and toddler groups
- breastfeeding groups
- hospital wards and outpatient clinics
- young mothers
- a fathers' group
- multi-cultural/ethnic minority groups (including women whose first language was not English)
- people living in rural areas, and
- those in areas of deprivation.

Various methods to engage with people and groups were used including:

- focus group discussions (379 people)
- one-to-one discussions with people who were unable to attend a group session, either by telephone or face-to-face discussion (79), and
- completed questionnaires from individuals (123).

Using all of these methods, a total of 581 people (105 of whom had experience of both maternity and neonatal services) took part in the engagement which aimed to gather views on their experience of using maternity and neonatal services.

Working closely with and in partnership with NHS Boards, the discussions took place between November 2015 and the end of February 2016.

Using the Scottish Health Council's local office network and representatives ensured a good geographical spread and engagement across Scotland, including centres of population as well as the more remote and rural areas.

3.1 Engagement Methods

The group and one-to-one discussions focused on predetermined questions which had been designed to gather views about people's experience during their pregnancy, during labour and after the birth, and what they felt could be improved in their care at each of these stages. For those with experience of neonatal services, the questions focused on what worked well for them, what did not work so well, and what could be improved.

People were also asked general questions about whether they were provided with enough information, offered a choice and involved in decision making about the choices available to them at each stage of their own or their baby's care, and to give their views on what matters to them for their maternity or neonatal care.

The group discussions each followed a similar format which lasted approximately one to two hours. The one-to-one discussions took less time, on average lasting around 30 minutes.

All the quotations that appear in Section 4 of this report are from people who took part in the Scottish Health Council's public engagement for this review.

Section 4: Feedback and Findings

In general, people's experience of maternity and neonatal services was very good and they were happy with the services provided and their experience and treatment. However, some areas for improvement were also identified.

Below is a summary of some of the common themes that emerged in response to the questions asked.

4.1 Themes

Continuity of Staff

The overwhelming theme that emerged from the engagement was the need for continuity of staff at all stages of the pregnancy, during labour and birth, and following the birth. In particular, this related to midwife care. Where women had one midwife throughout their pregnancy this appears to have worked well for them and often helped prevent anxiety by ensuring consistent practice and advice.

Remote and Rural

The feedback does not seem to suggest that there were significant differences in views or experiences across Scotland, although those in more remote and rural areas identified particular challenges and generally supported the provision of maternity care as close to home as possible. They also spoke of the positive experience of their local services.

Some people living in the islands mentioned the difficulties of being transferred to a mainland hospital before giving birth and one person also said that they felt "overly rushed in being discharged from a mainland hospital".

Women in the Highlands highlighted transport and travel distances as an issue. For example, one person mentioned five hours travel for the round trip from Oban to Vale of Leven Hospital for a five minute appointment to have a scan. Also due to travel distance, another mother spoke of her experience of being away from home and her children for three days when her hospital stay was only six hours.

Breastfeeding

Many women described the excellent support and advice provided for on breastfeeding, especially during pregnancy. However, some women felt pressure to breastfeed even when this was proving difficult for them or their baby, often causing them undue distress.

In neonatal services, there were difficulties for some women in terms of support for

breastfeeding during that time. For instance, one woman referred to feeling pressurised to breastfeed when her baby was in neonatal care but, at the same time, she felt unsupported to do so. Others reported some inconsistencies between the breastfeeding information given on the wards and in the neonatal unit. In one area, some women felt that staff did not listen to mothers' preferences regarding the use of frozen and fresh breast milk, while for other women some staff appeared not to support their choice to bottle feed their babies.

Communication

Good communication was identified as being important throughout the whole experience of pregnancy, childbirth and aftercare. Some women provided many examples of good communication, while others had experienced failures in communication and receiving conflicting advice.

Some women felt that they were not being listened to, and this was particularly evident in discussions with young mothers. Others mentioned that communication between community staff and the maternity unit could be better as the advice they were given was not always consistent.

In neonatal services, some women felt that communication could be improved by staff explaining in advance what tests were going to be done, and giving an indication of how long the baby would be away for the tests.

Other women mentioned that the options and choices open to them could have been better communicated. For example, this related to information on whether it was possible for them to accompany the baby, and treatments and tests which were to be carried out.

Ethnicity

Through targeted engagement, the Scottish Health Council met with a wide range of service users from ethnic minority communities. For example, in one city we gathered feedback from 17 women at an International Women's Centre whose first language was not English. These women were Polish, Czech, Lithuanian, Estonian, Nigerian, Libyan, Indian, Pakistani, Bangladeshi, Hungarian, Belgian, and Argentinian.

Women highlighted the need for translation support for people whose first language was not English, or being provided with information in their own language.

The women we spoke to said they had no issues understanding what was happening during their treatment and care. This was because their English was sufficient to understand, or they were provided with a translator, or had family

members with them who could help, or they were provided with information in their own language. This was felt to be very important for these women.

Partner Support and Involvement

Many women mentioned the benefits of partner support throughout their experience of both maternity and neonatal services. For example, in cases where the mother and/or baby were unwell following the birth, some women highlighted their feelings of isolation either due to being put in a single room or their partner not being able to stay with them.

In a group of young mothers, there were a number of comments received regarding staff ignoring the wishes of the father-to-be, for example in relation to cutting the cord and holding the baby after the birth.

The engagement with fathers reflected the experience of mothers with many saying that they wanted to be given the chance to be fully involved throughout. There was a suggestion that an antenatal class for partners would allow them to ask the "silly questions".

4.2 Maternity: Questions and Summary Responses

What worked well for you during your pregnancy?

Continuity of midwifery care

The most common theme mentioned was the importance of regular contact with one midwife during pregnancy. Participants who had built up a relationship with their midwives reported that this worked well for them.

Women appreciated having a phone number for their midwife or local midwife unit that they could use at any time if they had questions or concerns outside their set appointments. Having the number available if they needed it gave them extra reassurance.

"I found the one-to-one talk on breastfeeding amazing – you could ask what you wanted and didn't feel self-conscious."

Midwife Care and Support

Many participants spoke highly of the quality of midwife care and support, reflecting that the midwives were friendly, helpful and supportive of choices and dealt with queries and concerns quickly and efficiently.

The importance of good communication and information was highlighted by many women. Women appreciated having lots of information in the form of advice from midwives, leaflets and books during pregnancy.

Many women also had a good experience of antenatal classes and support for breastfeeding was also discussed positively by many participants

Provision of Local Services

Where pregnancy scans and routine clinic appointments were available locally in rural areas this was felt to be very helpful.

What did not work so well for you during your pregnancy?

Communication

One theme that emerged from some woman was poor communication between professionals and conflicting advice being given at times by different members of staff.

"The relationship between the community midwife and the maternity unit needed improving as they both told me different things."

Some of the examples given related to an apparent breakdown in communication between the community staff and consultant-led clinics and a lack of communication between NHS Boards.

Poor written communication was also highlighted by some, with unclear or misleading letters being received regarding hospital appointments. For example letters were titled as scan appointments when the appointments were actually for blood tests. In some cases, letters were sent too late for the appointment.

Appointments

A number of people discussed the inconvenient times they were given for clinic appointments. It was suggested by some that there could be improvements made to clinic times to make sure they are easier to attend around other commitments, such as work.

"Regular appointments are good, however the scheduling of these was often difficult with time negotiated with work colleagues to provide cover in order to attend."

Travel

An issue highlighted in more remote areas was the need to travel a considerable distance for clinic appointments and scans. Some women said they would have appreciated the option of more routine appointments in their local area.

"Maybe occasional out of hours appointments could be made available?"

Where local scans were not available, one woman spoke of having had a round trip of five hours to attend a five minute appointment for a scan, and others of having to rely on friends to drive them to scan appointments.

Continuity of Care

In contrast to the participants who had experienced the benefits of having one midwife throughout their pregnancy,

"Midwives measure differently, so there were conflicting views on whether to send for growth scans."

others in some NHS Board areas highlighted the difficulties with the apparent lack of continuity of midwifery care. This led to differing advice being given, and the need for women to repeat information they had already provided.

What worked well for you during labour and birth?

Continuity of Care, Support and Choices

During labour and birth, women told us the most positive areas for them were continuity of care, staff attitude and support, and the wide range of services and choices available, with hypnobirthing (hypnobirthing is a practice that teaches breathing and relaxation methods, that can help aid the natural process of giving birth), birthing pools and homebirths being mentioned in some areas.

"Hypnobirth worked a treat on my outlook on labour and birth and the hospital supported this. The midwives respected and followed my birthing plan and did not mention pain relief."

Partner Support

Several women spoke of how accommodating staff were in relation to partners and how important this was to them.

Meeting Staff

Some respondents mentioned the benefits of having the opportunity to meet hospital staff and ask questions at an early stage. Women felt that this helped them to feel less anxious.

"The doctor and anaesthetist both came and introduced themselves to me which I thought was very good."

What did not work so well for you during labour and birth?

Communication

Some mothers indicated that they did not feel listened to and did not always get clear information about what was going on. One young mother said that it was her wish for her baby to be passed straight to the new father for 'skin-to-skin' bonding. However, staff did not let this happen, despite being aware of the mother's wishes, and continued to pass the new baby straight to her.

Travelling

In more remote areas, the impact of travel during labour was highlighted. Respondents on one island NHS Board commented on the lack of choices available to them locally (for example, no option of induction and lack of a paediatric service) and also a lack of privacy. Another issue noted was when women had to be transported to a mainland hospital or city hospital when certain local services were not available. For example, one woman had to travel for over two hours and was fully dilated by the time she reached the city hospital. Another example concerned a woman who had a caesarean section at her local island hospital because of a breech baby. She said that if she wanted a natural labour she was advised to travel to the mainland two weeks before her due date. This could have potentially left the woman alone and away from her other young child for up to four weeks.

"It seems now that the slightest thing means you get sent away 200 miles. I know we have to be safe but if more could be dealt with locally, I and many others could spend longer at home during their pregnancy rather than being away from their family."

What worked well for you after the birth?

Attitude and Support from Staff

Most of the participants were happy with their care after the birth, and many referred to the importance of having their families with them in hospital and the positive attitude of staff around this. Women also spoke of the reassurance and support they were given by staff, and having support with baby during the immediate recovery time.

"Excellent support from local midwives and health visitors – particularly the help with breastfeeding."

Home Support

Many women spoke highly of the care and support they received once they returned home. This included midwives and health visitors reacting quickly to problems, providing support for breastfeeding, and additional home visits when needed. In one particularly remote area, a woman gave the example of midwives providing continued care for a few extra days to assist with feeding the baby.

"I loved having a midwife in every day to check on us – they're a lovely team."

What did not work so well for you after the birth?

Communication

The main issues highlighted were around poor communication and staff attitude following the birth. Some mothers said that they did not feel fully supported after giving birth, particularly in relation to discussing their feeding choices. It was felt that sometimes staff could be dismissive or abrupt with mothers, both within the hospital and once they were discharged. Some women felt they were not kept fully informed of what was happening to them and/or their baby.

One participant referred to being told by staff that "the baby blues are normal and only last for a few days". She felt that this was misleading and that staff should let women know that they can last for longer.

Another example given was where the hospital did not let the community midwife know that the mother and baby had gone home. Therefore they were not visited until the mother telephoned to ask for a visit.

Partner Support and Involvement

After the birth, the importance of partner support and involvement was highlighted by several women. Allowing partners to stay with mother and baby was important to them, and undue staff interference and staff not thinking about situations which could cause anxiety in new mothers were mentioned in relation to this.

"Dad was sent home after 11pm before I was transferred to the labour ward. It was horrible and lonely to be in the ward by myself, especially as it was my first."

Some participants felt that there should be a fair and consistent rule about partners being allowed to stay, and that this should not be dependent on the staff on duty. One father said that being able to stay with mother and baby would have given him the opportunity to "be a family and bond together with my baby and partner".

Breastfeeding

While many women said that they received good support for breastfeeding, some women reported a lack of support or poor staff attitude towards helping women to breastfeed.

"There was a lack of support for breastfeeding... I know now to ask for more help but it was my first baby and I didn't know at the time what to do."

Some examples given were from women who asked for support with breastfeeding while on the maternity ward. However, they were not given help and this resulted in them giving up. Others felt that they were discharged from hospital too soon, especially after a first baby, when they would have preferred to have had more time to spend in hospital to establish breastfeeding.

For some others, there was a feeling of pressure to breastfeed, and a feeling of inadequacy or lack of support if using formula feed.

4.3 Neonatal: Questions and Summary Responses

What worked well for you in neonatal services?

"Being informed about everything that was happening was reassuring."

A total of 105 people with experience of neonatal services, across eleven NHS Board areas, provided feedback through a combination of focus groups, questionnaires and one-to-one discussions.

"It was really good that they allowed the wider family in to see the baby in neonatal care."

The theme which emerged most often from the responses was appreciation for the work of the units and the staff. People said that staff were "amazing", "comforting", "friendly" and "reassuring".

The information giving and communication was generally felt to be good in helping families to understand what was happening and why. Some people mentioned that they could see their baby in the neonatal unit via an iPad and others said they were given photographs to take home. They were also appreciative of being able to visit or telephone at any time.

Communication

"Staff told me they will ring me when I need to feed my baby. Nurses coached me through feeding her. It was the same nurse which was good."

In the neonatal units, good communication was highly valued. For example, when some parents were returning home they were told they could telephone the Special Care Baby Unit at any time if they had a question or wanted to discuss anything. Others mentioned that it was appreciated when staff took the time to explain about medication and the equipment in the unit.

Mothers also mentioned that continuity of staff was appreciated as this helped ensure good communication.

What did not work well for you in neonatal services?

Travel

As in other sections of the report, the distances, travel time and cost involved for some people from remote and rural areas was highlighted as a problem, along with the cost of accommodation for partners. This was felt to be particularly problematic in neonatal care where partners may have to pay for hotel accommodation for several nights.

"My boyfriend had to book a hotel to stay in for four nights, which cost us money we didn't have."

Transferring to another hospital for new mothers immediately after the birth, whether natural or caesarean section was also difficult. In one rural area, examples were given of women travelling over 100 miles with their babies because no paediatric care was available locally.

Communication

Although communication and information was mostly good, it was not always the case and examples of this were given in relation to tests on babies. For example, people said that being given information about what is going to happen before baby is taken away would help lessen anxiety in parents. Others mentioned the need to understand what parents can accept or refuse in regard to invasive work, for example, the insertion of canulas/lines in veins**.**

"The time baby is away; sometimes half an hour, sometimes an hour. They don't tell you how long they are going to be away and this makes me anxious."

4.4 General

As part of the consultation, participants were asked the following question:

Were you provided with information, offered a choice and involved in decision making about the choices available to you at each stage of your or your baby's care?

Of those who responded (475 out of 581 participants), the majority of people (340) answered "yes"; 107 said "yes to some extent", 29 said "no", and nine said that they were "not sure".

Section 5: Evaluation of the Engagement

This evaluation forms part of the Our Voice Programme Work Plan and Scottish Health Council Directorate Operational Plan 2016-2017 objective to “gather intelligence from individuals and communities and use it to shape national health and care policy”.

Following the engagement work carried out between November 2015 and February 2016, as part of the national review of maternity and neonatal services, feedback was sought from those involved. This covered the service users who took part in discussions, NHS Board contacts, Scottish Government colleagues who asked the Scottish Health Council to undertake the work on their behalf and Scottish Health Council local office staff who carried out the engagement.

In general, the feedback from all of those involved was positive and this is provided in this document. The key messages for both the Scottish Health Council and for those commissioning future engagement were:

Give more thought in advance to what you want to get from the engagement.

Ensure realistic timescales for planning and carrying out the engagement.

Engage with pre-existing groups where possible.

Consider the inclusion of some targeted questions and/or analysis for certain groups, such as areas of deprivation, remote and rural areas etc.

Ensure feedback from engagement is given to NHS Boards as well as being shared with individuals and groups who have taken part.

Focus Groups

Given the nature of this engagement, the majority of information gathered on people’s experience of maternity and neonatal services was through face-to-face discussion, by postal questionnaire and by telephone interview. This involved engaging with a total of 581 people. Using these methods, it was not appropriate for evaluation forms to be used, however, evaluation forms were used when engaging through focus groups.

Five local offices engaged with groups where participants could complete evaluation forms for the work carried out in late 2015 and early 2016. The NHS Boards this covered were NHS Forth Valley, NHS Dumfries and Galloway, NHS Fife, NHS Western Isles and NHS Greater Glasgow and Clyde. Overall, there were seven discussion groups with a total of 42 participants and 41 completed forms were returned.

All of the group participants were asked to complete the evaluation form that is routinely issued by Scottish Health Council local office staff at events. The questions are the same for all groups and the responses are summarised below:

SUMMARY OF EVALUATION RESPONSES						
		Yes		**No**		**Partially**
Question 1	Was the purpose and aims of the meeting/focus group event clearly explained at the start?	41 (100%)		0		0
Question 2	Did you feel you had the opportunity to be actively involved in the session?	41 (100%)		0		0
Question 3	Did you have the opportunity to have your own views heard?	41 (100%)		0		0
Question 4	Do you feel the purpose and aims were achieved?	40 (97.6%)		0		1 (2.4%)
Question 5	How would you rate the following?	Very Poor	Poor	Fair	Good	Excellent
	Overall topic/agenda	0	0	0	15	26
	Speakers/Presentation	0	0	0	5	36
	Network opportunities if applicable	0	0	0	10	26
	Venue accessibility	0	0	0	7	34
	Venue facilities	0	0	0	5	32
	Food/refreshments	0	0	0	5	28
Question 6	What did you value the most?	The main themes were: • "to be heard" – said by 17 people • "to contribute to improve experiences" – said by 12 people • "being made welcome" – said by 3 people				
Question 7	If you had special requirements, were your needs met?	Yes	7			
		No	2 in total: • 1 person chose 'no' but			

			gave no reason • 1 person stated ‘no’ but then said they had no special needs
		N/A	28
Question 8	Is there anything which we could have done differently?	Yes	• “Maybe best to keep engagement with staff separate to engagement with parents” (1 group had a healthcare professional taking part) • “Provide an opportunity for adults with learning disability/autism to give views.”
		No	No comments
		N/A	No comments

The response shows a series of positively evaluated discussion groups.

All participants (100%) stated that the purpose and aims were explained from the start, that they felt they had the opportunity to be actively involved in the session and to have their own views heard. Most participants (97.6%) felt that the purpose and aims were achieved and 2.4% said partially achieved.

All participants rated the practicalities of the day good or excellent, and there were three main themes noted of what participants valued the most. These were:

- to be heard
- to contribute to improve experiences, and
- being made welcome.

Two comments were made about what they would have liked to see being done differently and these are noted above.

NHS Board contacts

The Scottish Government initially provided the Scottish Health Council with named contacts in each NHS Board. In some cases these were the main contact for local office staff, while in other Boards, additional staff members were also involved.

Feedback was received from nine NHS Boards, with two responses from one Board.

SUMMARY OF EVALUATION RESPONSES				
		Yes	**No**	**Partially**
Question 1	When you were initially contacted did you receive enough information about the request and its purpose?	10 (100%)		
Question 2	Did you encounter any challenges in working with the Scottish Health Council on this project?	1 (10%)	9 (90%)	0
	If yes what were they?	The only challenge identified was the timescale and that it may have impacted on the numbers engaged with.		
Question 3	From your perspective, if there is one piece of learning for any future joint projects, what would that be?	"It would be good to have the service users' responses fed back to services and to know overall how many service users engaged in the process." "We established good dialogue early on, this enabled clarity of tasks and smooth working henceforth." "To allow more time for planning good engagement, embedding into existing workloads, learning from engagement, and speaking to a representative number and demographic of people." "We had adequate time for us to plan with the service users." "That the views of a very small group of people are not necessarily representative of the wider service user group. It might be helpful in the future if patients who vocalised concerns about their care/treatment with the local Service were encouraged to contact the unit involved so that the concerns could be		

		discussed." "Inviting the facilitator to pre-arranged groups to get feedback would work better. I would help out in the future but would need more notice." "I liked the way the Scotttish Health Council representative went out into the community and didn't rely on the focus group when it became clear that the numbers were not going to be good. From subsequent discussions with him the feedback was definitely richer." "I would have liked to know if the contacts I had passed on had been useful and successful, i.e. who had responded positively and what form the engagement took: if there had been any focus groups or surveys, or informal feedback and who with/from. This would have been useful for me for future, more local projects possibly led by the Maternity Services Liaison Committee." "It was very useful having had previous experience working with the Scottish Health Council – it is remembering that the maternity service has knowledge of where groups of women meet but to go wider than that to include information about groups from health visitors etc that can be accessed for focus groups – make good use of the networks already in existence."

Community Engagement and Improvement Support Staff

In order to inform how similar pieces of work are carried out in future, the Scottish Health Council's Performance and Planning team undertook an evaluation with local office staff about the work they carried out in relation to engaging with maternity and neonatal patients. When local officers fed back informally to the team almost all said that they enjoyed the work they carried out and hoped to do more of this type of engagement in future.

However, our team also recognised several areas for improvement in order to ensure that we knew where challenges were for staff carrying out the engagement a short questionnaire comprising six questions was circulated to all local staff who had undertaken work in this project. Feedback was received from 13 out of 14 local offices.

SUMMARY OF EVALUATION RESPONSES				
Question 1	Did you receive enough information and support to allow you to undertake the engagement?	Yes	No	
		11 (85%)	2 (15%)	
Question 2	If no, what additional information and support would have been useful to have?	"A briefing session at the beginning would provide clarification on guidance and avoid conflicting information being given from different sources."		
Question 3	Which methods did you use for the engagement?	Focus Group	One to one	Questionnaire
		8 (62%)	9 (69%)	7 (54%)
Question 4	Can you say which method worked best for you in this engagement, and why?	Almost every Scottish Health Council local office identified that going to where the people you wanted to engage with would be was far more successful than expecting them to come to you. For this particular topic this was fairly easy to identify, for example mother and toddler groups, breastfeeding classes. By engaging at sessions like these, focus groups and one-to-one interviews were felt to be the way to access good feedback and discussions.		
Question 5	Did you encounter any problems or difficulties carrying out this work? If so what were they?	Some local staff reported some problems and difficulties with the initial timescale given to carry out the work. It was felt to be too short, and the later extension to this was appreciated. For example, the timescale had an impact on fitting in to existing meetings and arranging for necessary interpreters. Some areas reported a slow response from their respective NHS Board contacts which had an impact on starting time, or, in some cases, they had to proceed without input from Board staff. Local officers also reported a poor response to arranging focus groups which were not aligned to existing groups or meetings and being unable to re-organise another focus group within the timescale.		
Question 6	From your point of view, if there is one piece of learning for our future work, what would that be?	In summary, local office staff asked for an increased timescale and more notice of the work required. Several staff mentioned that they would like more involvement in the		

		planning and discussions at an earlier stage to help ensure that the methods agreed fit with the local population and circumstances. Although difficulties in accessing the NHS Board contact appears to have been problematic in one or two areas, working in partnership with local NHS Boards was noted as a positive overall. Several members of staff felt that this work had led to them making useful contacts and opened up future opportunities for them.

Feedback from Scottish Government

Scottish Government colleagues were asked to provide feedback on their experience of working with the Scottish Health Council as part of the National Review based on the following questions

What worked well?

- "The Scottish Health Council have made this process very easy and we always felt that there was an enthusiasm and willingness to engage and an ability to 'enhance the ask'."
- "The Scottish Health Council was supportive in framing up the process and helped Scottish Government to articulate and design it."
- "Once the formalities were out of the way, it was very easy to work with the Scottish Health Council to get the work underway."
- "The Scottish Health Council brought the incredible reach out to people across 14 NHS Board areas and were adaptive when required, using innovative approaches to finding the most appropriate means to engage; this level of engagement would not have been achieved otherwise."
- "Leadership within Scottish Health Council was good, for example, the lead was proactive in spotting good practice emerging in one area, and sharing this elsewhere – also accessible, and responsive to developments."
- "Scottish Health Council staff reacted effectively to any challenges as these arose, and were not deterred by these. One example was an issue which arose in Caithness, which Scottish Health Council staff responded to professionally."
- "Although there was some slippage from the original planned timescales, this was not due to the Scottish Health Council, and the revised timescales were met."

What could have been improved?

- “Generally not things that went wrong, but things that might have been done differently with the benefit of hindsight.”
- “The agenda could have been more realistic, but the slippage was due to getting the Board visits arranged.”
- “Perhaps the questions were too open and it would have been useful to work with analysts and consider what we wanted to get from the work before beginning, e.g. with more focus on relationships, values and behaviours.”
- “It may have been useful to have had more engagement on neonatal services, and separate this out from maternity – this would have enabled more targeted questions for that group, for example, on the transitions between maternity and neonatal services.”
- “It may also have been helpful to do some ‘audience segmentation’ – perhaps some targeted questions and/or analysis for certain groups, such as women in areas of deprivation, remote and rural areas etc.”

Messages for similar work in future

The main message is to give more thought in advance to what you want to get from the engagement (see bullet point about involvement of analysts above).

Next Steps

In general, the feedback from all areas (focus groups, NHS Board contacts, Scottish Health Council staff and Scottish Government) was positive.

We will now reflect on the feedback received and will ensure that, wherever possible, the learning and suggested improvements are taken into account for similar work in future.

Section 6: Conclusion

A total of 447 people said that they had been provided or had to some extent been provided with information, offered a choice and involved in decision making about the choices available to them at each stage of their or their baby's care.

In general, people's experience of maternity and neonatal services was very good and they were happy with the services provided and their experience and treatment. However, some areas for improvement were also identified.

These mainly focused on:

- the need for continuity of staff at all stages of the pregnancy, during labour and birth, and following the birth
- the particular challenges faced by people living in remote and rural areas
- the need for consistent support and advice for breastfeeding
- the need for good communication
- the importance of translation support for women whose first language was not English, or being provided with information in their own language; and
- the importance of allowing partner support and involvement.

We would like to thank all of the people who took part in the engagement on maternity and neonatal Services, as well as NHS colleagues who helped facilitate the engagement.

This report will be considered as part of the National Review and will help to inform the Review Group's findings. The full National Review report is due to be published on both the Scottish Government and Scottish Health Council websites in October 2016, along with a copy of this report.

Appendix

Methods of engagement and numbers involved by NHS Board area

NHS Board Area	Number of Groups Engaged	Number of Questionnaires Completed	Number of One-to-one Discussions Completed	TOTAL Number of Participants Engaged	Number of those participants with Neonatal Experience (across all methods)
Ayrshire & Arran	• 5 Breastfeeding Groups • 3 Mother & Toddler Groups	N/A	15	65	11
Borders	N/A	4	63	67	7
Dumfries & Galloway	• 3 Focus Groups	14	1	26	5
Fife	• 2 Ante-natal Groups • 1 Post-natal Group	N/A	N/A	22	6
Forth Valley	• 1 Focus Group • 1 Neonatal clinic	18	N/A	26	11

NHS Board Area	Number of Groups Engaged	Number of Questionnaires Completed	Number of One-to-one Discussions Completed	**TOTAL** **Number of Participants** **Engaged**	**Number of those participants with Neonatal Experience** (across all methods)
Grampian	• 2 Parent & Toddler Groups	N/A	N/A	12	N/A
GGC	• 1 Bliss Neonatal Support Group • 2 Breastfeeding Groups • 1 Daisy Chain Play Session • 1 Mother & Toddler Group • 1 Loc de Joaca – Romanian Roma Families	N/A	N/A	44	13
Highland	• 6 Focus Groups	17	N/A	53	13
Lanarkshire	• 4 Nursery Groups • 1 Book Bug Group • Inpatient Wards	N/A	N/A	39	8
Lothian	• 1 Pregnancy & Parent Centre • 1 Mums & Bumps Group • 1 Dads' Group	70	N/A	96	14
Orkney	• 2 Playgroups	N/A	N/A	27	N/A

NHS Board Area	Number of Groups Engaged	Number of Questionnaires Completed	Number of One-to-one Discussions Completed	TOTAL Number of Participants Engaged	Number of those participants with Neonatal Experience (across all methods)
	• 3 Mother/Parent & Toddler Groups • 1 Book Bug Group				
Shetland	• 1 Young Mums' Group Shetland College	N/A	N/A	8	N/A
Tayside	• 3 groups at Dundee International Women's Centre • 15 Focus Group held in various locations across Tayside	N/A	N/A	91	12
Western Isles	• 1 Focus Group	N/A	N/A	5	5
TOTALS	**65 groups (379 participants)**	**123**	**79**	**581**	**105**

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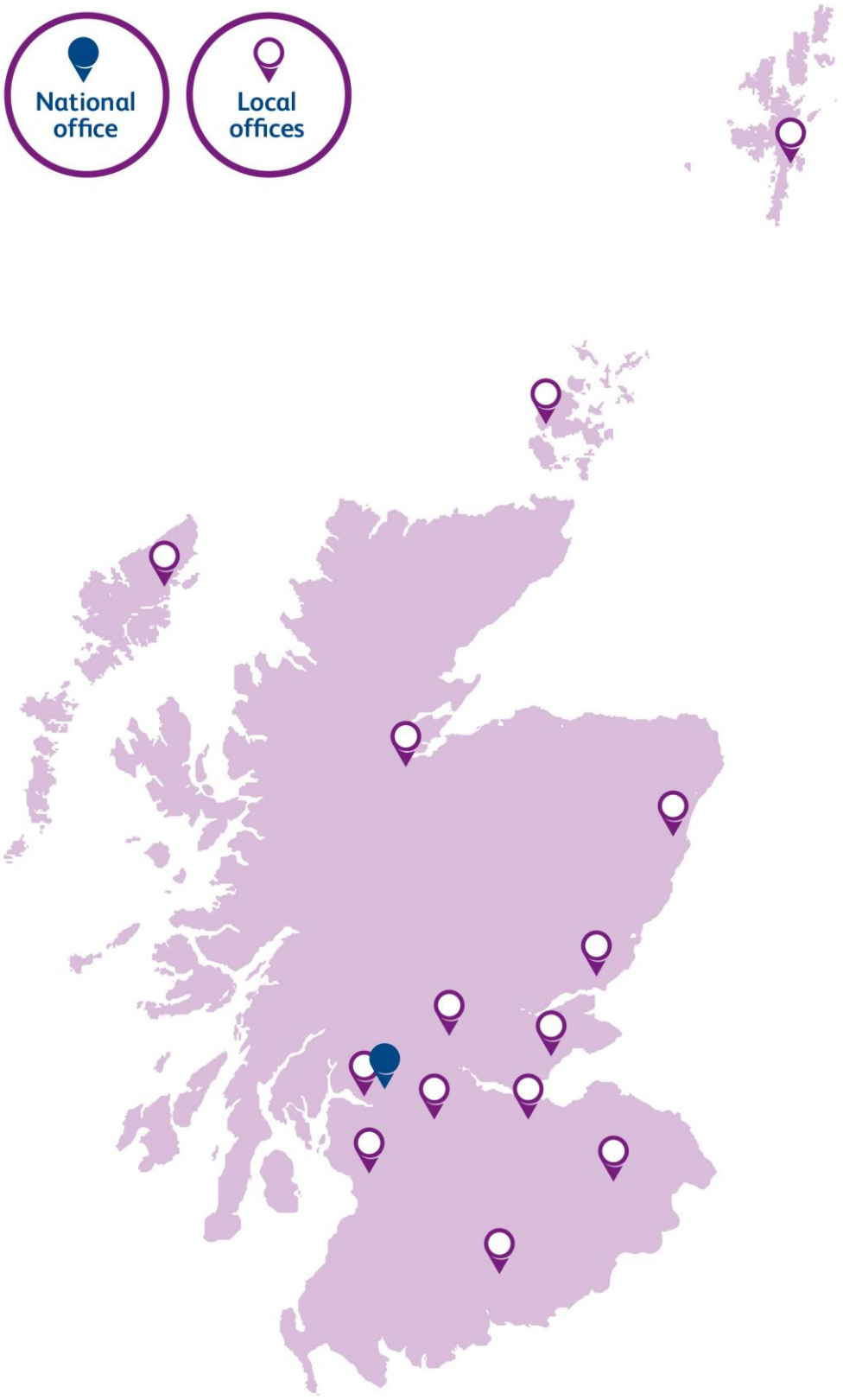

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