

Gloucestershire Maternity Voices Partnership



Impact Report 2022 - 23

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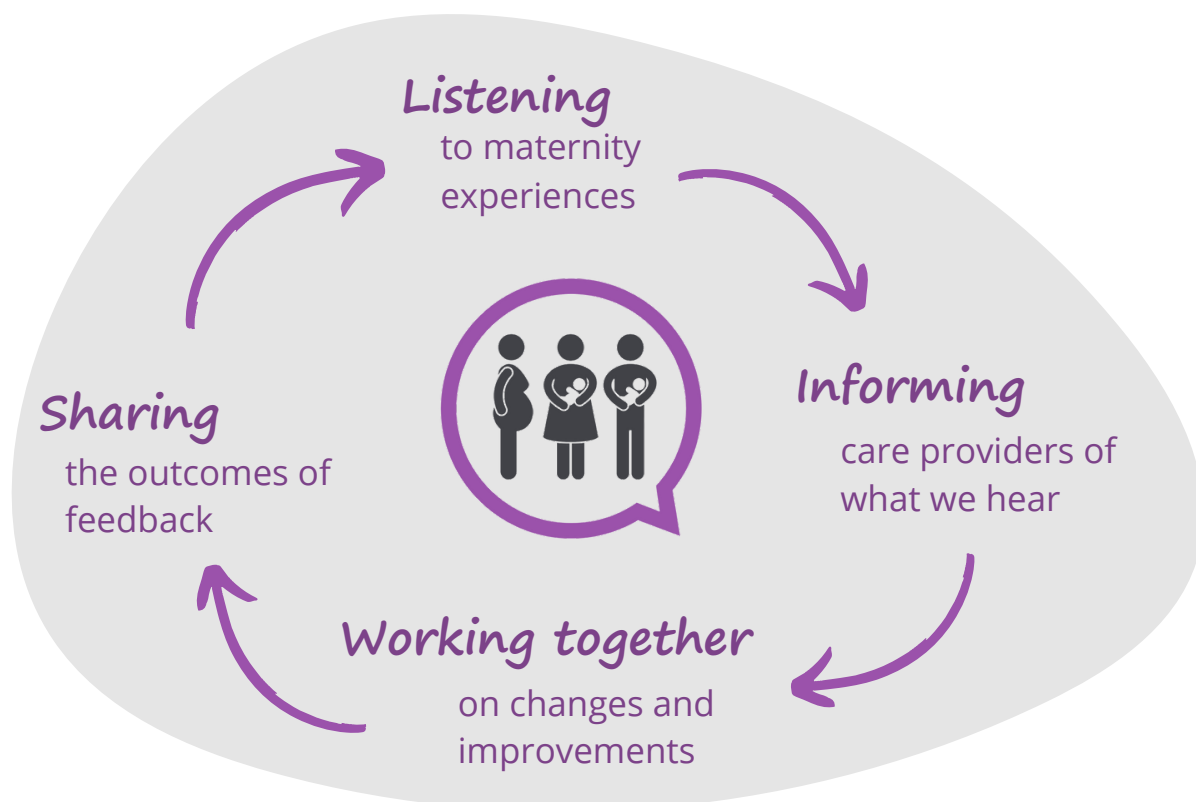
Overview of the MVP

The role of the MVP is to gather and understand feedback and experiences from women, birthing people and their families using maternity and health visiting services in Gloucestershire.

We do this through surveys, community engagement sessions, hosting live interactive sessions on social media and holding focus groups. Kathy (chair), Hannah, and Louise (vice chairs) attend workstream meetings and the Local Maternity and Neonatal System board meetings (LMNS) to feed back the experiences we hear about.

The MVP is independent of the NHS, but aims to work closely and in partnership with services to help inform, challenge, bring about positive change and celebrate good practice.

The MVP is multidisciplinary and is made up of women, birthing people, midwives, health visitors, obstetricians, commissioners and voluntary sector organisations.



Message from the Chair

This year has been a hugely successful year of growth for the MVP. I am delighted to start this year's impact report by sharing that in May, we recruited two new Vice Chairs, Hannah Wilderspin and Louise Morris.

Hannah is leading on mental health and neonatal experiences, whilst Louise is tackling health inequalities and leading on equity for all in maternity care.

Towards the end of the year, funding allocations for the MVP were altered, resulting in more resources being put towards the service users representation through the chair and vice chair roles. This is a fantastic recognition of the work of the MVP, but most importantly how important it is that we are hearing and properly listening to the voices of women and birthing people. We end this year knowing that women and birthing peoples' voices are valued in Gloucestershire. We go into 2023/24 lifting this voice and ensuring that it is heard and acted upon.

As well as the team changing, we have changed the overall model of the MVP. At the start of this year, we held monthly members meetings over zoom. This was a model that worked during the pandemic, but as we moved out of this, it felt these meetings happened in silo from maternity services. We looked to other MVPs and learnt how they operated, and from that we held our first partnership meeting in November 2022. The partnership meetings bring together women, birthing people, maternity services, health visiting, commissioners and community stakeholders to coproduce ideas and solutions to shape maternity care. Focus group themes within the meetings are based on feedback from that quarter.

As an MVP, we are keenly aware that coming to a large meeting such as the partnership meeting may not be for everyone, so we are also holding service user and community support only meetings, to ensure that we remain a safe space for women and birthing people to feed back to an independent organisation.

Now that we have more people as part of the team, the MVP has been able to increase engagement, which has been a long standing priority for us. Hannah is frequently visiting the neonatal ward, and we had a survey earlier this year for women and birthing people who had a baby on the NNU whilst they were on the maternity ward. Louise is visiting communities, particularly those we know may be less heard from generally. We know that the MVP has more work to do; we know it is intrinsic that we are part of our Gloucestershire community, and we look forward to building on plans for this in 2023/24.

Reports have been published this year which detail the sometimes very harrowing experiences of families. We know that areas of the population face worse experiences due to their ethnicity or through deprivation. Locally, our services have been rated as Inadequate by CQC. I want to stress that our role as an MVP is to uplift your voice, enable it to be heard and ensure that we are challenging and bringing service user experience to the forefront of every conversation, so that you are at the heart of service design. Services should be equitable, safe and compassionate for all.

It is an absolute privilege to be leading Gloucestershire MVP. I want to thank everyone who has supported us, completed surveys, shared our posts, attended our meetings and promoted the MVP this last year.

Kathy

The Gloucestershire MVP team



Kathy Meansworth
Chair



Hannah Wilderspin
Vice-Chair, Neonatal and
Perinatal Mental Health



Louise Morris
Vice-Chair, Equity



Lisa Armstrong
Communications &
Engagement Officer



Libby Gilroy
Administrator

Reflecting on our 2022/23 priorities

- Share quarterly birth experience reports, sharing the latest feedback to the Local Maternity and Neonatal System.

Our Birth Experience Survey launched in July 2021. Each quarter since then, we have produced a report on the feedback we receive from women, birthing people and their families. This report is submitted to the Local Maternity and Neonatal System and to the Maternity Experiences Subgroup. Each quarter, the MVP looks through the themes, alongside the Integrated Care Board (ICB) and the Patient Advice and Liaison Service teams at the two provider trusts. Agreed themes are then taken to the Partnership Meeting, to coproduce ideas and solutions with women, birthing people, health care professionals and community stakeholders. This survey has grown each quarter, starting at 13 responses in 2021 to 106 responses for the quarter ending in January 2023.

- Create stronger relationships with local voluntary sector organisations and community leaders to increase the diversity of our membership so that it is reflective of the local population.

This year we have welcomed two new vice chairs, Hannah and Louise. Understanding health inequalities and improving equity is Louise's passion. Louise has been out and about in our communities this year, focusing on developing relationships with those communities.

At the start of the year, we held some drop in coffee mornings, however these were not as well attended as hoped, so we then changed our model of working and developed the partnership meetings. We have had a good representation of voluntary and community groups attend our partnership meetings and into 2023/24 we will look to develop this further.

- Host 12 'Your Maternity Voice' Q&A sessions to increase awareness on key topics as a result of key themes emerging from feedback received

During 2022/23 we hosted **13** 'Your Maternity Voice' sessions, covering VBAC, mental health support, feeding, CQC findings, hypnobirthing and many more. You can see the topics we covered in the 'Coproduction and Engagement' section on page 9.



Increase the number of active maternity staff on the partnership by 50% to expand our representation across the maternity journey.

Being fully embedded within maternity services has been a core aim this year and will continue to be into 2023/24. Having strong relationships with maternity staff is vital in this aim. During 2022/23 we did increase our membership of maternity staff, however our partnership meetings showed the real impact, having a safe space to hear staff feedback and we could see the benefits of working together; this model will be a focus for the next year.

We had 15 maternity staff represented at the November meeting and 17 attend in February 2023. This includes midwives, health visitors, perinatal mental health teams and neonatal care. 7 representatives from the community sector joined the meeting in November and 8 in February. It is really encouraging to see maternity staff and people directly working with families in the community listening to feedback and engaging with coproducing ideas and solutions to help shape maternity care across our county.



Increase our social media following of expectant parents by 30% to ensure our following reflects current users of maternity services.

We know that we want to capture women and birthing people earlier on in their maternity journey, so that they are aware of the MVP, the work we do, and how to share their experiences to help inform maternity services.

Our Facebook following has grown over the year from 2960 in January 2022 to 4017 at the end of March 2023). Unfortunately we are not able to tell how many of these are expectant parents. However, this year we have come up with some initiatives so women and birthing people will find out about us earlier:

- We had an MVP postcard included in all 6,000 maternity booking packs.
- We have started visiting antenatal clinics to chat with women, birthing people and their families and let them know that they can feedback about their experiences.
- We have boosted social media posts and targeted these at people who are newly married within Gloucestershire, or have shown an interest in pregnancy related topics.



Host quarterly drop-in sessions at local venues to increase visibility of the MVP in places that are already known to our audience eg. baby groups, community centres etc.

During this year we looked at hosting coffee mornings at places that families may already be at, however we did not have much up take, so we fairly quickly changed focus and looked to change our model towards the Partnership meetings. These meetings give women, birthing people and their families an opportunity to be part of conversations designing maternity care in our county.

We took time to think about how our new model would still enable an safe space for women, birthing people and our members to be be involved, as we know that being in a large room can be extremely overwhelming. We are now running members meeting at least once a quarter; we will consult members on the frequency to how often they would like these meetings. We will have a mixture of face to face and virtual meetings, and these will be open to new members.



Actively close the feedback loop using a 'you said, we did' model so people know the impact that their feedback is having.

We know that this will continue to be part of our work into 2023/24. Over this year we have been able to share the good news of reclining chairs being installed into bays and side rooms on the maternity ward, based on the feedback to say partners didn't have anywhere comfortable to stay overnight. We have also posted a blog about the Partnership meeting and how the feedback was listened and actions from that meeting. As part of working closer with maternity services and building these relationships, we hope to be able to share more 'You said, We did' posts, so that women, birthing people and their families see the value of sharing their stories, know that their voice is being heard and that this is transitioned into action.



Incorporate antenatal and postnatal feedback into our quarterly feedback reporting so that the whole maternity journey is captured.


Incorporating antenatal and postnatal feedback has been a passion of Kathy's through the year and we have discussed many different ways to do this. We have developed antenatal and postnatal surveys, which should go live in April 2023. We want women, birthing people and their families to be able to share their experiences in real time, so rather than waiting until after birth and then sharing feedback about their whole maternity journey, we feel it would be more timely and beneficial to have three separate surveys. In order for the surveys to be user friendly, we are now looking to change survey platform, which is why there has been a delay in launching these. The new platform will enable our families to skip sections which are not relevant.

At the start of the year, we ran a neonatal care survey, to find out about the experiences of women and birthing people who are staying on the postnatal ward whilst they have a baby in the neonatal unit. This survey was really informative and highlighted a lower level of care and compassion shown to these families. Over the year, we have added questions about the neonatal experience into the Birth Experience Survey, so that we can track the experiences of these families and compare to families who have not had a neonatal stay.

We have also added a section called 'About you' into the Birth Experience Survey, (and will include in all surveys going forward) which asks monitoring information questions, so that we can see from which areas of the community we are hearing from and which we are not. We know from the MBRRACE-UK report that women and birthing people from Black and Asian backgrounds and deprived areas are more likely to die during their maternity journey. It is crucial that we hear the voices of these communities, listen and actively make plans to improve their experiences within maternity care.

Coproduction and Engagement activities



April

- Hypnobirthing 



May

- New Vice Chairs started
- Day of the midwife
- Review of Aveta signage
- Hosted coproduction training for staff

June

- Breastfeeding Week 
- Vaginal birth after c-section 
- 15 steps challenge at Gloucestershire Royal Hospital

July

- Aromatherapy 
- CQC report 
- **Community engagement**
 - ADHD Hub parents group
 - Honour Thy Woman

August

- Jamaican Independence festival


September

- Ockenden insight visits
- LMNS Safety event
- NICU awareness month

October

- Gloucester Pride

November

- Partnership meeting
- Perinatal MH service 
- World Prematurity Day
- **Community engagement**
 - Cavern Tots
 - Inter Faith

December

- **Community engagement**
 - Cavern Tots
 - Delivering blankets from Hindu community centre



January

- National MVP conference
- Oakley Children's Centre feedback sessions

February

- **Community engagement**
 - Oakley parents group
 - Food pantry
 - Steps Ahead Redwell
 - Barton Warm Space
 - CARE
 - Forget Me Not group
- Partnership meeting

March

- **Community engagement**
 - FOD antenatal clinic
 - Honour Thy Woman FOD
 - Steps Ahead Redwell
- The red book 
- The birth anxiety and trauma service 

Projects we have been involved with this year

Each year we are involved with projects, which either we are invited to or we initiate based on the feedback we are hearing. We wanted to give you a brief update on some of this work -

ADHD in pregnancy

One of our members contacted us to talk about their experience of medication for ADHD throughout pregnancy. We found that there is a lot of frustrating time being bounced around teams to discuss medication again, however we were able to establish that GP's are responsible for medication prescribing throughout pregnancy. GP's may want to consult with the ADHD service, but would not need to re-refer a women or birthing person to the ADHD clinic.

Birth reflections

We were invited to be part of initial discussions about a birth reflections services. Currently in Gloucestershire there is not a formal birth reflections service. Midwives and Health Visitors should always ask women and birthing people about their birth experience, but if that women or birthing person requires a further debrief, this is usually offered but without a set pathway for this. The MVP have been advocating for the need for a formal pathway and birth reflections service. We held focus groups and have collated messages we receive from women and birthing people asking for a debrief, to evidence the need for this service. We will continue to advocate for such a service.

NNU and maternity ward survey

At the start of the year we conducted a survey asking women and birthing people about their stay on the maternity ward whilst their baby was on the Neonatal ward. We found that women and birthing people reported much lower rates of being treated with care and compassion compared to families whose baby stayed with them on the maternity ward. There were also other issues around food, getting from the ward to Neonatal and medication. Hannah, the maternity team and NNU have created an action plan. Hopefully some of the actions will be put into place during 2023/24 and we will be able to see an improve for these families and their experiences whilst at GRH.

Aveta signage

We were asked to review the signage at Cheltenham General Hospital. A group of members went around the hospital looking at the different signage and how to access the link corridor and then how to access floor 3 from various points from the St Pauls wing. We established that getting to the Womens centre is fairly tricky and signage is not clear at all. We are waiting for feedback to see if anything has changed to improve this.

15 steps challenge

In the summer we completed a 15 steps challenge of the birth unit, delivery suite and maternity at GRH. We were joined by MVP members, infection control, midwives and the Head of Midwifery. We found some minor concerns, such as the bell to triage was not there and conflicting signs over Covid restrictions, all of which were rectified. We also found that there were some bigger concerns such as there being no table over the beds in the maternity ward and a hose in one of the bathrooms, which looked not just unsightly but also worrying about why there is a hose. As a result, each bed now has a table and the hose has been removed. We made other recommendations as well, such as continuing the mood lighting from the birth rooms into the bathrooms.

Coproduction workshops

We were able to access funding to host a coproduction workshop, which was led by Coproduction Wales. We invited MVP members, midwives, health visitors, obstetricians and commissioners to all be part of the day to learn and come up with ideas for coproduction as a whole working in Gloucestershire.

Reclining chairs for partners

As part of our Birth Experience Survey, we ask about the experience of the partner. We were repeatedly told that the experience for partners is not as expected, with a lot of emphasis part of the fact that they had nowhere comfortable to sit, especially when visiting overnight. We made this known to GRH and commissioners, and it was agreed that each bay on the maternity ward would have a reclining chair, so that partners have somewhere a little more comfortable to sit and lay back during the night.

Caesareans

A member expressed some concerns about the #mycaesarean choices leaflet not always being used. We have tried to promote this through a Your Maternity Live session, so that women and birthing people know about the leaflet and can feel confident to request their own choices for their caesarean.

Emotional Wellbeing leaflet

It was identified that there was a gap for a single point of access for services to support mental health and wellbeing. The MVP has been involved in coproducing this resource.

Glossary

Integrated Care Board (ICB)

The organisation responsible for allocating the NHS budget in a geographical area, and commissioning services.

Patient Advice and Liaison Service (PALS)

Every NHS organisation will have a PALS service. They deal with complaints and concerns, and can advise on the best course of action.

Gloucestershire Hospitals NHS Foundation Trust (GHT)

The NHS organisation in Gloucestershire which provides acute services, including midwife care.

Gloucestershire Health and Care NHS Foundation Trust (GHC)

The NHS organisation in Gloucestershire which provides community services, including health visiting and mental health services.

Neonatal Unit (NNU)

A unit at Gloucestershire Royal Hospital for babies who need specialist care, if they are premature or poorly. If babies need the highest level of support, they will be transferred to a hospital with a Neonatal Intensive Care Unit, such as Bristol.

Local Maternity and Neonatal System (LMNS)

Bringing together all the people who are involved in providing and organising maternity and neonatal care in a specific area. This will include midwives, obstetricians, neonatal staff, managers, commissioners, public health, educators, perinatal mental health providers, GPs and Maternity Voices Partnerships.

Maternity Voices Partnership (MVP)

Independent organisations which gather feedback on maternity experiences, working with the NHS to make changes.

Coproduction

The process of engaging people who use health and care services throughout the process of designing or improving a service, and working in equal partnership together.

Contact us



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GLOUCESTERSHIRE

Maternity Voices

Working in partnership to improve maternity & neonatal services

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