**Shropshire and Telford & Wrekin Local Maternity & Neonatal System (LMNS)**

**Maternity Voices Hub - Venue: Microsoft Teams Meeting**

**Date: 5th May 2022 Time: 10.00- 11.30**

**Attendees**

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| **Name**  | **Position**  | **Organisation**  |
| Emily Evans (EE)  | Service User Chair  | Maternity Voices Partnership  |
| Sharon Fletcher (SF) | Senior Quality Lead & Patient Safety Specialist  | Shropshire, Telford & Wrekin Clinical Commissioning Group  |
| Jane Holloway (JH)  | LMNS Project Support Officer  | Shropshire, Telford & Wrekin Clinical Commissioning Group  |
| Poppy Bartlett  | LMNS Maternity Transformation Administrator | Shropshire, Telford & Wrekin Clinical Commissioning Group |
| Emma Hall (EH)  | Project Midwife and Guidelines Lead  | Shrewsbury & Telford Hospital NHS Trust  |
| Sarah Gray (SG)  | Healthy Child Programme 0-19 Service Team Lead  | Shropshire Community Health Trust   |
| Annette Farthing (AF)  | Antenatal Representative  | Maternity Voices Partnership  |
| Michelle Cornish (MC)  | Postnatal Representative  | Maternity Voices Partnership  |
| Anne-Marie Speke (AMS) | Healthy Child Programme Lead | Shropshire Council |
| Alexandra Sullivan (AS) | 0-19 Service Lead | Shropshire Community Health NHS Trust |
| Cathy Levy (CL) |  |  |
| Emma Popo (EP) |  | Maternity Voices Partnership |
| Bridget Supple (BS) |  |  |
| Simon Mehigan (SM) |  | NHS Improvement |
| Alexandra Birch (AB) | Midwifery Course Director | Staffordshire University |
| Lynn Cawley (LC) | Chief Officer | Shropshire Healthwatch |
| Dorreh Charlesworth (DC) | Consultant | Shrewsbury & Telford Hospital NHS Trust |
| Helena (H) | Midwife | Shrewsbury & Telford Hospital NHS Trust |
| Steph Jones (SJ) | Healthy Child Programme Coordinator | Shropshire Council Public Health |
| Louise Duce (LD) | Matron for Gynaecology and Fertility Services | Shrewsbury & Telford Hospital NHS Trust |
| Michelle Ostrowski (MO) |  |  |
| Katie Nelson (KN) | Intrapartum Representative | Maternity Voices Partnership |
| Jan Suckling (JS) |  | Healthwatch Telford and Wrekin |
| Fiona McCarron (FM) | Consultant Midwife | Shrewsbury & Telford Hospital NHS Trust |
| Stephanie Flynn (SF) |  |  |
| Flora Buckle (FB) | Monitoring & Scrutiny Officer | Powys Community Health Council |
| Sammy Young (SY) | Maternity Voices Volunteer | Maternity Voices Partnership |
| Guy Calcott (GC) | Consultant Obstetrician and Gynaecologist | Shrewsbury & Telford Hospital NHS Trust |

**Apologies**

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| Councillor Lucy Roberts  |   | Powys Community Health Council  |
| Mei-See Hon  | Consultant Obstetrician & Clinical Director  | Shrewsbury & Telford Hospital NHS Trust  |
| Louise Macleod (LM)  | Development Coordinator  | Shropshire, Telford & Wrekin Clinical Commissioning Group  |
| Victoria Birch | Specialist Midwife | Shrewsbury & Telford Hospital NHS Trust |
| Jen Docherty |  |  |
| Ruth Martin | Specialist Public Health Nurse Health Visitor | Shropshire Community Health NHS Trust |
| William Parry-Smith | Consultant | Shrewsbury & Telford Hospital NHS Trust |
| Monika Gliniewicz | Mental Health Representative | Maternity Voices Partnership |
| Vicki Robinson | Workforce Business Partner | Shrewsbury & Telford Hospital NHS Trust |
| Karen Pountney | 0 -19 Public Health and Family Nurse Partnership Lead | Shropshire Community Health NHS Trust |
| Jo Lees | Team Leader Perinatal Mental Health Team |  |
| Jayne Morris | Senior Engagement and Insight Officer | Shropshire, Telford & Wrekin Integrated Care System (ICS) |
| Zena Young | Executive Director of Nursing & Quality | NHS Shropshire, Telford & Wrekin CCG |
| Tom Baker | Deputy Divisional Director | Shrewsbury & Telford Hospital NHS Trust |
| Clare Williams | Public Health Practitioner | Telford & Wrekin Council |

1. **Welcome, Introductions, Conflicts of Interest & Apologies**

EE introduced everyone to the meeting and thanked them for attending. As there was a high attendance, EE asked everyone to introduce themselves in the chat.

EE introduced herself as the Maternity Voices Partnership Service User Chair. No conflicts of interest were declared. Please see apologies above.

1. **Minutes & Actions from January 2022 Meeting**

**Action One –** **MVP to develop a second survey for a supportive partner role.**EE advised that the MVP are still updating on the current survey but as the MVP have put it in the work plan for development over quarter three/quarter four so this action can be closed.

**Action Two – LM to discuss with CE about carrying out the baseline survey again for the PCSP.** EE advised that this action is closed already.

**Action Three – TB to invite LM/EE to share patient voices at one of his Board meetings.** EE advised that Tony Bristlin has now left his post so this action needs to remain open until someone comes in to fill the position.

**Action Four – Arrange Badger Net training for MVP volunteers.** EE advised that this action was not time appropriate and so will remain open as a reminder to everyone on the call.

**Action Five – LM to arrange meeting to discuss antenatal class provision.** EE advised that a task and finish group has been established now so this action can be closed.

**Action Six – MVP to support messaging around vaccines.** EE said that the MVP is regularly sending messages out around COVID vaccinations and that there is another meeting booked in to look at COVID messaging, meaning that this action can be closed.

**Action Seven – LM to arrange further meeting to discuss antenatal class provision.** EE advised that this action links in to action five and a task and finish group has now been established for antenatal education and this action can be closed.

**Action Eight – LM to develop staff baseline survey for PCSP.** EE suggested that this action should remain open and Louise Macleod and Claire Eagleton can pick this up with each other after the meeting.

1. **Ockenden Report**

EE acknowledged the Ockenden Report and thanked all of the families and staff involved in the Report.

1. **Governance**

**Volunteer Programme Update**

EE advised that all of the MVP volunteers have all been through the Healthwatch Telford and Wrekin induction process and there are just a few volunteers who have their safeguarding training outstanding. EE said that the volunteers are starting to shadow Healthwatch and EE/Louise Macleod and EE is keen for the volunteers to get out into the community as soon as possible to gather feedback and spread the word on the MVP.

**Draft Work Plan for 2022 – 2023 / Annual Report**

EE introduced the draft work plan and explained that this document will continue to change as the year goes on. EE explained that the work plan gives an insight into what the MVP is working on and that the themes are derived from the feedback from service users. EE advised that there is capacity for ad hoc tasks and there is some flexibility in terms of time scales to get tasks completed.

EE highlighted that SaTH’s Maternity Transformation workstreams are missing from the draft work plan as they are currently under review following the second Ockenden report being published. EE advised that once the workstreams have been confirmed, these will be added into the MVP work plan. EE asked the group to get into contact with her if anyone thought there were tasks missing from the MVP work plan or if the priorities of any tasks should be changed.

MC said that, as a postnatal representative, she would like to look into getting feedback from birthing people from further back. MC explained that a lot of birthing people can take a while to reflect on experiences and it would be useful to gather feedback from service users no matter how long ago to see if changes have been made in the maternity services or not. EE agreed and said that this feedback may be retrieved once volunteers are out in the community and attending baby and toddler groups.

**MVP Toolkit**

EE explained that the MVP Toolkit has been developed by the national MVP to help local MVP’s with their structures. EE advised that Louise Macleod is working through the Toolkit and comparing it to Shropshire, Telford & Wrekin’s MVP setup and once this piece of comparison work has been completed, Louise will be presenting this to the LMNS Board.

**MVP Website**

EE explained that currently the MVP have a webpage on Healthwatch Telford and Wrekin’s website but the MVP are currently exploring the idea of having a separate and dedicated MVP website. EE advised that this idea has come from the MVP Toolkit which suggests MVP’s should have their own website. EE added that having a dedicated website would enable the MVP to update it more regularly and may make it easier for service users to find information online. EE also advised that having a website would mean that feedback gained via the online feedback survey could be accessed more readily as currently the data is kept with Healthwatch as it is on their website.

**Social Media Report (information only)**

EE thanked Leah for pulling together the social media report which shows good growth in the reach of the social media platforms, particularly when compared to one year ago.

1. **General Updates**

**Proof Reading/Document Feedback**

PB shared a document which showed the group the relevant documents that the MVP volunteers have recently been reviewing and commenting on for SaTH. For example, the MVP volunteers are currently reviewing a set of national perinatal pelvic health leaflets to see which ones are the most useful and service user friendly.

**Interviews**

EE advised the group that the MVP have been sitting in on a number of job interviews within the Trust in this quarter and thanked the staff involved for involving the MVP and asked that if anyone would like the MVP to be involved in other interviews to contact her or PB to get this arranged.

**Focus Groups**

EE explained that the MVP have been hosting focus groups to help with the User Experience UX System and that the most recent focus group was in relation to respected and supported decision making and the next focus group will be on managing expectations. EE advised that these focus groups are service user only and the feedback generated from the focus group is given to the staff involved in the UX System to help improve maternity services.

EE advised that she would like focus groups to become a core part of the MVP’s engagement work and that this has been incorporated into the MVP’s work plan on at least a quarterly basis.

LC asked EE whether reports were produced following the focus groups and whether the focus groups only included MVP volunteers. EE advised that the focus groups encourage wider involvement than just the MVP volunteers and that the focus groups are advertised on social media. EE advised that going forward; she would like to promote focus groups sooner and giving greater notice of the groups to enable more service users to attend.

EE also advised that the MVP is trying to improve the diversity of their volunteers demographically.

**Antenatal Education**

EE explained that the current antenatal education offering needs improvement and needs to include more of a face to face offering and that this is evidenced in the answers from the MVP feedback survey. EE advised that an offering which combines both online courses and face to face courses would meet the needs of many people.

BS advised that there are staffing issues at Trust’s at the moment and that staff should not be pulled off clinical roles to perform antenatal educations but groups can be run by non-clinical staff, much like the model that is run in Birmingham. BS said that she has run antenatal education classes since 2004 and the classes are highly regarded by service users and staff. BS advised that in Birmingham, the antenatal education offered is a mix of online and face to face courses which works well. EE acknowledged the issues with staffing levels and agreed pulling clinical staff away from the hospital would not be beneficial and would not produce any longevity in the antenatal education offering and all options are currently be considered to ensure that the antenatal education offering that is set up will be long term. BS advised that she can attend a meeting on antenatal education if EE would like and discuss her experiences.

**Pelvic Health**

EE advised that the MVP have set up a steering group for pelvic health and informed the group that the MVP have been reviewing pelvic health referral forms, the pelvic health website and are supporting with the development of a self-assessment tool. EE also advised that the MVP have also contributed towards the decision of not moving forward with the Squeezy App and instead utilise existing resources, such as the Baby Buddy app.

**Triage**

EE informed the group that one of the MVP volunteers has been attending the triage task and finish group. EE explained that the task and finish group has been discussing some of the issues that were highlighted both at the focus group that was run looking into service user experiences of triage and also the responses received through the feedback survey. One issue highlighted was service users having difficulty getting through on the telephone to triage and as a result of the task and finish group, there is not a dedicated member of staff to man the phones. Additionally, a voicemail message has been recorded so women know that they have the correct telephone number and guidance of what to do in an emergency.

Another issue that is being discussed at the task and finish group is enabling partners to come back into triage. EE advised that this needs further discussion as triage is quite a small area and still needs to be a safe environment where there is a balance between enabling partners to attend and also the risk of COVID. EE informed the group that there has been a restaurant-style buzzer system introduced, where a small buzzer will be given to families so they can wait in other areas (i.e. the main atrium) and they will then be alerted when it is there turn to be seen in triage. EE confirmed that the task and finish group into triage is still up and running.

**Murals**

EE explained that the LMNS previously funded a second mural for the Shrewsbury Hospital but as there are currently no births occurring there, the money has been redistributed to additional murals in the delivery suite and in the recovery area for post C-section families at The Princess Royal. EE added that if the budget allows, a mural will also be put into the birthing pool room in the consultant led unit. EE advised that the MVP are also supported the team in Gynae to add murals into their rooms too.

EE advised that the organisation of the murals is still in the early stages and that if anyone in the group would like to be involved, to contact EE.

H (Helena) advised EE that she had seen on Twitter that Walsall Hospital have displayed a large image of a tree with branches and that families put a leaf on the tree with their baby’s date of birth. EE said that this was a good idea to possibly look into further.

**SaTH Maternity Website**

EE advised that there have been a few initial meetings around the site map proposals for the new-look maternity website. EE said that the MVP hopes to make the website more service-user friendly and make it a more easy to use, understandable journey. EE would like to ensure that EPAS contact details are clearly displayed on the website as at the moment the details sit under the Gynae section on the website when perhaps service users may naturally look for it under the maternity section. EE advised that there is a website site map focus group taking place on Friday 6th May 2022 to discuss this further.

**Working in Partnership**

EE advised that the MVP are now regularly meeting with the Health Visiting leads, with the Gynae team, the Director of Midwifery and the Consultant Midwife too. EE explained that these are valuable touch base meetings where there are discussions on what the MVP is doing and is there anything the MVP should be made aware of.

1. **SaTH UX Experience Work**

**Update on theme priorities**

EE explained that in the previous MVP Hub meeting, it was decided that the next themes would be language and communication, followed by continuity of carer. However, these were not completed as, following discussions between the MVP and the Maternity Transformation Team after the release of the Ockenden Report; it was not the right time to undertake the language and communication theme. EE advised that they felt it would not be as productive as they wanted it to be at that time and instead the theme of respected and supported decision making was prioritised. EE explained that this theme did also relate a lot to language and communication but was perhaps a more sensitive approach for those affected by the Ockenden Report.

EE advised that the continuity of care theme was also delayed in light of Ockenden and also to allow time for the new consultant midwife to settle into their post. EE reassured the group that these themes have not been removed from the system, only delayed until a more appropriate time.

**Workshop Update**

EE advised that the current theme is respected and supported decision making and that this has been taking place over the last six weeks, with two more weeks of work left to work on any suggested improvements and feedback from service users. EE explained that the next theme that will be looked into will be managing expectations. EE said that this theme includes issues such as where do service users want more information, what do they expect their level of care to be, how can it be ensured that service users are not being overpromised or under promised.

EE advised that there will be a service user focus group based on the theme of managing expectations and service users have also been invited to complete a survey relating to managing expectations. EE explained that from the focus group feedback and survey responses, user experience cards are created and then discussed at a workshop with service users and Maternity Transformation Team staff. EE advised that this workshop allows the thoughts of service users to combine with the staff’s thoughts and the practicalities of putting any ideas into place. EE explained that in the workshop, priorities are graded and a recent example of the work that comes out of the workshops is the birth preferences card.

**Next Themes**

EE explained that the next theme was supposed to be relating to neonatal, however the MVP are proposing that this theme should be delayed as it is not likely to be viable at the moment due to the neonatal steering group not being fully established yet.

EE advised that the next theme could possibly be based around healthy pregnancy and including issues such as stopping smoking, diabetes and pelvic health. EE explained that this is quite a wide ranging theme so may need to be narrowed down slightly. EE said that the theme of healthy pregnancy is a theme that is prevalent in the MVP feedback survey.

LD agreed with EE and advised that preventative health promotion work would be a useful theme to pick up in the system. LD also suggested a theme around partner involvement as she is getting feedback that partners can feel pushed to one side and not supported as they are not the ones giving birth. EE explained that the first theme of the system was looking into support for partners and agreed that perhaps more work needs to be done on this and ensuring any actions from the first theme have been properly embedded and sustained. EE advised that there needs to be a way in the system of double checking previous themes and gathering feedback on any changes that have been introduced and checking how well they are working.

EE advised that the MVP will propose that healthy pregnancy should be the next theme however the Maternity Transformation Team are currently reviewing any themes that have come from the Ockenden Report and these themes will be prioritised.

1. **Feedback**

**MVP Feedback Survey Update**

EE advised that there had been 55 responses in this quarter from the feedback survey and nearly 60% of the responses came from people who have had babies in the last year. EE explained that there were three key themes that were apparent in the responses.

The first theme was around communication and how people are given information and service users feeling like the information given to them is not clear. EE said an example of this would be service users being unclear of all of their choices whilst being on a high risk pathway and feeling that they have no control over their care.

The second theme highlighted was continuity. EE explained that continuity is not always related to continuity of carer as the national directive but rather seeing the same midwife or two during antenatal appointments which can make a difference to service users who may see a different midwife at every appointment. EE advised that this is important to service users as they feel like they do not have to repeat themselves at each appointment, they can build relationships and midwives may also be able to notice any changes in a birthing persons mood if they have seen them regularly. EE advised that continuity also includes other aspects of care such as location, for example, keeping all of the appointments at the MLU, GP or consultant unit, to avoid any confusion.

The third theme was postnatal contact and support. EE advised that there has been improvement in the feedback in this area as face to face contacts have increased over the last year. EE advised that the feedback showed that during the pandemic, there was a lack of face to face health visiting contacts, no baby groups and service users felt quite isolated.

**MVP Feedback Survey Formal Responses**

EE explained to the group that if anyone would like to discuss the more in-depth, qualitative responses that are left on the survey, they can get in touch with her and she can go through the responses with them.

MO advised that the health visiting teams in Shropshire have had a struggle finding venues to hold clinics due to GP surgeries not allowing them to use rooms there during COVID. MO confirmed that the Shropshire health visiting team is currently looking for venues but they can understand service users’ frustration at few face to face clinics. EE thanked MO for this comment and said that this would be a good example of what could be included in a formal response to the feedback survey. EE suggested setting up a meeting between herself and MO to discuss promoting health visiting services further and letting service users know how to access their health visitors.

SF explained that there is a complexity between the CCG and GP access but there is work that can be done on improving links between services and GP’s. SF suggested also meeting with MO to discuss connecting services in further detail. SF explained that an ideal piece of work would be to map the services available to people and service users can clearly look at the map and know exactly how to access services.

AMS added that she too has had conversations around the lack of communication between services such as GP’s and health visitors and it would be helpful for health visitors to get back into GP’s and make the experience easier for service users so they do not have to repeat themselves each time they see a different service.

SG explained that from a Telford and Wrekin health visiting perspective the primary face to face visits were reinstated quite quickly after the pandemic, although not in a home setting. SG advised that the Telford and Wrekin health visiting service does not have a problem with venues as they have their own clinics in the GP surgeries so they could not be prevented from using the space. SG also advised that the opportunity to provide formal feedback to the survey needs to be timely. SG asked that when the MVP reports go out, if a draft copy could be sent to services so they can provide a formal response to service user concerns. SG said that this would make the report more balanced and the formal responses should be given within the same report that any concerns were raised or discussed if possible.

EE explained that the MVP report is presented at Hub meetings in the first instance and then to the LMNS Board and Perinatal Quality Surveillance Group and EE will add any requested formal responses to this report before it is presented to any other meetings. EE asked for any formal responses to be very clear to be what service is commenting and on a headed document. SG added that it may be worthwhile for EE to have a meeting with herself to discuss the health visiting service in Telford and Wrekin as the service does differ to the health visiting service in Shropshire.

KN echoed the frustrations of the lack of information sharing between services and explained that she is concerned that since the transition to Badger Net, other health care professionals in emergency situations might not have immediate/easy access to a service users maternity record, whereas with a paper copy it was easy to just hand over the notes. LD advised that it may be worthwhile speaking to other localities that use Badger Net to see how they combat this potential issue.

There was a discussion between LD,KN, MO and SG which highlighted issues of information sharing between services and health and care professionals not having all the information on a service user readily available when needed. As a result, it was suggested that there should be a way in which all services could have access to all aspects of a service user’s medical record/record of care i.e. having access to GP records, maternity records, and hospital discharge letters, health visiting records to make the system more service-user focused and improve communication between services.

EE asked the group to think about whether the report is fit for purpose and covers everything that needs to be covered, or whether changes need to be made. EE asked the group to contact her with any suggestions with how to take the report further and any amendments that need to be made in how the data needs to be presented and then a further meeting can be arranged if needed.

**You Said, We Did / Thank you Thursdays**

EE explained that the MVP have started a campaign on social media called You Said, We Did in which the MVP have taken comments and ideas from service users, taken them to SaTH and positive changes have been made.

Another social media campaign that EE discussed was Thank You Thursdays where service users can share their positive maternity stories or experiences with other services such as the health visiting service or the perinatal mental health team. EE explained that these campaigns are positive for the staff to see but also reassuring to families using the service.

**MVP App / Survey**

EE introduced the app that is currently being worked on by developers and explained that the app will be used by the MVP volunteers whilst they are out in the community to gather feedback securely and confidentially. EE advised that there are concerns that the survey on the app has become quite long and too in-depth, which may put service users off from completing the survey.

EE suggested that there could perhaps be a mini survey where service users could pick what they would like to comment on (for example, a particular element of their care) instead of feeling that they need to complete a lengthy survey. SF agreed with this and suggested that there could be a title option or drop down boxes and then a comment box for more qualitative answers if needs be, which would at least give markers into the areas where there is the most positive or negative feedback.

BS explained that it could be traumatic for those who have had a negative experience to feel like they need to answer a lot of personal questions so it would be beneficial to give service users the option of just completing the specific questions that they feel comfortable answering. EE suggested that the app could be a shorter version of the survey and the longer version could be kept online for service users to complete if they want to or when they have the time to do so.

EE explained that perhaps there should be a task and finish group set up to redevelop a mini survey, which would in turn change the structure of the report due to the difference in the questions being asked to the service users.

1. **AOB**

AB introduced herself to the group and explained that she would like to develop a link to the MVP to get the voice of service users into the curriculum at Staffordshire University and allow service users to speak to students. AB explained that she would like to invite service users to sit on the interview panel of potential student midwives.

**Date of the next meeting – Tuesday 6th September 2022 at 10:00am**

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| **Number**    | **Action**       | **Lead**    | **Status**    |
| 1.   | MVP to develop a second survey for a supportive partner role    | EE/LM    | **Close**    |
| 2.   | LM to discuss with CE about carrying out the baseline survey again for the PCSP    | LM    | **Close**  |
| 3.   | TB to invite LM/EE to share patient voices at one of his Board meetings    | TB    | **Open**    |
| 4.   | Arrange Badger Net training for MVP volunteers    | NB    | **Open**    |
| 5.   | LM to arrange meeting to discuss antenatal class provision.   | LM   | **Close**  |
| 6.   | MVP to support messaging around vaccines   | EE   | **Close**   |
| 7.  | LM to arrange further meeting to discuss antenatal class provision  | LM  | **Close**   |
| 8.  | LM to develop staff baseline survey for PCSP  | LM  | **Open**  |