

UHMB Trust response to recent service user feedback from the Maternity Voices Partnership

During November/December 2017 and January/March 2018 about 60 mums and dads took the opportunity to talk in some depth to Maternity Voices Service User Representatives (in the Kendal and Morecambe areas) to offer their feedback about their maternity care.

The UHMB Trust would like to thank all of those who took the trouble to give us their time to share their experience and views through the Maternity Voices Partnership and would like to respond to the comments we received to assure you that your voices were heard.

The Director of Midwifery responded to this feedback with a letter which said: 'It is so important that we hear women's experiences and I look forward to receiving the notes from Mel (Service User Representative Chair of the MVP), which I will read in detail and provide a response to, and any specific questions that may be posed within. In order for us to continue to improve our services for women, groups such as these are imperative and you have mine and my team's commitment that we will respond to any feedback. We will ensure that all comments and suggestions underpin any improvements and developments in maternity services. We are of the true belief that services wherever practicably possible must be provided to meet women's wishes and needs, ensuring safe high quality care, whilst being effective and efficient. We cannot do that without feedback from women and families'.

Subsequent to this MVP qualitative feedback being presented we have found that it reflects the findings of the quantitative results in the Picker Survey Report 2018. This has been analysed by the Service Development Improvement Midwife who will share this with the MVP, with an action plan, when this is completed and has been presented to senior staff. It reflects all of the themes from the MVP feedback regarding issues such as choice, communication and infant feeding. Service users can therefore be assured that the Trust is working to improve everything that is important to mums and their families in maternity care.

The Picker Survey

The Quality and Improvement Midwife explains, 'Picker has undertaken a survey on behalf of UHMBT which is encompassed within a series of annual surveys required by the CQC for all NHS Acute Trusts in England. The aim of the survey is to understand what mothers think of antenatal, labour, birth and postnatal maternity services provided within UHMBT. The questionnaire is based upon what is most important from the perspective of the women and reflects their priorities and concerns. The results have been largely positive and correlate with women's feedback via the MVP, we have significantly improved in 5 questions and have not

scored significantly worse on any. We are currently in the process of developing an action plan which will reflect how we will drive improvements within our services based on what women have reported is important to them’.

This review will be presented by the Trust at the next Maternity Voices Partnership meeting in Barrow on 24th May at Hindpool Children's Centre, 10.00-12.00 and service user's will be able to ask questions.

Themes of Service User Feedback

Helme Chase

Mums’ phone calls to Helme Chase from between 8pm to 8am are forwarded to Furness General Hospital – now the new ‘South Lakes Birth Centre’ – A midwife will be able to offer support and advice depending upon a mum’s need, or contact the on call midwife if that is what is appropriate. All calls to Helme Chase (HC) in the day time should meet the mum’s needs and the matron would be happy to hear about any situations recently where that hasn’t been the case as we would like to follow that up to ensure consistency.

We understand that mums who have stayed at HC in the past or have heard of its great reputation feel the loss of the post-natal stay at HC. We regret that this is no longer possible but we are doing all that we can to ensure a mum receives individualised post-natal care in her own home where it is considered the best place to recover and settle in with her baby. This is the recommendation of the national ‘Better Births’ Transformation Programme which was developed in response to a huge body of feedback from families, also a Review of Local Maternity Services from the Royal College of Obstetricians and Gynaecologists (RCOG) and a consultation of local opinion about the new on call system.

Moving forward we are delighted that parents want to actively help us to promote HC as a great place to give birth (for those without complex needs) and for it to be a ‘Hub’ where women can come for ante-natal and postnatal support, in particular at our ‘Infant Feeding Café’ where you can get all day support. We were thrilled at such a successful Open Day in December 2017 (the next one is May) and the emergence of a parent run Positive Birth Group gathering which the midwives are very happy to drop into when it is helpful to do so.

We really value the Maternity Voices Partnership (MVP) sharing your views and ideas with us and if mums have any particular concerns from their own care at HC which they wish us to follow up, please get in touch with the MVP or us directly and we will take these to our senior meetings, especially if mums do not feel that they were given appropriate support and encouragement for birthing at HC. Choice is at the heart of our care and we are always concerned when a mum has been unable to birth at HC or at home due to particular circumstances. Every one of these situations is recorded as an ‘incident’ and is investigated to ensure that every possible

measure was taken for the mum's birth place choice to be supported. We do take this seriously and the unit manager and matron monitor this on an on-going basis. Sadly, we do not have the resources to increase our staffing to accommodate every unforeseen eventuality but any themes e.g. reasons for on -calls being cancelled, are escalated to the Head of Midwifery (HOM) and we can only apologise to any woman who has had to birth in hospital when she preferred not to and assure you that we do everything we can to avoid this happening as we know how important this is to you.

Communication

We are very aware that good or poor communication can make a huge difference to a woman's experience in pregnancy, labour and soon after the birth, as your examples show. We are currently rolling out Communication Toolkit Workshops which are having a real impact on all members of the multi-professional teams who care for you during this important time in your life. 'Communication Matters in Maternity' is a service user initiated project where the professionals listen to mums (and one dad!) telling their story on film and requires them to reflect deeply on their practice communication skills. We hope that you will feel the benefit of this with everyone who cares for you.

Communication Around Feeding

Feeding your baby can be emotionally as well as physically challenging. We recognise that the way we talk to you about feeding is important. Asking 'how are you feeding?' rather than 'Are you breastfeeding?' (which can feel like a loaded question) are helpful reminders and we will work with the MVP to raise issues such as these in our 'Three Minute Brief' to maternity staff.

We have 3 new community support workers who are helping with antenatal education around Feeding.

Early Pregnancy Loss

We are so sad to hear of poor communication from staff at this hugely difficult time. We are very keen to work with the MVP and mums who have had this experience so that we can make things better, though so far mums have found it too painful to re-visit the situation to do that with us. We will support this when they are ready. All staff, including sonographers, are attending the communication workshops. There is more work that we know we need to and wish to do to improve care for women experiencing pregnancy loss in our services. We would welcome continued feedback from the MVP along with involvement, contribution in improvement and development of these services going forward.

Ante-natal Education

We are working across our three sites to ensure that our parent education classes are current and evidence based. We offer a variety of parent education classes, Infant feeding workshops, aqua-natal sessions and active birth sessions. This information and virtual tours of our units are available on our maternity website.

We are working with Children's Centres and health visitors to provide multi-professional information and education.

We are happy to meet with service users and MVP representatives to improve our parent education services. A meeting is currently being planned for May 2018 to review service provision and ensure that it meets the needs of our women and families.

RLI Labour Ward

We are so pleased that all the feedback about recent births is extremely positive in terms of women feeling cared for and supported. All your comments reflect the findings of the most recent Picker Institute Survey which identifies real improvement in us meeting women's personal choices, involving them in decisions and communicating effectively.

Our Safe Active Birth Midwives are leading everyone in ensuring that this good work continues and that every woman can feel positive about her experience however the situation unfolds.

RLI Ward 17

It is true that the ward is sometimes very busy but it is always our intention that women always feel cared for and their needs met. We are sad to hear that sometimes this has not been your experience and we are working to improve our systems to ensure midwives have the time to 'check in' with you about how you are feeling and offer support. The MVP has told us they often hear what a difference small things can make, such as a smile, a wave, kind encouragement and reassurance to show that we care – even if we are busy! We have suggested that the MVP give us quotes and examples from mums and families that we can post on our '3 minute brief' to all staff – to make them aware of what you appreciate.

Our intention is to create more time for tailor made care for each woman as we become more efficient with discharges and with the implementation of the new Lorenzo system.

Birth partners can now stay with mums for 24 hours after their birth and we know how much this is appreciated for those who take up on this offer, even though we have no space to provide a bed. The national expectations are for a 6 hour stay for a straightforward delivery.

One mum explained how a paediatrician being called for her baby, without explanation, created a lot of worry. This has already been flagged in a 3 minute brief about providing 'information to mum about the reason for escalating concerns' so that it doesn't create anxiety' so we hope this will make midwives more aware.

Although we know the ward does sometimes get very busy we agree that it is unhelpful and inappropriate for parents to hear comments about the midwives not having time to eat. Mealtimes and regular breaks for staff are actively encouraged. We hope that a greater awareness of how these comments affect women's experience will ensure an improvement.

Water Turned Off

RLI is an old building so we unfortunately need to shut down the whole ward's water supply for repairs. This has only happened on isolated occasions, only ever overnight and bottled water has always been provided. We regret the inconvenience it may have caused, especially in a heat-wave.

Agency Staff

In the past, problems have occurred with using agency staff who do not fit in with the ethos of our hospital. If a complaint has been raised about agency staff then we would always follow our complaints procedure. For minor complaints, we always aim to resolve this face to face with the agency midwife concerned. If the issue can't be resolved this way, then we would escalate the complaint to the agency. If, following this, the midwife still didn't work to our ethos, the agency midwife wouldn't be invited back and an explanation would be given for this decision. Agency midwives need to be clinically competent and confident with national and local guidelines and adhere to professional standards and using regular agency staff now means they understand our philosophy or care and the vision and values we work to. Overall, the number of agency midwives has significantly reduced over the last few years with better integration and working relationships with other midwives and team members so we hope that this will be reflected in the women's experience.

Keeping Experienced Staff

We recognise the enormous benefit of keeping and sharing the skills of experienced staff members approaching retirement. We offer a 'flexi-retirement' contract and ensure that this meets the service's needs and therefore women's and families. For example, recently we have been able to offer flexi-retirement to an experienced older staff member who has been able to share skills and mentor less experienced members of the team; she is a real asset to the team.

Discharge

We are aiming to provide an equitable service across our sites for women and babies that have no complications so discharges directly from labour ward or the

South Lakes birth Centre overnight will become standard practice. We have recognised that many women waiting for discharge are often delayed because they are waiting for medication; as a result from 1st March a new e-prescription service has been put in place to speed up the process. Women waiting for medication can get it on their way out at Lloyds Pharmacy from 9am-5pm. If it is out of these hours it will be dispensed on the ward.

We have also started doing a 'group discharge' talk in the day room where we run through all the information that would usually be provided individually upon discharge. If there are any personal questions then women are able to approach us privately after the talk. These talks are a more efficient use of midwives time and have helped mums to be discharged earlier and as a bonus have also provided an opportunity for mums to talk to each other afterwards and offer peer support; some of the mums have stayed in contact with each other outside hospital following this connection.

Breastfeeding Support

The Trust recognise the importance of women receiving support for breast feeding whether it is their first or seventh baby and whether they are on the ward or at home. Women will receive individualized care from our experienced midwives or support workers. Families can ring their community midwives, other contact support groups or the postnatal ward they were on once they are at home for advice, guidance and support. Peer supporters are also available that will support women Breast feeding, offering home visits to all Lancashire mums who opt into the scheme and on-going support via phone, text and Facebook for up to eight weeks. Women are welcome to come to Helme Chase Maternity Unit for support with infant feeding.

Post-natal Checks:

In response to women telling us that they don't like waiting in for a midwife to visit at an unknown time, we have facilitated postnatal clinics on each site where women can choose to have an appointment and receive their postnatal care within the clinic. This clearly would not be right for every woman or her circumstances and home visits are still available and offered based on what every individual woman needs and wishes from maternity services. Midwives should therefore be offering a choice about where she would like her care provided. Feedback on how this is working for all women will help us to ensure we truly meet the majority of Womens needs whilst aiming to achieve personalised and individualised care for all. We want to do what's best for you and the MVP will help us monitor how this system is working for you.

Women's Choice of Birthplace:

We welcome your thoughts on researching women's choice of birthplace and What's App/video conference and will look forward to discussions into this with the MVP.

Free Standing Midwifery Led Unit (FSMLU) at RLI:

Some of you have called for a Freestanding Midwifery Led Unit at RLI – in the long term estates planning it is intended that RLI will have a midwifery led care facility as a choice. This was all considered within the RCOG Review of Maternity Care in Morecambe Bay.

Thank you again for the trouble you have taken to give us feedback.

April 2018

Maternity Services

University Hospitals of Morecambe Bay Trust