



ANNUAL REPORT

2022 / 2023



ABOUT US

Oxfordshire Maternity Voices Partnership (OMVP) is a team comprising of maternity service users, staff from The Oxfordshire University Health Trust (OUH) and the Berkshire, Oxfordshire Buckinghamshire Local Maternity and Neonatal System (BOB LMNS) alongside representatives from charities and community groups.

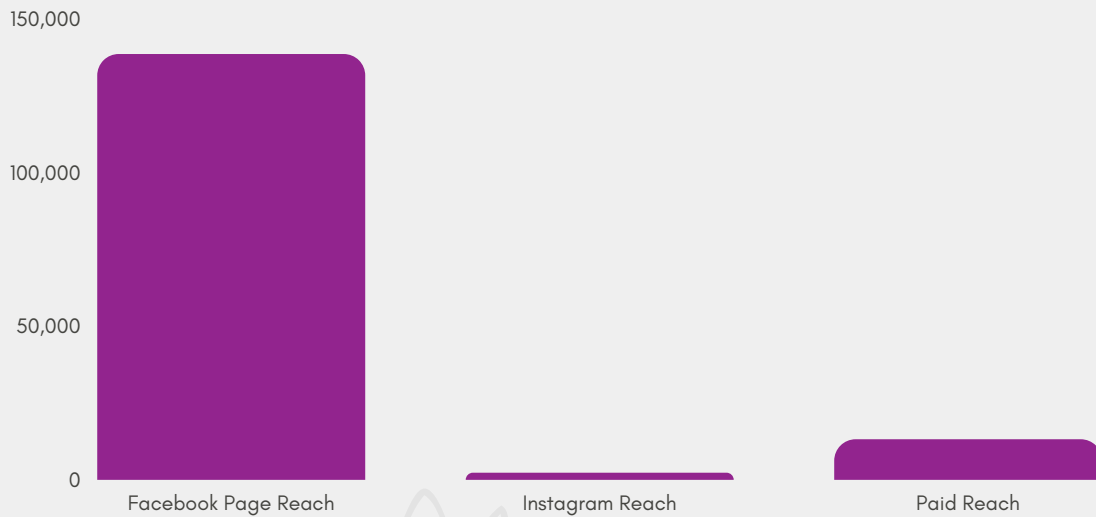
Maternity Voices Partnerships work to review and contribute to the development of local maternity and neonatal care. The key tasks of an MVP are:

- to listen to the voices of service users,
- to feed these back to providers,
- and to contribute to the development of safe, high-quality maternity services provided by OUH.

OMVP is led by Chair Louise Print-Lyons and Vice Chair Ruba Asfahani. The Chair team are supported by a secretary, treasurer and social media administrator as well as a team of 15 service user representatives alongside staff representatives including midwives, obstetricians, nurses, anaesthetists, psychologists, the Board Level Safety Champion and others.



SOCIAL MEDIA



7,045 Facebook Followers
953 Instagram Followers

REPORT

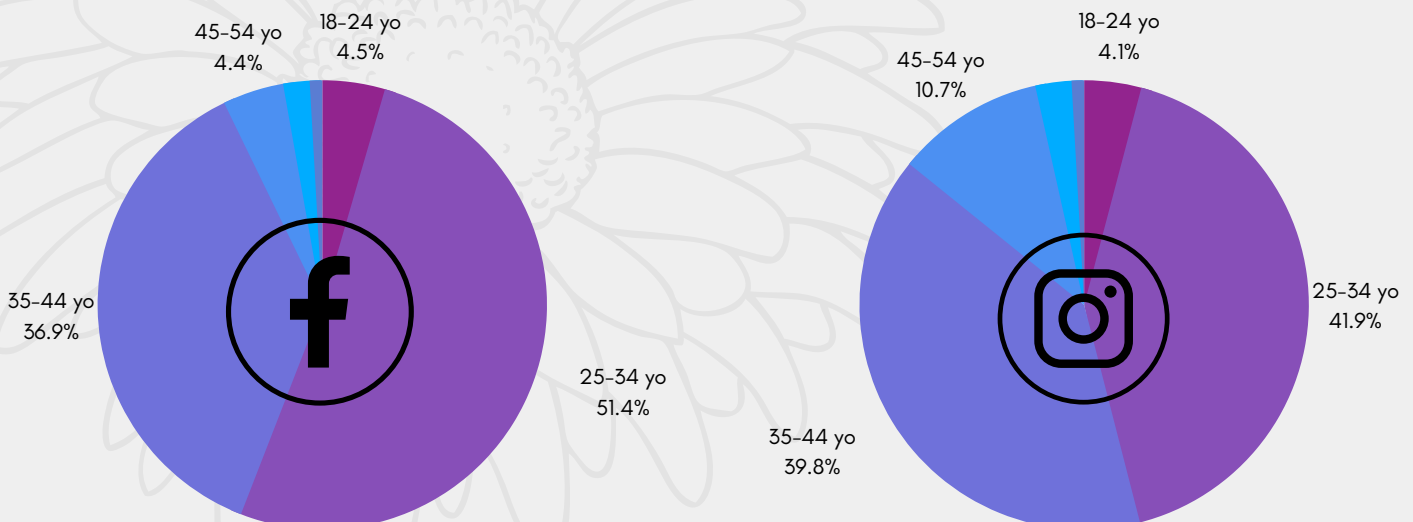
In early 2023, we made the decision to deactivate our Twitter account as there was very little/no engagement and difficult to manage a 3rd platform well.

In March 2023, Ruba (who's background is in communications) has joined forces with Emma, social media secretary, to enforce a new marketing strategy to improve engagement.

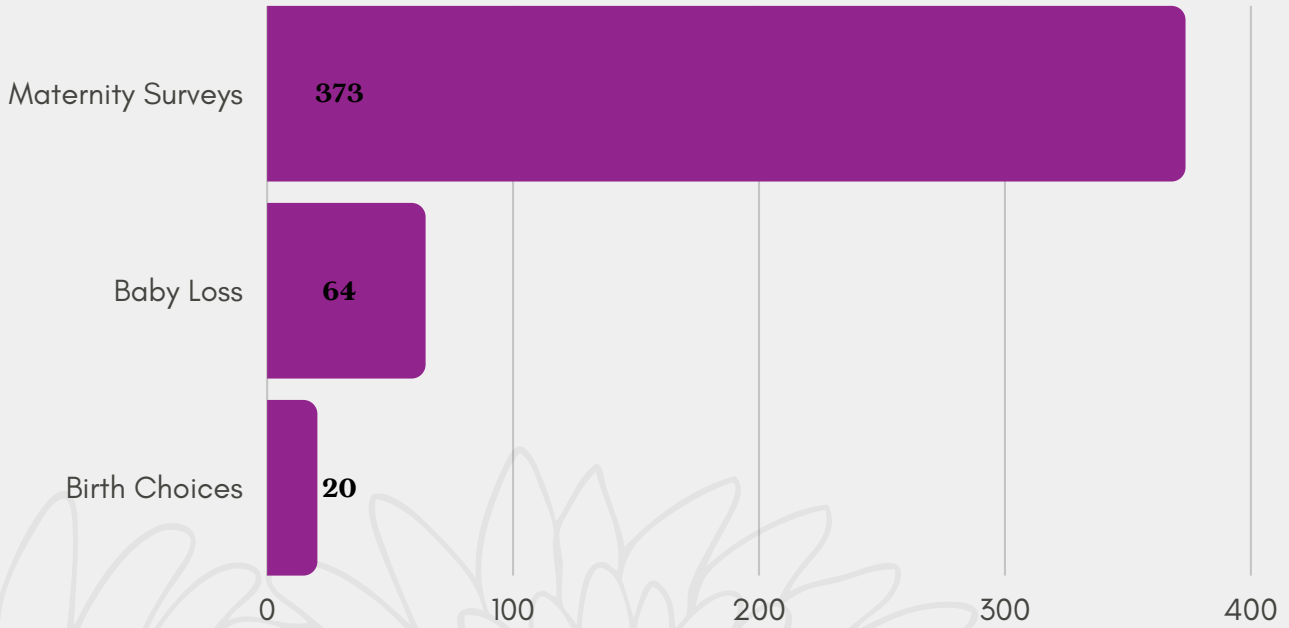
Women make up 96.6% of our audience across both platforms.

15% of Facebook audiences are in Oxford.

19% of Facebook audiences are in Banbury/Bicester.



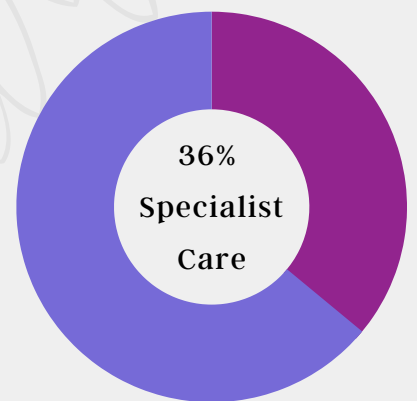
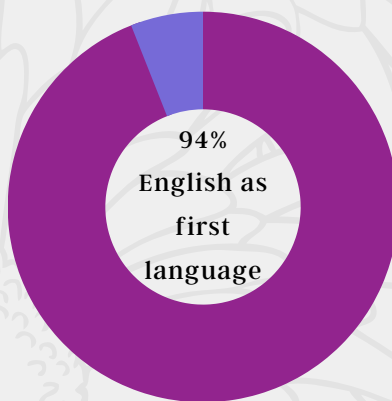
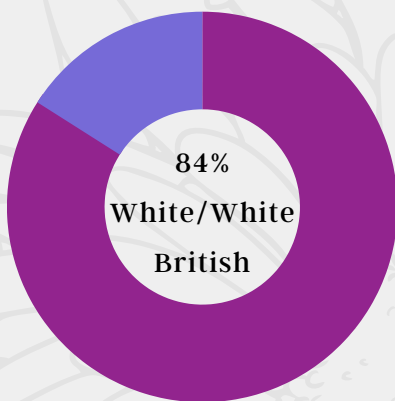
SURVEYS



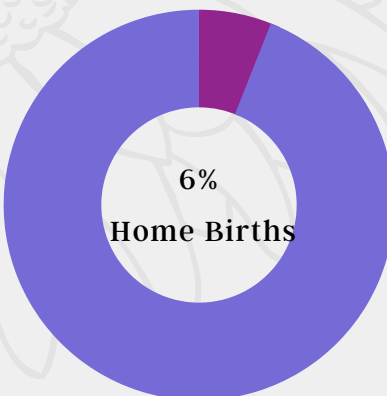
SURVEYS CONT'D...

Other surveys or questionnaires supported include neonatal and preterm (<28 weeks), MAU, mothers against dairy, breastfeeding, Wallingford room names, high blood pressure, baby sleep patterns, baby heartbeats, GSD / GTT testing, postpartum, tech and NHS consultation links.

In hospital, waiting times, pressure on staff, low engagement with personal concerns and more partner involvement, are areas for development.



Happy with maternity experience (7.7 / 10)



The caring attitude and compassion midwives show were praised


DATA & QUOTES

39

% of respondents who received their antenatal care from the same 1 or 2 midwives.

21

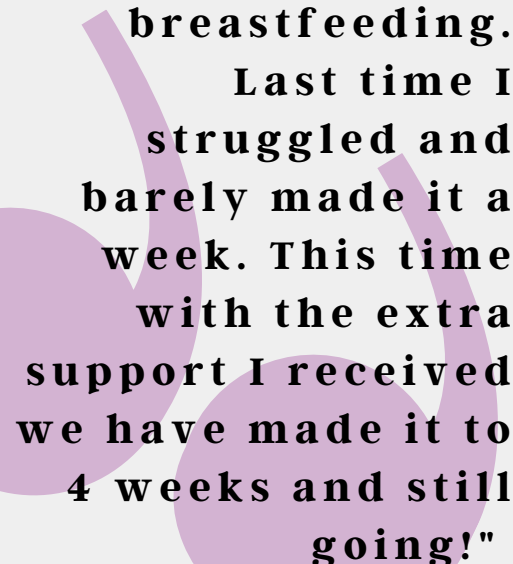
% estimate they saw 5 or more midwives.



"Our local midwife is a credit to the team and was amazing. Thoughtful, kind, always had time to answer questions. Loved her!"

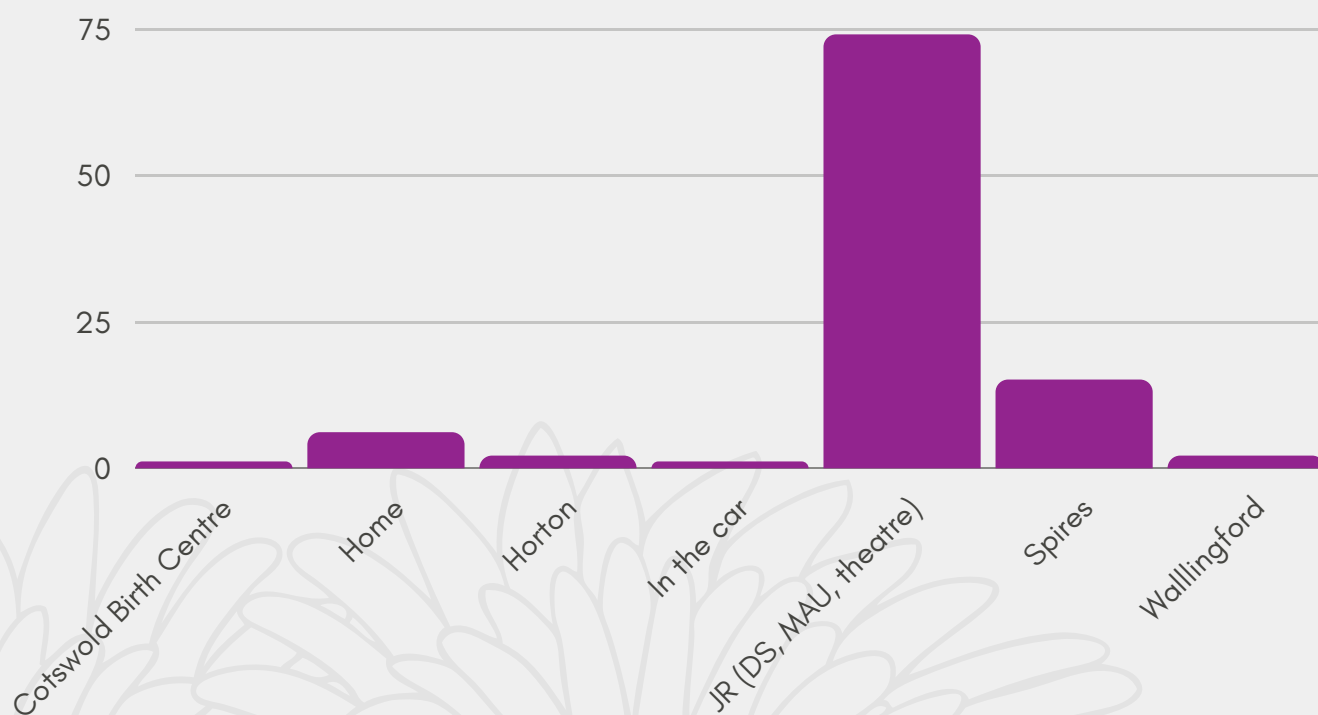
"Perhaps because of staffing issues, we seldom saw the same midwife twice, so there was a little less continuity between appointments than there might have been."

"Everyone I talked to about breastfeeding seemed to have different advice. Would be good if this was a bit more consistent."



"Support from midwife with breastfeeding. Last time I struggled and barely made it a week. This time with the extra support I received we have made it to 4 weeks and still going!"

PLACE OF BIRTH



WHAT THEY SAID...

"Staff were amazing, we had a planned caesarean section, excellent service, information provided in advance, care and support throughout."

"I feel that it was not recognised that I was in active labour when I said I felt this was the case - was told I could go home but then entered second stage within 90 minutes. I was admitted to antenatal ward when I believe I should have been admitted to delivery suite and given pain relief e.g. gas and air."

"I did want to give birth at the Cotswolds Delivery Suite, but it was closed."



PREGNANCY

Service users explain in spontaneous comments that the most positive factors of the community service are; the caring attitude of midwives who are able to provide helpful and knowledgeable answers to questions and support them.

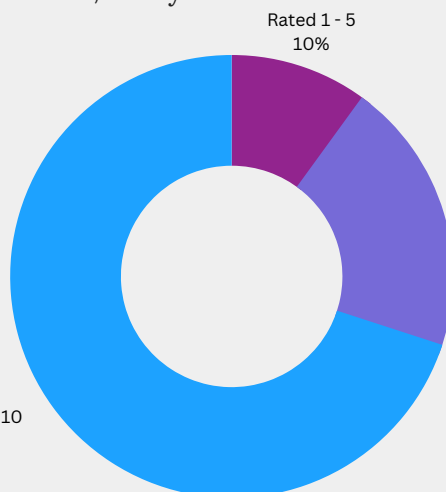
Additional factors driving a positive community experience are:

- Midwife consistency to build up a relationship, continuity of care and feel you are known
- Understanding of your unique circumstances with appropriate action, i.e., mental health, previous traumatic birth or a pre-existing condition
- Midwives are easily available, feels like they have time for you, appointments are perceived as thorough
- Wishes are listened to (birth plans etc) and actioned

More work is required on reducing number of midwives per person or more streamlined perception of handovers between staff, also support with appointment bookings (clear systems and signposting to even the most basic information (e.g., not assuming that in second pregnancies, they remember everything))

"My midwife was fabulous during pregnancy - really reassuring & made me feel very empowered & comfortable."

Rated 8 - 10
70%



Rated 6 - 7
20%

"I felt that some antenatal checks were rushed & not as thorough as they had been with my first pregnancy (20 months prior)."



BIRTH

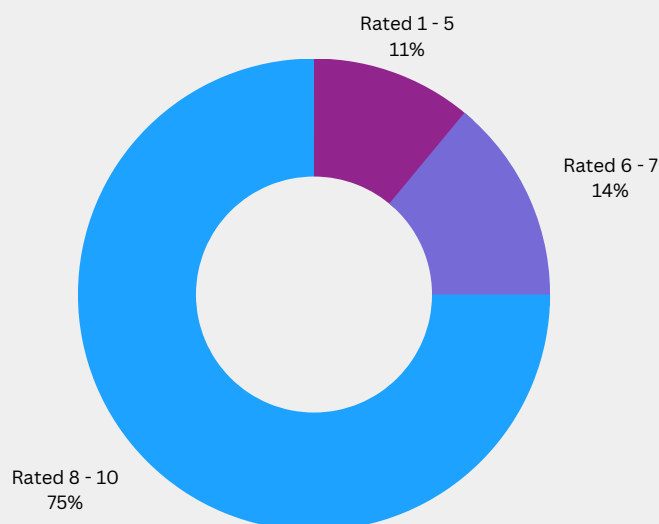
Service users explain in spontaneous comments that the most positive factors of the service are; the caring attitude of midwives who create a calm and reassuring environment and who give clear supportive, knowledgeable advice.

At this stage, putting the woman or birthing person at the centre is key – their wishes and their safety.

Communication between medical team and woman or birthing person needs to be timely, regular and consistent at this stage.

More work is required on waiting times and communication with those in the MAU, providing pain relief when needed and adjusting plans based on their expert knowledge of themselves (e.g., when the woman or birthing person says their labour is developing quickly).

"Me and baby were top priority. Everyone had a role to play & explained why they were there particularly when emergency button had to be pressed."



"No midwife to help me change the baby after I had been sick on him for over an hour, and I couldn't move as I had a spinal."



POSTNATAL

Service users explain in spontaneous comments that the most positive factors postnatal are kind and caring staff and supportive discussions taking place.

Users have positive experiences when breastfeeding support works well and advice helps new parents establish a breastfeeding routine.

In hospital, there are five key areas to work on:

- Perceived low staffing levels which can lead to more tense staff, mistakes, incorrect information supplied etc.
- Prior to hospital admission, partner rules & visiting hours should be explained to families; it is hard for some to spend the hospital nights alone with their newborn without support
- More work is required on providing regular checks, particularly overnight, to ensure pain medication and any baby needs are covered. Those who have undergone caesareans are particularly vulnerable
- To have a midwife in the role of breastfeeding counsellor per shift in hospital would overcome a number of negative experiences, by achieving more consistent advice, regular visits and more knowledge of their circumstances
- The discharge process seems laborious and long, it requires better communication or to be sped up

In the community, communications about attending appointments that are not local needs to be improved – there are a number of changes happening at local level which mean service users are required to travel distances with newborns to post-birth checks.

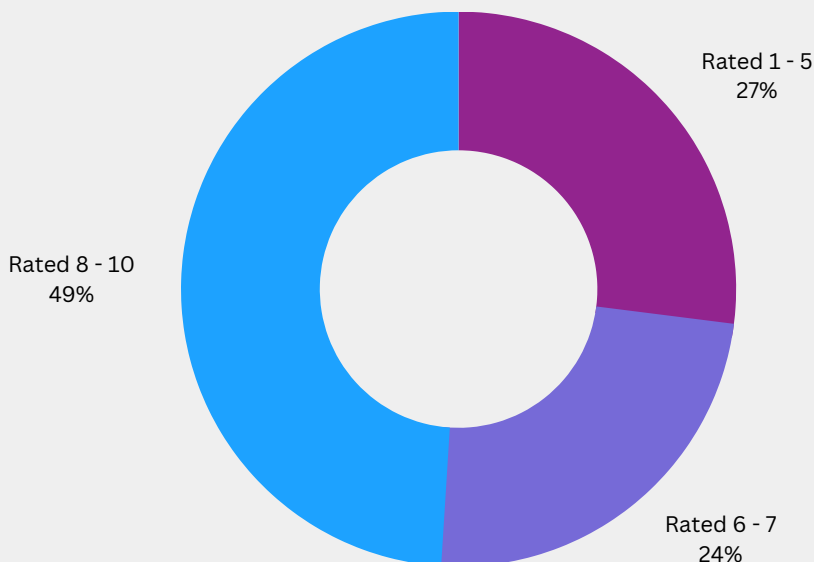


POSTNATAL CONT'D...

"I feel post care for first time mums could perhaps be looked into in terms of a little extra support on that first night as to what to do to care for your newborn."

"The midwives overnight were very good at keeping up with regular pain relief for me and helped me with breastfeeding."

"I was REALLY upset that I had to drive to Wallingford (90 minute trip) on day 3 for my daughter's 72 hour check. I had had a serious Postpartum haemorrhage and an episiotomy three days before and I couldn't believe no one came to see me."



Workplan Summary

Collect feedback

1 As well as this feedback being used to highlight short and medium term themed issues, it was also used to provide specific evidence for the requirement for an increased number of working drug trollies on the Postnatal ward and in support of a designated maternity pharmacist.

Maintain and grow the website & social media accounts

2 Post Covid, our engagement has suffered and we are now in a position to increase visibility by dedicating time to digital engagement. There will be 4 hours of rep time spent specifically on social media per week.

Celebrate Staff

3 A successful International Day of the Midwife social media campaign. Visits by Chair and Vice Chair to all Hospitals and Midwifery Led Units in the County. Attendance by Chair team and service user reps at staff meetings to share good news stories. Community Poster created and shared highlighting the positive feedback received from families.

Health Inequalities Project

We have a sub committee of service user representatives who meet monthly and work on areas of health inequalities.

4 We have focused on working with Homestart this year in key areas of social deprivation including Witney and Littlemore. We have visited baby groups in these areas and received feedback.

We held a listening event in Rose Hill to hear feedback from local families.

We are a partner in Flo's Early Start Project to support the experience of families in the OX4 postcode.

5a

CONTINUE CO-PRODUCTION OF PATIENT COMMUNICATIONS & ACTIVE INVOLVEMENT IN CHANGES TO SERVICES

LEAFLETS & COMMUNICATIONS

We review each patient information leaflet as it comes up for revision, offering consultation on the language used and the accessibility of the terminology used.

We help produce key information for service users in accessible formats.

We have been integral to the creation of new information leaflets.

Examples include the Birth Choices Guideline and Patient Information Leaflet and an information leaflet for midwives to support consistent and full conversations happening with families around induction.

We have a page in the new all staff maternity newsletter.

5b

ACTIVE SERVICE USER INVOLVEMENT

We have had service users representing and co-producing on the following projects this year:

- Tokophobia project (local)
- Antenatal Education Programme (local)
- Birth choices virtual sessions with consultant midwives (local)
- Maternity Assessment Unit Quality Improvement Group (local)
- Digital Notes (local)
- Stories for Change (regional)
- Equity Collaborative (regional)
- Flo's in the Park, Early Lives project (local community)

We have service users representing and co-producing within the following regular local forums:

- Intrapartum Group
- Inpatient antenatal and postnatal Forum
- Health Inclusion Group
- Community lead meeting

Members of the chair team attend regular governance, quality and safety meetings locally and regionally.

6 Identify good working practice from other MVP's

- National MVP chair calls and workshops.
- Close working relationships with BOB chairs.
- Co-production training- regional with shared learning.
- Active involvement in online national MVP forums.

7 15 Steps to be carried out

15 Steps has been postponed until September 2023 because it was decided that a Whose Shoes Event would be held this year instead.

We will work with a cross-section of all service users, staff, and MVP reps to ensure a diverse range of volunteers are able to look at how we can improve quality of care in the maternity services.

8 Service Representative training

Service representatives have been invited to and attended a selection of training and conferences on the following:

- Motivational interviewing
- Racism in Healthcare
- Cultural Competency
- Co -production
- Maternal Equity




In December 2022, we had our first large in-person event for our committee of service users, service user reps, health care professionals and other charity colleagues since the pandemic.

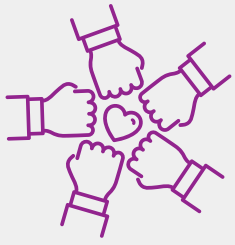
It was a brilliant day reflecting on the past few years, celebrating our successes, as well as looking at how to work better going forward.

We talked team spirit, co-production and priorities for the future. We also got to share lunch all together building those connections.





**Work to
support OUH &
the Local
Maternity &
Neonatal
System**



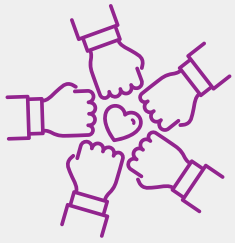
SERVICE USER INVOLVEMENT

"I've enjoyed getting to know, and listening to, families' stories as they continue to share the impact of maternity care. Some of the changes on the ward that have resulted from the feedback we've collected include additional baby cots, catering options for special dietary requirements, and quicker discharge from the ward. We've also partnered with Flo's Early Lives - Equal Start project, which aims to support families within the OX4 area who are currently pregnant or have had a baby in the last 4 years. We continue to meet locally with parents to collect feedback and ensure that they feel heard and that the care offered meets parents' needs." - Lesley-Sheena, inpatient, antenatal and postnatal rep.



"It's been very busy since I took up my post in August 2022. I joined a task force for a project with the regional MatNeo team, delivering a brief review of our project at the shared learning event on 8 March in Oxford. The project we were doing was gathering feedback about births at a gestation of <28 weeks and asked for feedback surrounding births and also around transfers between hospitals during labour or once baby was born. We held an in person session and also an online workshop and the data is currently being collated from the survey. I have been trying to establish good contacts within the neonatal team and the hospital and will continue working towards that throughout the next few months." - Jade, neonatal rep.





SERVICE USER INVOLVEMENT

"Over the last year I've really enjoyed connecting with different spaces, even with many of these relationships and connections still in the very early stage, I've spoken about OMVP to professionals in a range of fields including substance abuse services, playgroup/early years settings that target minority communities and at maternity events in the community. I've also supported those who are working with asylum seekers in hotels with information around entitlements, especially for those who are victims of trafficking; sharing the work of OMVP with professionals working on the ground with trafficked women in Oxfordshire."

-Safoora, health inequalities rep.



"A year on, and I'm thrilled to be working alongside our brilliant colleagues in the Trust on different projects. From the brand-new maternity newsletter to regular meetings with the MAU team, I'm happy to be able to give both my own lived experience feedback and that of the service users in the county. Already looking forward to getting involved with the BMI group and more... Plenty of work to do, and I'm happy to see increased engagement from every angle!"

-Ruba, vice-chair.



Personalise Care and Support Plans

We have collaborated with staff and MVPs across the LMNS to design, write and support the roll out of Personalised Care and Support Plans across the region.

Support for Bids

We have supported the LMNS in regional bids, for example for inclusive language training for Healthcare professionals to better support the LGBTQIA+ community.

Induction of Labour

We have collaborated with staff and MVPs across the LMNS to review the current induction offer across the region, provide feedback from families and help identify areas for improvement.

Ockenden Report

Having reviewed the OUH maternity website and service user information, benchmarking it and evaluating it in accordance with the requirements of the Ockenden interim review. We are continuing to work closely with the digital midwife and communications teams to co-produce information and content on the website.

Our Chair also took part in the Ockenden Assurance visit in June 2022

**Collaborative project in
Banbury with local council
and Home-Start charity**

**Quarterly posters
celebrating the good,
with space for
suggestions to address
areas of improvements**

**Flo's - the
Place in the
Park: Early
Lives project**

**15
Steps**

**Social
media**

Workplan Areas

2023 - 2024

**Feedback
from areas
of social
deprivation**

**Postnatal
Quality
Improvement
co-produced
project**

**MVP
champions in
each OUH
department**

**Service rep training-
trauma informed
feedback collection,
advocacy, active listening**

FINANCES 2022 - 2023 [TO DATE]

Income from claim: £30,200

Chair	£8,634
BOB LMNS Claim	£510
Vice Chair	£4,590
Secretary	£294
Treasurer	£374
Social Media Secretary	£676
Participation Days	£191
User Rep Contributions	£480
User Rep Quarterly Meetings	£160
All Volunteer Travel Expenses	£533

Social Media Advertising	£32
Print Marketing	£1,235
Analytics Support	£1,733
Translations	£321
Ockenden / Kent / National	£561
CQC	£566
Sustainability Buffer	£110
Training	£490
Web Hosts & Wordpress	£455
Sundries	£249

Total projected spend: £22,194

Projected surplus: £8,006

FINANCES 2023 - 2024 [PROJECTED BUDGET]

Projected income: £30,000

Chair	£9,600
Vice Chair	£4,536
Secretary	£340
Treasurer	£360
Social Media Secretary	£884
Participation Days	£175
User Rep Contributions	£400
User Rep Quarterly Meetings	£480
All Volunteer Travel Expenses	£600
Focus Groups	£1,400

Social Media Advertising	£1,200
Print Marketing	£1,200
Analytics Support	£2,000
Translations	£500
Co-production Events	£600
Ockenden / Kent / National	£1,000
CQC	£600
Sustainability Buffer	£1,000
Training	£2,500
Web Hosts & Wordpress	£497
Sundries	£128

**Total projected spend:
£30,000**

Meet the team...

Louise Print-Lyons, Chair

Ruba Asfahani, vice-Chair

Jade Allen, neonatal rep

Kate Bunce, community care rep

Kate Chalk, secretary

Anna Clarke, intrapartum rep

Rala Kawas, health inequalities rep

Hayley Leyshon-Brady, bereavement rep

**Lesley-Sheena Robbins, inpatient, antenatal &
postnatal rep**

Safoora Teli, health inequalities rep

Emma Vaughan, social media secretary

**Emma Whitney, rep for the North & health
inequalities**

Charlotte Wyatt, treasurer

Questions?
Want to get involved?

Contact us!

www.oxfordshirematernityvoices.com

hello@omvp.co.uk

[Facebook](#) & [Instagram](#):

[@OxfordshireMVP](#)

*Click to visit our website,
socials or to email.*



Lou & Ruba

