

Your voice is heard

A Co-produced Service to Improve Maternity Care

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Introduction: Every family that have a baby at East Kent Hospitals University Foundation Trust (EKHUFT), excluding bereaved families at present, are called six weeks post-birth to discuss their care and experience. We pledge to **listen** and be accessible to all people from all communities, to work collaboratively with families and to demonstrate the difference that feedback can make.

Background: In January 2022, a coproduction group met to discuss the importance of listening to families using the maternity services at EKHUFT. Fourteen existing feedback methods were identified and reviewed. There was inconsistencies with methodology and minimal follow-up and response from the Trust for those families who did partake, further increasing disengagement eg FFT response 14%. This meant missed opportunities to identify themes and take action to make improvements.

Method:

- The automatic ‘opt-in’ service comprises a set of questions. Co-produced with East Kent Maternity Voices Partnership they link to actions from the Ockenden report (2020). Families can discuss their pregnancy, birth and postnatal care with no time limit on the call.
- Answers are recorded anonymously.
- Referrals to other specialist services e.g. PALS, Birth Afterthoughts and Women’s Health Counsellors are made when required.
- Analysis of all qualitative and quantitative data is undertaken monthly.
- Index of deprivation and ethnicity are collated to enable in-depth analysis of themes and ensure we meet the needs of our diverse community and actively seek their feedback when we identify an under representation.
- Reporting to the Trust Board and through governance structures ensures themes, areas for improvement and actions are recorded, monitored, supported and shared.
- Our Maternity Dashboard, posters, staff social media and newsletters keep staff updated.
- Families and our community are informed of changes that are being made based on their feedback via social media platforms, MVP and often during the phone calls themselves.

1 Year Results



Actions and Improvements:

- Regarding analgesia in IOL/labour/postnatal, we have implemented patient-controlled analgesia for bereavement, looking at self-administered medications on postnatal wards and ordered new TENs machines.
- Co-production events to develop new antenatal education classes during pregnancy.
- A listening event held earlier this year on the discharge process and new patient information leaflets were co-produced.
- Essential rounds to ensure women’s needs are being met, regarding medication, nutrition and hygiene, catheter care, and clean bedding, are now being undertaken every 4 hours.
- For partners, food and drink provision at both sites introduced. New sleeper chairs have been purchased on one site and being trialled at the second site.
- Face to face community midwife visits on first day home recommenced.
- Soft closing lid bins were installed on the Postnatal ward.
- Service now incorporates feedback from families who have used NICU/SCBU.
- Aim to co-produce digital buzzer systems on wards.
- The next step is for improvements and changes implemented through co-production to be measured and evaluated by service users to close the loop.
- Plans to include our bereaved families at the end of this year.