

Tameside and  
Glossop Maternity  
Voices Partnership  
Annual Report 2021

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Glossop MVP Chair  
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# Who are Tameside and Glossop MVP?

- ▶ Tameside and Glossop Maternity Voices Partnership (MVP) is made up of; local parents, maternity staff, commissioners, health visiting, family nurse partnership nurses, local support organisations such as; Finding Rainbows, SPOONS, HIE Peeps, Home Start, Dads Matter, working together to represent the voices of women, their partners and families to improve and develop maternity services in Tameside and Glossop.
- ▶ Tameside and Glossop MVP held their first meeting in January 2019 after coming in to being in November 2018. Tameside and Glossop MVP was previously known as the Tameside and Glossop MSLC.
- ▶ The MVP holds 4 quarterly meetings per year, monthly service user meetings and is involved in feedback and support with maternity services between these meetings.
- ▶ Since it's inception the MVP has grown considerably and now has representation from various groups and is part of a number of work streams.
- ▶ Service users now form an integral part of the MVP and we have a good spread across the borough.



# MVP Quarterly meetings



The first quarterly meeting of 2020 took place in January and focussed on Continuity of Carer in challenging circumstances. This provided an opportunity to work closer with some local charities; Peeps HIE, SPOONS and Finding Rainbows. The MVP had the chance to hear from each of the organisations about what it was like to have/not have continuity in challenging circumstances. The whole group then discussed actions.

The April 2020 Quarterly meeting was cancelled due to the Covid 19 pandemic and there was a pause in general MVP activity for a few months to allow for reactive work around the impact of the pandemic on maternity services. The Chair produced an online newsletter in lieu of the April meeting which was shared with the MVP members by email.

# MVP Quarterly Meetings during Covid

We held two Quarterly MVP meetings via Zoom in 2020. The first was in August and the second in November.

The August meeting focussed on Covid 19 - the challenges, the unexpected positives and plans for 'building back better'. This meeting provoked lots of sharing and discussion around a very challenging few months from both clinical staff and service user representatives. The meeting finished on a positive note with lots of ideas about how to move forward.

The second meeting in November was around Language, Communication and Information, specifically during the pandemic. This theme was chosen based on service user feedback during June and July when there had been a significant shift in feeling from serviced users compared to the start of the pandemic. At the meeting we heard from a service user representative, Jade, about her experience of being pregnant and giving birth to her son Arthur during the pandemic.



# MVP Quarterly meetings during Covid



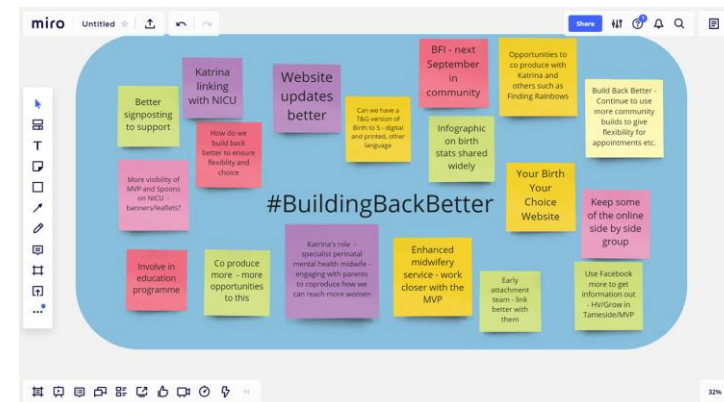
Jade Higgins with Arthur

We tried to ensure that the quarterly MVP meetings continued to be as interactive as possible despite having to move them online due to the pandemic.

In both the August and November meetings we made use of virtual whiteboards to share feedback and ideas.

In the November meeting we also used Zoom breakout rooms along side the virtual whiteboards and had a parent speaker (Jade) share their story.

The whiteboards proved to be a really useful method of gathering thoughts and ideas and allowed the meeting to be captured in an interactive way.



# Service User Engagement

Service User engagement can be broadly split into two areas;

- ▶ **Engagement with service user representatives (SUR)** – those who have signed a code of conduct and are actively involved in the ongoing work of the MVP.
- ▶ **Engagement with service users** - those who have recently had a baby and want information, support or to share feedback on a one off basis.

During the last 12 months there has been an increase in the engagement from service users as a whole and as a result we have seen the number of SUR increase too.



# Service User Engagement

Unsurprisingly service user engagement has looked rather different throughout 2020 compared with 2019 due to the restrictions of the pandemic. It has also meant pausing some of our planned work, such as revisiting 15 Steps. Nevertheless engagement has remained high despite the challenges.

From March the pandemic restrictions meant moving much of the service user engagement online

- ▶ SUR monthly meetings have taken place more ad hoc online via Zoom and Facebook
- ▶ Zoom focus groups have been held about specific subjects - website redesign, Continuity of Carer, general feedback.
- ▶ The MVP closed Facebook group continues to be a useful way of communicating quickly with the service user and allows conversation, sharing of information and exploring of ideas.
- ▶ Parent voice at quarterly meeting has been strong both in numbers and in confidence

# Sharing of information with service users

- ▶ In 2020 we started to share Tameside and Glossop Birth statistics which are produced monthly by the hospital. These have been extremely well received and have driven more parents to the Facebook page through shares. (INCLUDE examples)
- ▶ Throughout the pandemic we have shared regular updates and information for service users about maternity services in Tameside and Glossop on our MVP Facebook page. This has resulted in a significant increase in the number of likes from 140 to 980.
- ▶ At the start of the pandemic the GMEC MVP Chairs set up closed antenatal and postnatal Facebook groups which have proved to be an excellent platform to share information to parents across GMEC and to ask for feedback from them too.

# Service Users geographical representation

Currently we have 22 engaged service user representatives from;

- Ashton
- Denton and Audenshaw
- Hyde
- Mossley
- Stalybridge



We also have two service users who live out of area but had maternity care in Tameside.

# A review of MVP Plans for 2020

Our plans for 2020 were;

- ▶ Ongoing recruitment of service users
- ▶ Review of how the service users can best contribute to service design and feedback.
- ▶ Continue to gather feedback via the online survey and share in quarterly report
- ▶ Develop engagement with seldom heard communities - BAME communities, LGBT, parents with a disability, teen parents
- ▶ Continue to work on MVP Priorities through true codesign

# Ongoing recruitment of Service Users

Despite the challenges of Covid 19 the recruitment of new Service User Representatives (SUR) continued at a steady pace during 2020.

Between January and December 2020 a total of 7 new SUR were recruited to the MVP.

In some ways the pandemic actually made it easier to recruit as more people sought out information from social media and we could then invite them to online focus groups.

As with all volunteers there have been some that have been unable to continue in the role too. We currently have 22 engaged SUR.

# Review of how the service users can best contribute

Although we haven't actually been able to carry out a review of how serviced users can best contribute to the MVP, one of the standout outcomes of the pandemic is that there has been an increase in the amount of organic feedback shared with the MVP.

Most of this feedback has been via the [Facebook page](#) – either by comments on posts or as direct messages. We have also received a number of emails too.

Service users have also attended the Zoom focus groups which we have run around specific themes such as induction of labour and information sharing.

This feedback has in turn helped to shape the agenda for our quarterly MVP meetings.

The engaged services users have started to engage more actively in several pieces of work to help codesign maternity services.

# Continue to gather feedback via the online survey

Feedback has happened much more organically throughout the last 12 months as a result of the pandemic.

We did share the survey monkey a few times but feedback was being received more immediately via Facebook comments, messages and emails.

Initially at the start of the pandemic feedback from service users was generally positive with some anxiety. As we moved into summer months people were feeding back more negative comments around restrictions on partners, inductions and birth options.

All feedback was shared with the Head of Midwifery or Matron as appropriate. If a response could be provided by the Chair this was done directly.

The August meeting focussed on Covid and the feedback - positive and negative – and we talked about how to ‘build back better’ using this feedback.

In addition to the organic feedback we also held several online Zoom focus groups. These proved to be extremely useful in hearing feedback and thoughts in more detail.

# Feedback at the start of the pandemic

“After all the worry about what my birth would be like I had an **amazing natural water birth** on the birthing centre at Tameside on Monday morning, Jackie the midwife followed everything on my birth plan and was generally awesome, can't thank her enough. **Didn't think about covid once while I was there.** Number 4 baby but was my first birth with no analgesics, stitches or interventions needed!”

“Sarah the midwife was wonderful, never a mention of the virus... just **totally calm** and lovely...It was **as if everything was totally normal**, we were in our own little safe bubble and there was nothing to worry about”





# Feedback as the pandemic and restrictions continued

“It's a very **lonely** and **scary** time for a lot of mums to be. It feels like we are **last on the list** for ‘getting back to normal’ when people can go to the pub or even go bowling, but dads can't attend scans and see their babies/support their partners”

“I feel **I really need the support of my mother** but how can I deny my partner the right to be there when his son is born?”

“...not being able to experience it as we should be able to is **effecting people mentally**. Surely if someone can have something as invasive and close up as eyebrows/lashes and so on, someone's partner can sit next to them during scans/appointments and be there to support them from the very start of labour.”

“...it's **upsetting** when your having to have specialist scans and your partner can not be with you yet they live in the same household it's their baby as much as the mothers and **should be there** for complications/problems and support though-out tough times”



# Develop engagement with seldom heard groups

Again this is something which has been more organic during the pandemic. We had planned to look at ways of specifically engaging face to face better with seldom heard groups. Covid made this difficult.

We had planned, for example, to run joint sessions with the young parents team to reach younger parents.

As a result we unfortunately haven't managed this aim specifically however we have had a teenage mum join the MVP as a service user and she spoken at our most recent quarterly MVP meeting to share her story. We hope to build on this more over the coming year along with reaching other seldom heard groups.

Specifically we aim to reach more parents from Black, Asian and minoritised ethnic groups. This will coincide with the CoC targets to reach 75% of all BAME mothers. Also Covid has further highlighted the disparity of outcomes for this group and thus the voices of these parents need to be heard and listened to more than ever.

# Continue to work on MVP Priorities through true coproduction

True codesign has been a real challenge during covid as decisions have often been reactive and made within tight timescales on top of which we have been unable to meet face to face.

Nevertheless the MVP has been involved in various new projects and has had some real success stories.

- ▶ We have started to work on coproducing a new Continuity of Carer leaflet with the midwifery team.
- ▶ Karen (MVP Chair) and Kerry (HOM) co produced three short information videos on restrictions during Covid which were shared on social media.
- ▶ We have been involved in the refresh of Getting it Right from the Start booklet
- ▶ We have held various focus groups to input into refreshing the Trust maternity web page.
- ▶ Focus groups to work on producing a parent information pack.

# Communication and Language

Communication and language were highlighted in our 2019/2020 survey feedback as being important to parents.

As such we have continued to have both on the agenda throughout 2020 and all of our MVP quarterly meetings have had a communication and language theme either specifically or organically.

In addition to the MVP quarterly meetings we have also worked closely with the maternity department to codesign social media posts throughout the pandemic.

We are also incorporating feedback into the redesign of the website and in other projects such as Getting it Right from the Start and Continuity of Carer leaflet.

# Continuity of Carer

“Better Births, the report of the National Maternity Review, set out a vision for maternity services in England which are safe and personalised; that put the needs of the women, her baby and family at the heart of care; with staff who are supported to deliver high quality care which is continuously improving.

At the heart of this vision is the idea that women should have continuity of the person looking after them during their maternity journey, before, during and after the birth. This continuity of care and relationship between care giver and receiver has been proven to lead to better outcomes and safety for the woman and baby, as well as offering a more positive and personal experience; and was the single biggest request of women of their services that was heard during the Review.”

[implementing-better-births.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/better-births/implementation/continuity-of-care/continuity-of-carer/)

# Continuity of Carer in Tameside and Glossop

- ▶ We know from service user feedback that Continuity of Carer is important and when Continuity of Carer happens outcomes and experience for the birthing person and their baby are better.
- ▶ Despite the pandemic Tameside and Glossop did continue with their Continuity of Carer team which is based at the Acorn Birth Centre and is staffed by 8 midwives (6.88 wte). This team has a caseload of 1:36 with an anticipated case load of 243 women.
- ▶ A second team, with a mixed risk case load has now been established and will commence transferring caseloads from January 2021. This will comprise of 8 midwives and will have a maximum case load of 288 women.
- ▶ Three service users have started to work more closely with the Continuity of Carer team to coproduce information for parents about Continuity of Carer.

# Acorn Birth Centre – MLU

- ▶ Some of the Service User Reps and the Chair of the MVP had a walk round of the Acorn Birth Centre in January 2020.
- ▶ The birth centre opened in April 2020 despite the pandemic. To date there have been over 100 births.
- ▶ Physical tours for parents to be were put on hold at the start of the pandemic but Kerry, Head of Midwifery put together a video tour which was extremely well received when shared on social media.
- ▶ The centre has also been used throughout the pandemic for antenatal appointments and is the base for the continuity of care team.

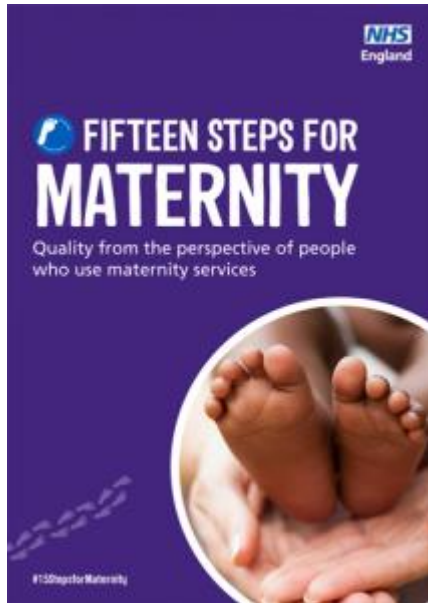


*It's absolutely beautiful and I was lucky enough to give birth to my son in the birch room 4 weeks ago"*

*"Absolutely gorgeous suites and I was so happy to be able to give birth in the oak suite"*



# 15 Steps



The MVP planned to review the progress and repeat the 15 Steps in Spring 2020. Unfortunately the Covid pandemic has meant this has had to be paused.

We have discussed how we might hold a virtual 15 Steps in 2021 either by photos or Facebook live. This idea has been shared with the senior Maternity team and is being considered as an option.

The senior maternity team updated on the actions in December 2020. Most of these centred around information and signage being updated. A further update has not been requested due to the reactive work around Covid but will be picked up again in 2021 as a priority.



# Joint working with maternity

- ▶ Continuity of Carer Leaflet
- ▶ Antenatal, Intrapartum and Postnatal information videos (Karen and Kerry)
- ▶ Sharing parent feedback. Initially this was ad hoc but as the volume of feedback increased and became overwhelming during the summer months of 2020, it was agreed that we needed a system for feeding back.
- ▶ The Chair now feeds back regularly using a template and the senior midwifery team respond to these queries. Urgent feedback continues to be fed back to the maternity team as it comes in.



# Wider work within Tameside and Glossop

- ▶ MVP Chair continued to attend the Tameside and Glossop Patient and Service User Engagement Group (PSEUG)
- ▶ Working collaboratively with other third sector organisations such as Home-Start, Finding Rainbows, SPOONS (neonatal), Dad Matters, Peeps HIE.
- ▶ GIRFTS Booklet
- ▶ Linked with the Early Attachment team
- ▶ PIMH workstream
- ▶ Invited to attend the Maternity Safety Champion meetings from 2021
- ▶ Chair quarterly reports

# Working with other MVPs

Throughout 2020 Tameside and Glossop MVP Chair has continued to work closely with other MVP chairs across Greater Manchester, the North of England, and at a national level too. During April to August there was a significant increase in this collaborative working. This was through;

- ▶ Regular 'Zoom' meetings with other MVP Chairs in Greater Manchester and MVP Chairs in the North of England. During the height of the pandemic this was weekly, before reverting back to monthly.
- ▶ Active What's app groups with GMEC and NW chairs
- ▶ Worked on a comms strategy with the GMEC chairs for sharing information
- ▶ Coproduced and shared a GMEC survey on parental experiences during Covid
- ▶ Set up antenatal and postnatal 'pop up' Facebook groups for GMEC parents
- ▶ Supported and facilitated Facebook lives within the pop up Facebook groups
- ▶ Collated information on service provision during Covid
- ▶ Attended various Zoom meetings to co produce national Covid information for parents
- ▶ Reviewed antenatal video scripts for GMEC student midwives.
- ▶ Active in the national and North of England MVP Chairs and service user Facebook groups





GREATER MANCHESTER & EASTERN CHESHIRE  
**Maternity Voices**  
 Networking Maternity Voices Partnerships in GMEC

<http://www.maternityvoicesgmecc.org.uk>



**WIGAN BOROUGH**  
**Maternity Voices**  
 Working in partnership to improve maternity services

**ROCHDALE & OLDHAM**  
**Maternity Voices**  
 Working in partnership to improve maternity services

**BOLTON**  
**Maternity Voices**  
 Working in partnership to improve maternity services

**TAMESIDE & GLOSSOP**  
**Maternity Voices**  
 Working in partnership to improve maternity services

**NORTH MANCHESTER**  
**Maternity Voices**  
 Working in partnership to improve maternity services

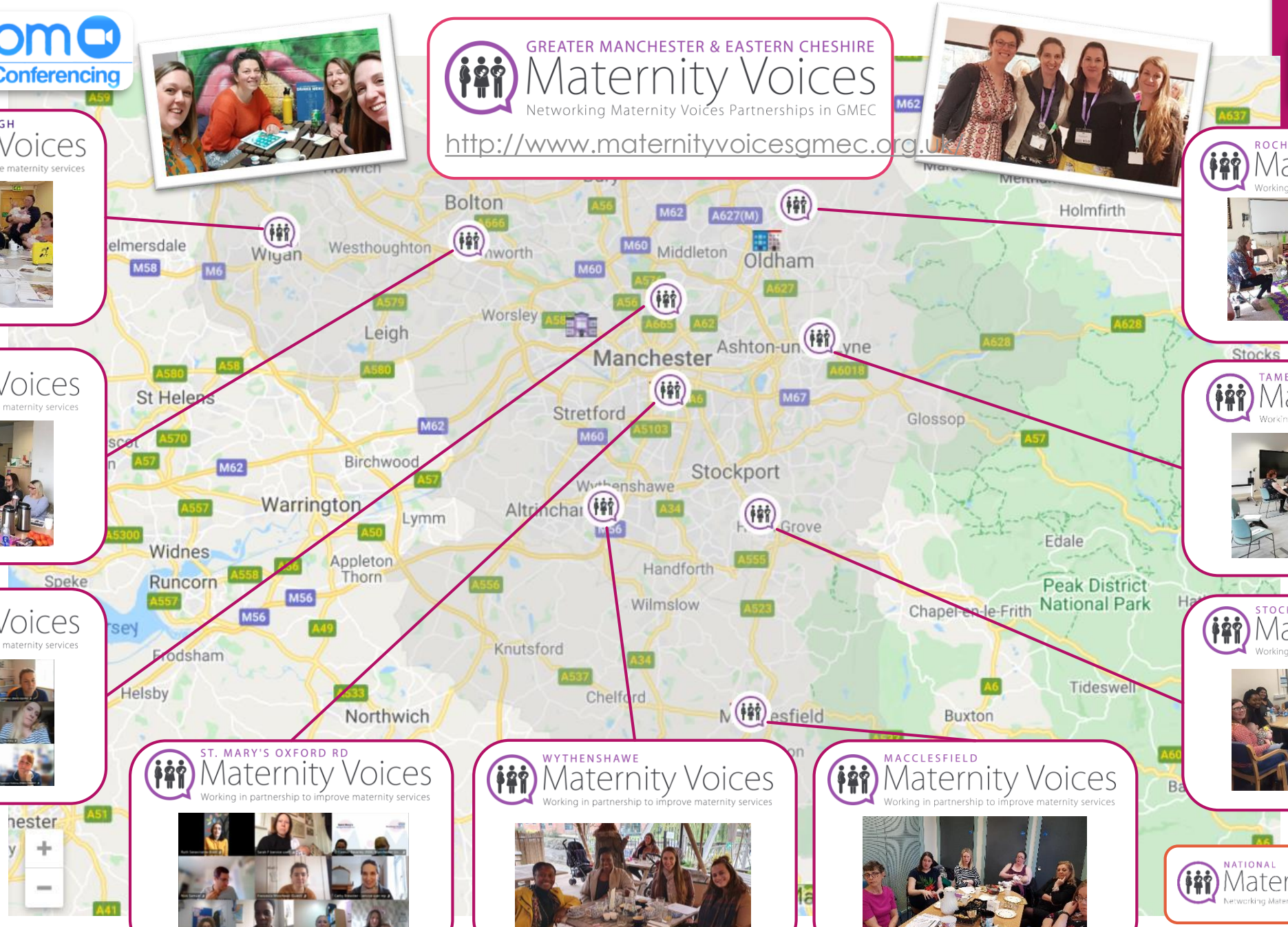
**STOCKPORT**  
**Maternity Voices**  
 Working in partnership to improve maternity services

**ST. MARY'S OXFORD RD**  
**Maternity Voices**  
 Working in partnership to improve maternity services

**WYTHENSHAW**  
**Maternity Voices**  
 Working in partnership to improve maternity services

**MACCLESFIELD**  
**Maternity Voices**  
 Working in partnership to improve maternity services

**NATIONAL**  
**Maternity Voices**  
 Networking Maternity Voices Partnerships in England



# Successes summary

- ▶ Continued service user engagement despite the pandemic using various means - Facebook page, pop up groups, focus groups etc
- ▶ Increase in Service User Representation
- ▶ Wider service user engagement
- ▶ Online service user meetings
- ▶ MVP Quarterly meetings on Zoom
- ▶ Focus groups on Zoom
- ▶ Facebook lives on Pop up Groups
- ▶ Information videos
- ▶ Facebook page increased likes from 126 (31 Dec 2019) to 985 (4 Jan 2021)
- ▶ Twitter



# Challenges

- ▶ **Covid 19** has by far been the biggest challenge over the last 12 months and has meant that we have had to find new ways of working and engaging with service users.
- ▶ **True coproduction** is still a work in progress and this can be challenging at times. However everyone involved in the MVP is committed to the principles of coproduction and want to embed them further over the next 12 months.
- ▶ **Time** to achieve everything we want to is also an issue. The pandemic and all that it brought with it such as pressures of home schooling and lack of family and friends for support has lead to some service users having to step down from the role.
- ▶ **Ensuring seldom heard voices are represented** has continued to be a real challenge during the pandemic and we are acutely aware that we need to do more to address this, particularly in light of Covid disparity.

# Plans for 2021

- ▶ Continuity of carer – coproducing and evaluating the service with maternity
- ▶ Continue to gather and feedback service user experience and use this to inform our work
- ▶ Develop better and more meaningful engagement with seldom heard communities - Black and Asian and other minoritized parents, LGBTQ, parents with a disability and teen parents
- ▶ Ockenden report – supporting the maternity department to implement recommendations and to gather and share parent feedback

# Final thoughts

“The MVP in Tameside & Glossop is a place where everyone involved in maternity care, both professionals and anyone using those services, can work together to help focus the needs of pregnant people at the centre of care.

This approach will offer pregnant people, their partners and families, information, choice and care based on evidence and real experience.

The key themes of our Maternity Transformation Programme are personalisation of care and safety. These are our routes to implementing the recommendations in Better Births. To help us find the right way along the journey, the Maternity Voices Partnership is vital. They can – and do – provide us with signposts which show us the way and keep us on track.





In Tameside and Glossop, our MVP is made up of a diverse membership, including local parents, CCG commissioners, GP, midwives and obstetricians, NICU leads, Local Authority leads, mental health specialists, peer supporters and representatives from the community and voluntary sector.

Thanks to continued leadership from Karen, as MVP Chair, supported by our amazing volunteers, the Partnership has continued to thrive as a force for positive change, and has a vital and respected role in service development".

**Debbie Watson – Assistant Director of Population Health**



“It is vital that every woman on a maternity pathway has the opportunity to have her voice heard. As part of an NHS group, women and their families as part of the Maternity Voices Partnership have the opportunity alongside commissioners and providers, to work together to review and contribute to the development of local maternity care.

What we are finding is that by working together we can make a difference. We are able to deliver great results by listening to the personal experiences of those who use our services and work collaboratively to benefit service users now and in the future.”

**Kerry Reede Field – Head of Midwifery**



# Appendix

[MVP ToR](#)

Chair reports

[MVP Code of conduct](#)

15 steps report

[Antenatal](#), [intrapartum](#) and [postnatal](#) Covid information videos

## **Useful links**

National Maternity Voices - <http://nationalmaternityvoices.org.uk/>

15 Steps for maternity - <https://www.england.nhs.uk/publication/the-fifteen-steps-for-maternity-quality-from-the-perspective-of-people-who-use-maternity-services/>

MVP Facebook Page - <https://www.tameside.gov.uk/mvp>

