

## **Milton Keynes University Hospital & Maternity Voices Partnership Maternity Engagement Plan**

### **What is co-production?**

Co-production is a way of working that brings together both the people who provide the services and those that use them. It engages groups of people at every stage of the service development and evaluation. Co-production acknowledges that people with 'lived experience' of a particular service are often best placed to advise on what support will make a positive difference to their lives. Their views and ideas are considered all the way through the design and implementation of the service. This collaborative approach supports the development of services which are responsive to the needs of those who access them.

### **Why do we need co-production?**

Following the Better Births report and the Maternity Transformation Programme the recommendation is for service user input and co-production of maternity and neonatal services is key to making improvements. In light of this Maternity Voices Partnerships have been developed and funded to support with the co-production of services by listening and working with service users to gain insight and feedback on experiences.

### **Co-production plan**

The co-production plan will set out some of the ways in which we will support a robust approach to co-production of services between MKUH maternity services and the MVP, this will form a "live" document which is subject to review and update as required and as the service priorities change.

## **Stakeholders**

Maternity Voices Partnership  
Chief Nurse  
Medical Director  
Maternity & Neonatal Non-Executive Director  
Maternity & Neonatal Safety Champions  
Head of Midwifery (HoM)  
Deputy Head of Midwifery (DHoM)  
Consultant Midwives  
Maternity & Neonatal Matrons  
Governance and Quality Lead  
ICB  
Local Maternity & Neonatal System  
Obstetricians  
Midwives  
Neonatologists  
Service Users  
Service User Advocates

## **Platform for co-production**

Co-production will take place over both virtual and face to face platforms to increase accessibility.

The core role of the MVP will be to engage with service users and align membership to be diverse and representative of the MK birthing population. The MVP chairs will meet regularly with the HoM/DHoM for regular updates and discussions on work plans and this will be extended to the Clinical Director/ Labour Ward Lead to support MDT collaboration and co-production.

Quarterly MVP meetings will take place in which all stakeholders are invited to attend to discuss and agree work projects, funding and key feedback issued raised from service users/members of MVP.

Moving forward, further opportunities for collaboration have been identified to enable a greater representation from the MVP within service level decision making processes, however, with consideration of the limited time available to members of the MVP to engage with multiple processes.

### **Agreed areas of collaboration**

**Guideline Review Group** – collaboration within this forum will enable the MVP to support decision making at the point of guidance being reviewed and agreed, which will increase the voice of the service users and partners, in this process. In addition, this will support assurance of the accessibility and usability of the guidance for service users to provide them with information to make informed choices about their care.

**Maternity Patient Experience Group** – MVP membership within this workstream will support the organisation of the collection and analysis of patient experience data in addition to the development of collaborative action plans to address areas for improvement. This will also identify areas for co-production

**Interviews** – MVP representation on interview panels will support collaboration on the appointment of those delivering and leading maternity services and communicate the importance of the collaborative work with the MVP. – The MVP will support in the development of interview questions and scenarios.

**Labour Ward Forum** – Collaboration within this forum will enable a shared appreciation for the dynamic changes which occur in this area and the impact of this on the birthing experience of service users and their partners.

**Complaints Review** – MVP chairs will be sent 5 randomly selected complaint responses to review each quarter. The purpose is to reflect on the language used and actions allocated, being appropriate and conscientious towards the service user. This will also help the MVP to develop understanding of the complaints and actions happening within the service.

**CSU Governance Meetings** – will be attended by an MVP chair for overview of the governance updates, actions, and quality improvements. In addition to reflecting on service user feedback.

**Meet the team events** – quarterly event held by the maternity service that will be attended by the MVP. This will support with the collaboration between the MVP and Maternity Services to support birthing people and partners with the opportunity to discuss various aspects of their care and experience.

## **Priority projects for co-production**

We have identified several projects which are a priority within maternity and for which MVP representation will support the delivery of improved services and experiences for service users. Over the next 12 months the intention is to organise platforms for engagement on these priority projects and set timescales and action plans to support their delivery.

**Website Design** – The opportunity for improvements in the design of the maternity pages of the website to enable increased accessibility and information for women were highlighted during the GAP analysis in response to the Ockenden report. Collaboration with the MVP to support the delivery of a shared action plan to improve the experience of service users and their families will enable increased access to and awareness of information to support informed choice and decision making.

**Antenatal Classes** – The lack of provision of antenatal classes for service users is resulting in a loss of information being made available within a forum which enables peer support and discussion. We will be working alongside the MVP to address this current situation and review actions which can be taken, through a working group, to support access to parent education.

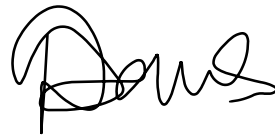
**Equality & Diversity** – We will work in collaboration with the MVP to support delivery of their engagement plan to enable an increase in the representation of BAME women and their families to support a diverse review of service co-production, enabling all voices to be heard.

**Patient Experience** – The opportunity to gain service user experience feedback, working in collaboration with the MVP, we want to develop a plan for re-implementation of face-to-face opportunities for direct feedback including 15 steps and to identify innovative new options for collecting and reflecting patient experience in a meaningful way.

**Communication and Social Media Presence** – The new website and social media being developed for MKUH maternity services., will link directly with the MVP social media and website to show collaborative working. Development of content based on service user's feedback, including monthly statistics sharing, feedback actions – we said-we did, and key information for service users.

**Informed consent and informed decision-making** – Annual training for staff, case studies, advocacy and life stories from service users heard through birth afterthoughts. Education on instrumental delivery through antenatal sessions and accessibility of information increased on the website. Empowering those who use our services and anyone advocating for them to ensure an informed decision-making process supported by clear, understandable un-bias information.

**Birth Preferences/ Personalisation** – Identification of initiatives to ensure service users can discuss and agree their birth preferences. Including preference of choice of place of birth, supported by the organisation of a midwife led section on labour ward, increased focus on opportunities to support homebirth and water birth. Increased communication to support an understanding of the induction process and assisted birth choices.



Roxy – MVO Co-Chair

Temi – MVP Co-Chair

Melissa -Head of Midwifery

Nandini – Clinical Director