

Report & Recommendation Response Form

Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012.

Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions 2013] Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by Local Healthwatch to a service provider.

If there is a recommendation that is not relevant to you or your organisation please provide a **nil** response, or provide an explanation for this within the statutory 20 days.

Report submitted:

Report sent to	Patient experience teams, Public health	
Date sent	06/06/2024	
Report title	Maternity Experience of women from Ethnic minority groups	
Date of response provided		
Please outline your general response if applicable		

	<p><i>1.1 <u>Active Listening</u>: We recommend that maternity care staff should be trained to actively listen to women so to address their concerns and make them feel as though they have a choice.</i></p>	<p>1.1 The trust has had a big recruitment drive for new midwives over the last 12-18 months, and a big component of their induction and onboarding is active listening. This is also a major topic in the cultural safety training, using real life case studies to help staff understand how to actively listen and respond to women from a variety of different backgrounds.</p> <p>1.1 We have also recently introduced a new monthly ward manager and matron ‘patient feedback walk around’; this is where the senior leader of the unit speaks to women on the maternity wards, asking them a set of questions relating to their experience and address any issues in real time</p> <p>2.1 The Trust has introduced, and continues to progress with, a number of initiatives to help improve communication and information provision over the last 12 months:</p> <ul style="list-style-type: none"> - increased all antenatal appointments to 30 minutes to allow for more thorough

2.1 Communication & Information

provision: We recommend that midwives educate expectant mothers early on about potential deviations from standard care, their necessity, and associated benefits/risks

conversations around the maternity journey

- working groups have been set up to review all current patient information given at each stage of a woman's journey i.e antenatal, labour, postnatal. It is hoped that these working groups will evaluate effectiveness of current information and address any changes
- updating of guidelines such as the induction of labour guidelines
- Patient workshops in place
- The Trust is continuing to see a rise in women accessing maternity care from a varied demographic. As such, we are currently auditing the use of our translation services in all maternity areas and increasing uptake of other digital translation tools to aid in communication

3.1 We are heavily focusing on the postnatal experience as this has been recognised, through patient feedback, as an area requiring improvements:

- increased staffing in postnatal wards to ensure women's needs can be met
- increased the capacity within the patient feeding team to provide more ward based feeding care, support and advice
- introduction of a new digital platform for clinical notes, which allows for women to have a greater continuity of care once in the community, and have more thorough

3.1 More Post-Natal Support: We recommend that health visitors and midwives actively focus on early assessment and offer appropriate support, including breastfeeding assistance and addressing mental and physical health concerns, among others.

debriefs due to having the full maternity pathway visible

- introduction of staff flash cards to help aid discussions on key topics such as feeding, mental health support and more
- a postnatal patient experience working group has been set up with key staff and previous patients, to discuss feedback themes and monitor improvements

4.1 We have recently restarted our Maternity and Neonatal Voices Partnership (MNVP) and have recruited new 'patient' chairs for this group. There is a considerable amount of engagement work underway to promote the MNVP amongst our service user population.

4.1 The team are also doing community outreach to more difficult to reach groups, to ensure they are accessing appropriate support for mental health from health services and peers.

4.1 The team have reintroduced the 'Supportive Signposting' leaflet which contains information about local mental health resources and support.

4.1 Feedback from the MNVP and community outreach will be reviewed over the next 12 months to determine if there

4.1 Pregnancy Haven: We recommend establishing safe havens for women where they can drop-in to discuss their doubts and fears with mental health professionals specially trained in pre-and postnatal care. These safe havens also provide opportunities for young mothers to meet and gain support from others with similar experiences.

needs to be greater provision in place within communities for mental health support and for young mothers to meet similar people with similar experiences. However at present we do not feel this is a need given the explanations above and the fact it is a not a theme seen in our patient feedback

5.1 & 6.1 We have recently reintroduced our 'Supportive Signposting' leaflet which contains useful information on financial support, childcare and other elements that could impact a woman's maternity journey. As a trust, we actively recognise and support potential childcare obstacles that could impact the maternity journey, and our women don't tell us that childcare is impacting their maternity journey. However, as with other suggestions, we will continue to monitor patient feedback to determine if this becomes an issue.

7.1 This is feedback we see often in our survey programmes and as such, ensuring that there is a continuity of the same midwife to women has been a continued focus. Where this is not possible, the introduction of the new

digital patient note system referenced above will allow for greater handover of information and continuity of care.

8.1 Treating all women with kindness, compassion and having empathy has been, and continues to be, a major focus at the Trust, given themes seen in patient feedback. We have implemented a 'Civility Project' which includes a kindness campaign, ensuring staff are having positive proactive conversations with women from all background, sharing of 'patient stories' to aid reflections and promote good practice and the piloting of active bystander training, so staff feel empowered to challenge poor behaviours from colleagues. Elements of this are also included in the cultural safety training offered to staff.

*5.1 Establishing support systems-
We recommend providing
specialised childcare services
either at hospitals or nearby baby
centres to specifically
accommodate mothers during*

9.1 We have not seen this as a theme in our patient feedback over the last 12-24 months however it is something that we will endeavour to monitor over the coming year, to determine if improvements need to be made.

their appointments. If this is not feasible, it should be ensured that staff treat expectant mothers the same, regardless of whether their children are present.

6.1 Financial Support- We recommend providing struggling families with funding opportunities to cover the cost of essential supplies. Furthermore, they should direct low-income families to services that can guide them to appropriate resources, ensuring they receive help promptly.

7.1 Staffing Concerns- We recommend that a consistent team should support mothers throughout pregnancy. Where this is not possible, the maternity care staff should review patients' histories before appointments to ensure women feel adequately

10.1 As referenced above, we are seeing an increase in different patient demographics accessing our maternity services and as such, we are continuing to respond to this. 'Unconscious bias' is a key component of the Trust's cultural safety training. Patient stories are used to support with this training element.

10.1 Staff are continuing to be upskilled on how to approach conversations with women from different backgrounds, what support they can access to aid these conversations and use patient feedback as part of their continued self-reflections.

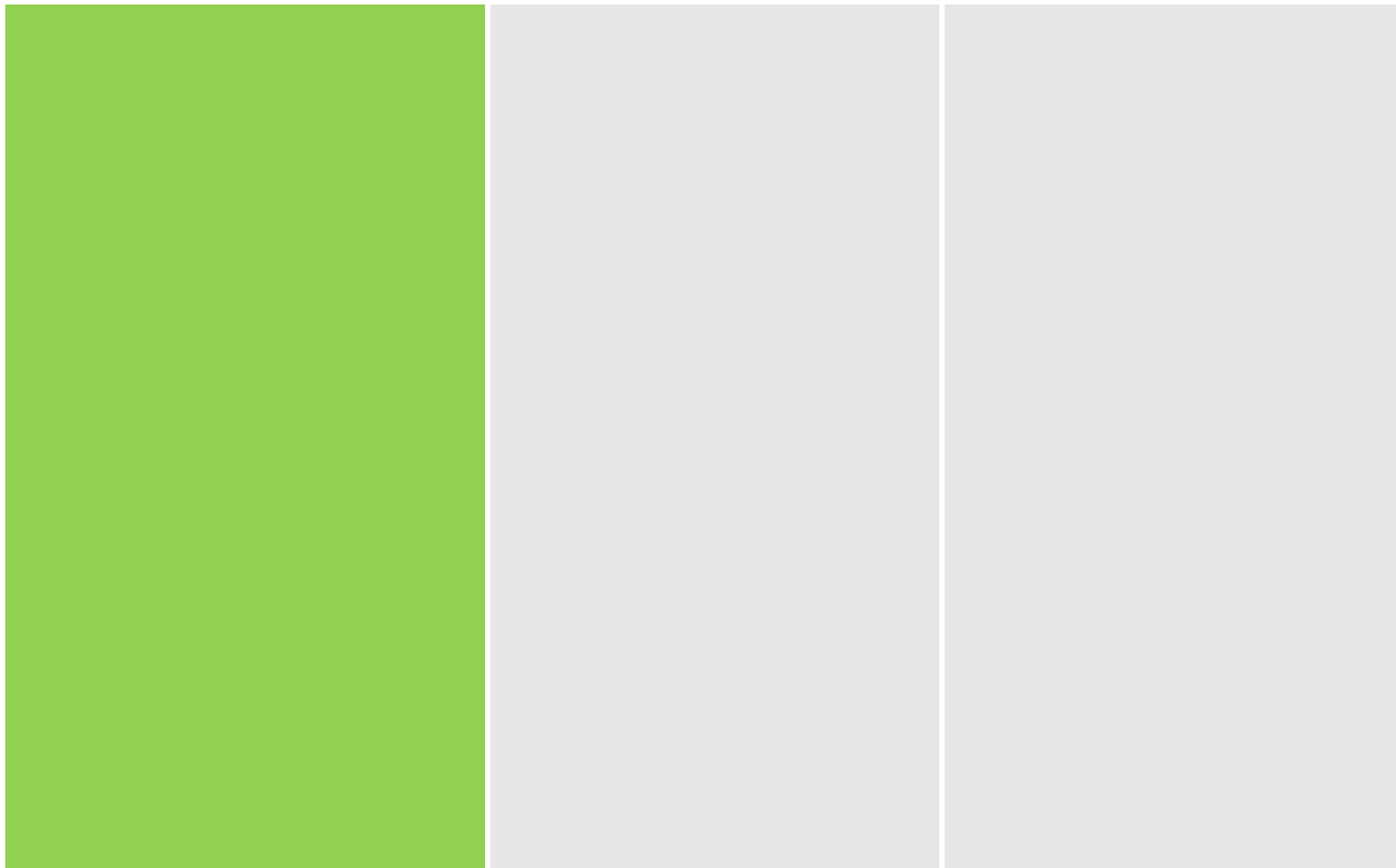
supported and that there is a sufficient handover.

8.1 Specialist training for staff– We recommend sensitising maternity care staff to approach pregnant women with greater empathy and train them on how to navigate the difficult conversations around pregnancy with women.

9.1 Tailoring support for every journey- We recommend encouraging midwives and health visitors to provide advice on a case-by-case basis without making assumptions about their level of readiness for pregnancy or breastfeeding, particularly during second pregnancies.

10.1 Avoiding Stereotypical Assumptions- We recommend providing maternity care staff with training to avoid making assumptions about pregnant women's health conditions (like diabetes) or their behaviours towards food during pregnancy and breastfeeding as these often get influenced by ethnicity, religious, and cultural practices. Therefore, sensitising staff

*regarding these differences can
help addressing these issues
sensitively and promptly.*



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Signed:	Chelsea and Westminster NHS Trust Maternity services	
Name:		
Position:		