APPENDIX FOUR

What is missing from Discovery insights? Feedback from codesign events

This appendix summaries what the participants in the co design events feedback was missing from the insights presented to them at the 7 co design sessions. In some cases, the points raised by people under this section were opinions rather than lived experiences.

The feedback is themed as follows:

- The midwife led care experience
- The consultant led care experience
- The hub experience
- The health visitor experience
- Rural versus urban
- Family choices
- Experiences of management

Each section is divided into:

- **Personal lived experience:** quotes that are clearly reflecting either staff or families' lived experiences
- **Observations of experience:** quotes that reflection observation of others' experiences or capture what the participant feels needs improving.

If an insight is completely new, and was not mentioned in Discovery work, this is highlighted in blue.

Where a quote is relevant to a number of themes, it may be used several times.

The midwife led care experience

Personal lived experience

Families

"My midwife offers great support"

"MLU worked really well for me"

"It is good to have contact with midwives if MLU is really busy"

Staff

"I have never known the situation and morale to be as bad. We don't have supervision. Good midwives being lost. There is no support. We are not going forwards"

"The reality of being on call after working all day and being called at 2am to attend a birth 40 or 50 miles away"

Observations of experience

"The reality of staffing. MLUs are not overstaffed. They are very busy. The (system) focus is on delivery not activity"

"Low risk pregnancy mums go for MLU"

"MLU led care may be more expensive. Best practice is more important (than cost)"

"Value for money in MLUs"

"MLU experience is not just about the birth"

"MLU (Wrekin) needs looking at and decorating urgently"

The consultant led care experience

Personal lived experience

Families

"Lack of continuity of care. I didn't see named midwife. There was lack of continuity of communication. I was left for 3 days after growth scans. Google doctor had to answer my questions"

"The consultant was reassuring and used plain English"

"My Birth Plan was ripped from underneath me. My consultant made me feel empowered"

"I was unsupported in mental health when having a C-section"

"I had no access to a mums' network. I couldn't drive after my C-section"

"Postnatal - lack of breastfeeding support"

Staff

"(There are) 6 midwives to 13 high risk labouring women"

"We work 12.5 hours without a break"

"There is 1 midwife and 1 auxiliary on antenatal to 18 mums"

"Since the move to CLU in Telford, we are not encouraging women to go to MLU for postnatal care. Is this because cost (tariff) for postnatal care is low?"

Observations of experience

"Mums prefer Telford for access and environment and are concerned about move of services to Shrewsbury"

"Services design is focused on Telford"

"Pressures on CLU. Those with high risk pregnancies /mothers at more at risk – low risk mums have negative experience and issues are neglected"

"After a complicated birth, a clinician goes through things with patient"

"Feedback from Healthwatch is that staff feel rushed. Nothing with staff – lack of somebody being with them"

"The midwife has to complete documentation after the birth. The patient, once settled, is waiting a long time for treatment for pain"

"Be realistic – a flexible birth plan – needs to be better"

The community hub experience

Personal lived experience

"Midwives and health visitors and GPs are in the same building. This is good. This facilitates working together" (staff)

The health visitor experience

Personal lived experience

Family

"My birth trauma details were only found by health visitor not midwife"

Staff

"The link from midwife to health visitor. Information is not shared. I find out on the visit. I need all the information beforehand. Patients may perceive that health visitors might know everything. I do not even get a phone number. I get a short version of birth notification now"

"Patients think that there is handover between health visitor and midwife. You have to repeat yourself. That is not good for someone with a traumatic birth"

"Midwives don't use Red Book. Health visitors do"

"The information with patient. The Purple Book information. You have to request copy of the records. Why can't it stay in the book so it can be shared with the health visitor on the visit?"

Observation of experience

"Health visitors with GPs – no access to services"

"Access to maternity system by health visitor"

"Health visitor (chance) to meet the patients. There is limited space – Solihull approach"

"National has gone to short version of birth notification. We need something locally"

"Loads of systems don't marry up. There is not linked communication"

"Purple notes. Mothers' records are removed and put into medical notes to form part of legal requirements. You can request a copy"

Rural versus urban experiences

Personal lived experience

"Rural MLUs (are) not doing certain tests so (women) are pushed back to us"

"Resources go to CLU at expense of MLU. I have had to cancel booking"

Observation of experience

"The staffing issue is in the urban areas. It is centralised. It is not focused on rural"

"I don't want MLU taken from rural areas and give to urban"

"Rural don't want a reduced model"

"We need understanding that urban is different to rural"

Family choices

Personal lived experience

"At 14 weeks I was told I have a low PAAP-A and I will be on consultant care. This is not what I want. I feel anxious"

Observation of experience

"Midwife leading choice; showing a preference"

"Families are changing their mind about having more children because they don't want to birth at Telford"

"The Polish community don't always have language to understand rational for process / decisions"

"Facilities and environment (birthing pool) makes a (difference) to the choice for low risk women"

"Calculating risk. The point in time to decide MLU or CLU"

Experience of management (staff only)

Personal lived experience

- **System focus on delivery**

"Since the move to CLU in Telford, we are not encouraging women to go to MLU for postnatal care. Is this because cost (tariff) for postnatal care is low?"

"Ratio split of tariff. (There is) no equity"

"The (problem is the system) focus is on delivery not activity"

- **Experiences of management communication**

"There are issues with management at all levels"

"Our MLU manager is 40 miles away from our service"

"(Lack of) transparency from SaTH about decision being made"

"I feel short term closures are pointless as no Bridgnorth midwives have gone to support CLU"

"…the wider picture not clear"

- **Experiences of management support**

"Lack of appreciation of different pressures (on staff)"

"Fear of mistakes. Management point the finger and don't support staff. The person at the bottom / lowest level gets the blame"

"What is Shropshire (management) culture? Cliques; (staff) not supported; not proactive; a graveyard of ambitions. You get roles because you are a yes person. Supervision is a tick box. It is laissez faire. 'We don't do things that way' (attitude to new ways of working)"

"Processes felt difficult not supportive"

Time. We are short of staff. There is a lack of appreciation of the knock-on effects…"

"(Professional) development and training. (We are) not currently able to do. It depends on escalation levels"

- **Impact on care delivery**

"…I have had to cancel bookings"

"Time. We are short of staff…"

Observations of experience

- **Management engagement and communication**

"SaTH needs to be included in what can we do now"

"There needs to be honesty about the money. Demonstrate the facts"

"Loads of systems don't marry up. There is not linked communication"

"Strategic and operational levels (of management) - there is a mismatch and they need to talk"

"Communication with staff"

- **Staff engagement**

"Midwives at ground level feel it is a blame culture"

'There is a low level of staff morale"

"(Lack of) support for staff – goodwill has gone"

- **Service design and delivery**

"The on-call midwife could deliver 1 home birth – 3 MLUs"

"Homebirths. We should be offering a service which is not being managed by midwives who are tired; not familiar with area etc. We need to postpone service until Shropshire services improve"

"Environment matters"

"How we deliver expectations in line with national agendas – continuity of care and supporting teenage mothers"

"Deprivation in areas – how we access them (families in deprived areas)"

"We need more links between social care and midwifery regarding areas of deprivation – SaTH needs to build relationship with local councils to combat social issues"

"Cross border considerations"

- **Training**

"Training for new midwives – funding bursary opportunities"

"Creation of training programme for staff to build skills"

- **Funding**

"Adequate funding – national to address gap"

"There needs to be honesty about the money. Demonstrate the facts"