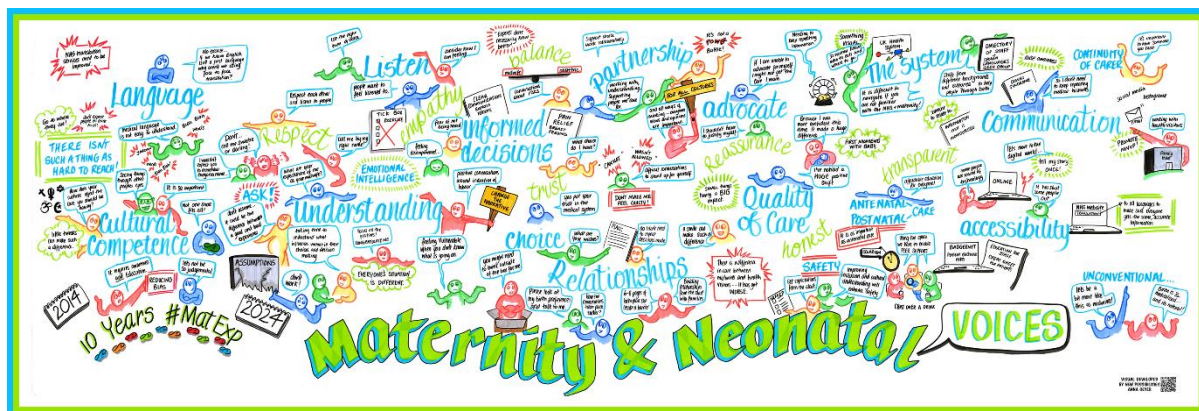


Epsom and St Helier *Whose Shoes?* Event

13 May 2024 – Whitehall Lecture Theatre, St Helier Hospital



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Introduction

Whose Shoes? Is an engagement and coproduction tool, to facilitate hearing the voices of many stakeholders involved in maternity and neonatal services. With a board game, scenarios and poems prompt participants and allow safe and enriching conversation. Information and feedback gathered throughout the event will guide quality improvement for maternity and neonatal services.

Invitations to the event were sent widely to the community, hospital staff, and local organisations and charities. As the event was held during the weekday, this did impact ability for some attendees, who were restricted by work commitments. Even so, there was a wide representation for the various sectors, allowing for varied and impactful conversation throughout the event.



Overview of the day

The event was well attended with a mixture of stakeholders.

In total, we had 30 participants, from a variety of services and perspectives.

Stakeholders included: service users, Epsom and St Helier midwifery staff, obstetricians, MNVPs chairs, Happy Baby Doula, health visitors, ICB staff, local VCSE representatives, and others.

The day started with an introduction made by Madeline Lenchner (Maternity Core Connector, SWL ICS), welcoming and thanking participants.

Natilla Henry, the Group Chief Midwifery Officer for GESH, welcomed everyone and linked both events at St George's and Epsom and St Helier Trusts.

Next, Helen Peirce, the MNVP Co-chair for Epsom and St Helier, gave a talk about her birth experience with her 7th child. She covered many aspects of care, including home birth, autonomy, and managing expectations throughout the birthing journey.

Gill Phillips (Creator, *Whose Shoes?*) presented the history and scope of *Whose Shoes?* and introduced the game and graphic artist, Anna Geyer (Director, New Possibilities).

We then played the game! A full transcription of the themes discussed is included below. Discussion varied widely, but some of the key themes included: linguistic and cultural differences, supporting refugee and asylum seekers, improving communication with patients, continuity of care and documentation, improving multi-agency and cross-team conversations and collaboration, listening to patients and providing person-centred care, services under pressure and staff morale, technology-enabled care, and improving access to services and support. All notes have been included, even if duplicate theme. All notes have been categorised into different themes and categories for ease of use.



Pledges

All of the pledges are transcribed below, illustrating the varied and important commitments made by the attendees as a result of the event.

- “I pledge to be unconventional and think outside of the box at all times.”
- “I will continue to ensure that the voices from women from other diverse backgrounds continue to be listened to heard and acted upon.”
- “To actively promote inclusion and diversity in the unit - not only to our staff but to women and birthing people and their families! Trusts should enable this to happen not just about word of mouth.”

- “I will use more interactive tools to hear people's experiences to care and to allow for conversations to become more diverse.”
- “I like this event. I wish we had more events like these when I was pregnant. I felt a bit out of the system while pregnant until labour. After I gave birth I had more support. I think those supports should be during pregnancy for example classes more events.”
- “To develop a simple leaflet to help guide conversations around the RC OG guidance for offering early delivery for women of 40 years and over with service user involvement.”
- “To help develop a strategy to take this forward to influence change.”
- “I pledge to improve advocacy for women using our maternity services.”
- “To support the improvement of digital poverty and make sure there's digital equity. Digital isn't suitable for everyone but I want to ensure that those who it isn't suitable for do not miss out. And those who it is suited to get the best out of it and it works better for all.”
- “I would like to be more deliberate in combining my knowledge and skills (previously learned) into my current role. To help improve the quality of care given also to be able to provide care to each person as an individual.”
- “Always putting women first before what the trust set out. Be different.”
- “Working more closely with our communities. Endeavouring to offer antenatal care and education to women in church halls shopping centres libraries travelling community sites. This will hopefully reach the women most in need of our support and services.”
- “To work more collaboratively between services to improve the journey for all.”
- “To avoid assumptions ask those awkward/unsure questions to my patients and listen to service user voices/input and staff colleagues too. To make a positive impact on maternity and neonatal service no matter the position I am in. Learn how to use BADGERNET more effectively.”
- “To share my birth experience with mums and chat to first time moms who may need help and support and would like to share words in my community to be able to access information about maternity and neonatal services.”
- “I pledge to take this feedback back to Surrey Heartlands and will try to set up similar events there as well.”



Transcript of Post-Its

Below we have transcribed the post-its representing attendees' views. These have been categorised according to emerging themes. There is a lot of overlap across the themes, many of which are interdependent. However, the most prevalent themes were Communication and Engagement, Choice and empowerment, and Support for Staff and System Improvements. This highlights an interest in improving person-centred care, linked with a desire for better staff outcomes, wellbeing, and communication. Please note, these are verbatim transcriptions, which may include abbreviations or grammatical errors to stay true to how they were written.

Emerging Theme	Number
Communication and Engagement	19
Choice and Empowerment	16
Support for Staff and System Improvements	14
Cultural Competency and Inclusivity	10
Personalised Care and Building Trust	8
Digital Integration and Accessibility	4
Addressing Systemic Issues	3

Communication and Engagement

"It's crucial that I am heard and understood. Sometimes, it's the small things that make the biggest impact. Please listen more than you tick boxes."

"Clear communication is essential; explain your decisions and actions. It's not just about not using terms like 'darling' or 'sweetie' but calling me by my chosen name."

"Engage with us on our terms—grassroots engagement means meeting us where we are, not expecting us to come to you."

- provide information about over 40s induction of labour
- Clear communication - explain reasons
- reassurance is key I shouldn't have to justify myself
- don't make me feel guilty
- "cannot," "wasn't allowed"
- difficult conversations. Stand up for yourself.
- affordable antenatal education for everyone
- positive conversations
- a smile can make such a difference
- all I want to be respected by my name calling my name right
- respect each. other listen to people. Be a good listener.
- Nice for people to show empathy
- a name is important don't call me darling or sweetie
- use of language not always in simple terms partners feel obligated to translate what is being said. Use of medical terminology
- use the right tone of voice
- ask don't assume.
- Give me another information
- everyone's situation is different
- introduce you to someone you trust hanging over care. In good hands

Choice and Empowerment

"Support my choices, whether it's for a home birth or my choice of pain relief. Respecting my decisions empowers me."

"The choice to have continuity of care with a trusted midwife is vital. This helps avoid repeating my medical history and builds my confidence."

- fear not being heard
- small things having a big impact
- be honest and transparent
- knowledge and understanding.
- reassurance
- Because I was more confident this time it made a huge difference to my first moments with my baby

- people are entitled to choice, think outside the box
- ways of highlighting the main plan so don't have to repeat decisions that have been made
- choice is important.
- expectations regarding choice of pain relief
- what are your expectations of me as a midwife - ask the question
- focus on the positive congratulate me not take me down with tick boxes
- managing expectations
- education
- understanding self- concepts to support women in their choices and decision making
- feeling disempowered

Cultural Competency and Inclusivity

"I need you to understand and embrace all cultures and perspectives. The NHS needs better translation services and should use face-to-face translation when necessary."

"Assumptions about my background or medical understanding should not be made. Cultural competency and seeing things from my perspective can greatly enhance my care experience."

- cultural differences are very difficult to resolve effectively and requires awareness and education
- as an advocate for birthing people we need to listen to them and consider how they are feeling and how we can help them
- improve inclusion and cultural in the maternity services
- ensuring that the needs are different ethnicities and communities are heard
- no excuses if we know English isn't a first language so why aren't we using face to face translation
- reducing biases
- cultural competency is so important not just one shoe fits all let's not be so judgmental
- NHS translation services needs to be improved
- to advocate for all cultures and all ways of thinking. Everyone's views and opinions are important
- little tweaks can make such a difference - cultural competency

Digital Integration and Accessibility

"Let's embrace the digital world efficiently. Many of us find the NHS system hard to navigate, especially if we're not familiar with it."

"Information should be accessible to everyone. I appreciate an NHS website that includes an accessibility bar for language translation."

- Use of social media such as Instagram or e-mail work with health visitors to promote the MNVP
- Since COVID a lot of things are online some people are scared of technology Advertise the MNVP among health visitors and family hubs
- accessibility bar on all NHS websites to translate to all languages to make sure everyone gets the same information accurately

- let's move to the digital world

Support for Staff and System Improvements

"Educate and support staff to handle difficult conversations with emotional intelligence. This includes using the right tone of voice and being transparent in interactions."

"Use social media and modern tools like Instagram or email, in collaboration with health visitors, to promote maternity programs like the Maternity and Neonatal Voices Partnership (MNVP)."

- insurance staff and patients are aware of how to use electronic notes especially by BADGERNET. Not many members of staff are confident in using these.
- Staff have different backgrounds. How do we utilise their backgrounds and culture to help birthing people and women so they may have someone to relate to.
- the care afterwards - people postnatal is just as important as antenatal
- six to eight page birth plans can be a barrier to midwives. Signifies earlier communication may not have taken place about what is important to the woman or birthing person
- system is difficult to navigate for people who are not familiar with the NHS to maternity services
- partnership
- bridging the gap between midwifery and obstetric approaches - more balanced conversations about benefits
- Partnership working. Understanding and supporting women and birthing people we care for
- supporting staff to have difficult conversations and having emotional intelligence
- Pressure to tick boxes rather than listen to mom
- experts don't always know better
- be a bit more unconventional in how we are as midwives
- US directory of staff is titled
- there shouldn't be any "cannot" what are your limits

Personalized Care and Building Trust

"I value individualised care that acknowledges my unique situation. A midwife who asks about my expectations and fears makes a significant difference."

"Continued care and a relationship with a healthcare provider I trust help alleviate the anxiety of the unknown."

- home birth - support women to make their choice
- having a midwife who you trust
- continuity of care because it is important to have someone that you trust
- Continuity of carer - results issues of repeating medical histories
- feeling vulnerable when you don't know what is going on
- individualised care. People want to feel understood
- assumptions do not work
- seeing things through other people's eyes

Addressing Systemic Issues

"We discussed the need for more straightforward, affordable antenatal education and better inclusion in maternity services."

"Improving how we handle postnatal care is just as important as antenatal care, ensuring we don't feel abandoned after giving birth."

- we need pictorial examples of how UK health system works in pregnancy so women understand who to call and where to go
- you put your trust in the medical system
- grassroots engagement - Don't expect people to come to us