

**Public Trust Board Meeting: Wednesday 10 March 2021**

**TB2021.15**

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**Title: Story from the Lotus Team**

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**Status: For Information**

**History: Regular Reporting**

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**Board Lead: Chief People Officer**

**Author: Caroline Heason, Emily Brace, Heidi Ottosen, Megan Bardsley  
and the Lotus Team,**

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**Confidential: No**

**Key Purpose: Assurance**

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## Executive Summary

1. The purpose of this paper is to
  - tell the story of the Lotus team from the perspectives of women supported by the team and the midwives working in the team.
  - raise the profile of the team in Oxfordshire to increase the number of women supported by this women and family centred service .
2. The Lotus Team commenced in January 2020 and comprises of 6.4 WTE midwives. The team support Oxfordshire women and families with a variety of complex needs, some of these additional needs includes; social vulnerabilities, women from a BAME background, disabilities, mental health, asylum seekers, trafficked women and women experiencing previous loss. The team provides access to one-to-one holistic midwifery care across all settings (including both community and hospital birth settings), this is throughout the pregnancy continuum.
3. The team aims to improve outcomes and experiences for women and their babies.
4. The team is part of the maternity services' ambition of a known midwife for all aspects of care and provides continuity whilst developing relationships with the women under their caseload.
5. The Lotus Team is part of a variety of measures to help provide individualised care to Oxford's most vulnerable women as part of the national strategies to address health inequalities across maternity services and reduce neonatal and maternal mortality/morbidity by 50% by 2025.
6. Feedback from women is greatly valued by the maternity services as a whole. As a means to ensure that all women's voices are heard across the maternity pathway and enable further developments with widening the continuity of carer pathways trust a postnatal survey was developed. Alongside this, as the Trust's maternity FFT response rates are historically very low, the maternity team and patient experience team are finalising the FFT QR code ready for women to use.
7. The key experiences and observations show the women centred care extends beyond their pregnancy, restores faith and trust in services, impacts positively on families, actively promotes inclusion respect and empowerment.

## Recommendations

8. The Public Trust Board is asked to:
  - Support the recommendations in this report.
  - Note the contents of this report.

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## Story from the Lotus Team

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### 1. Purpose

1.1. The purpose of this paper is to

- present the filmed stories from five women who have recently been supported by Lotus team, and two Lotus team midwives
- raise the profile of the team in Oxfordshire and aim to increase the number of women supported by this women and family centred service

1.2. All five women were keen and excited to share their stories as the Lotus Team has made such a difference to them and their families. This is just a snapshot of the positive impact that the team has had for women and families across OUH, with a wide depth of feedback that continues to be received.

### 2. Background

2.1. The Lotus Caseloading Team commenced in January 2020 in line with the Better Births Continuity of Carer <sup>1</sup>(CoC) Agenda.

2.2. The Lotus Case Loading Team support families with variety of additional complex needs across Oxfordshire.

2.3. Although, not exhaustive the service is offered to women with a variety of complex needs, some of these additional needs includes; social vulnerabilities, women from a BAME background, disabilities, mental health, asylum seekers, trafficked women and women experiencing previous loss..

2.4. The vision and commitment of the case loading team is to provide vulnerable women and their families' access to one-to-one holistic midwifery care across all settings (including both community and hospital birth settings).

2.5. The team aims to improve outcomes and experiences for women, their babies and families, with a long term vision of reducing the health inequalities & disproportionate affect that hard to reach groups can often face. In conjunction with aiming to reduce adverse childhood experiences

2.6. The team consists of 6 whole time equivalent (WTE) midwives who provide continuity of carer throughout the pregnancy continuum.

2.7. The team is part of the maternity services' ambition of a known midwife for all aspects of care and provides continuity whilst developing relationships with the women under their caseload.

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<sup>1</sup> <https://www.england.nhs.uk/publication/better-births-four-years-on-a-review-of-progress/>

2.8. Each midwife's caseloads are approximately 30-32 women and per month the team will have a maximum of 18 women across the team's caseloads booked for birth. By having a set quota of 18 women due each month provides a degree of flexibility if some births occur before or after the monthly estimated date of delivery (EDD). This ensures the team and the care provided to the women is protected from destabilisation.

2.9. It has been well evidenced that CoC Caseloading teams can have a profound positive impact in terms of emotional support for women and their wider families, as well as improved birth outcomes. This includes

- decrease in pre-term birth
- repeat fetal loss
- reduction in the long-term generational impact when supporting women whom may be subjected to complex vulnerabilities. This is evidenced through the Adverse Childhood Experiences (ACE's) and first 1000 days work, as well as aligning with the NHS Long Term Plan (LTP) and MBRRACE.

2.10. The team have provided full CoC provision for women with the following vulnerabilities:

- Care for women with a previous late fetal loss
- Non-English speaking and asylum seeking or destitute women
- Safeguarding concerns, such as a Child Protection Plan or S47 enquiries
- Domestic Abuse
- Moderate to Severe Mental Health
- Teenage Pregnancy if not under Family Nurse Partnership
- Birth Trauma

#### 2.11. **Personalised Care Plans (PCP)**

- Personalised care plans (PCP) are tools to frame conversations around individual choices and preferences for care in pregnancy, labour and the postnatal period focusing on choices around wider health needs. Personalised care planning sets out to encourage individualised connection to care with equal opportunities to access and choose local maternity offers. Personalised care planning conversations centre on listening to women, identifying what matters to them and how to best support the family as a unity.
- PCPs are key components in the Better Births Agenda and NHS Long Term Plan. At OUH, PCPs are regularly audited and feedback through to the wider BOB Local Maternity Systems (LMS). Furthermore the LMS provides the Trust with data on PCP downloads from each community team.

- In line with the ambition of ensuring all women have access to PCPs, a mum and baby app was launched in January 2020. All women booking at the Trust are offered opportunities to develop PCP care plans via this app. Current data suggests that 90% of the women booked were offered the app and therefore, had access to complete a PCP.

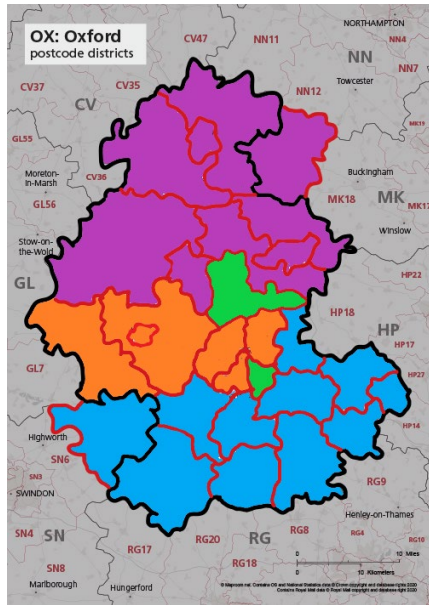
### **3. Maternity services tackling health inequalities**

- 3.1. The Trust is currently delivering a variety of measures to help provide individualised care to Oxford's most vulnerable women as part of the national strategies to
- address health inequalities across maternity services
  - reduce neonatal and maternal mortality/morbidity by 50% by 2025.
- 3.2. It is widely recognised that pregnant women from socially deprived areas as well as women from a BAME background are faced with a disproportionate disadvantage. During the pandemic of COVID-19 the Trust's maternity services recognised women of BAME have disproportionately higher risks of poorer outcomes. In response, a full NICE antenatal care pathway was reinstated to mitigate vulnerabilities associated to BAME.
- 3.3. An outline of the patient demographics for pregnant women booking within the Trust's maternity services is currently incorporated into the Maternity booking electronic records. There are noticeable pockets of deprivation and diversity across the county particularly in Oxford City, Bicester and Banbury.
- 3.4. Trust pathways for women also include;
- Family Nurse Partnerships for teenage mothers
  - Saplings antenatal programmes to promote social engagement
  - Perinatal mental health (PNMH) specialist midwife who works closely with the PNMH Team, community midwives & Maternal Psychiatrist – a resource embedded within the Trust maternity services
  - Rainbow Pathway: supports women impacted by previous late fetal loss or neonatal death in a previous pregnancy
  - Oxford Rose Clinic is an MDT provision available for all women impacted by female genital mutilation (FGM), through this clinic; survivors of FGM have access to a consultant obstetrician, sexual health consultant, consultant midwife and clinical psychologist.

### **4. Caseload of the Lotus Team**

- 4.1. There were 279 women and families supported by the team during the year. The map shows the proportion of referrals from across the county.

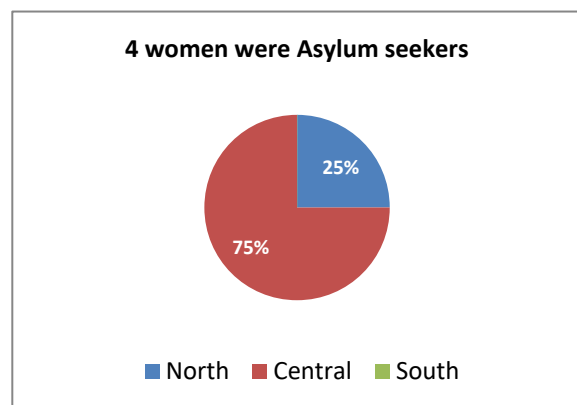
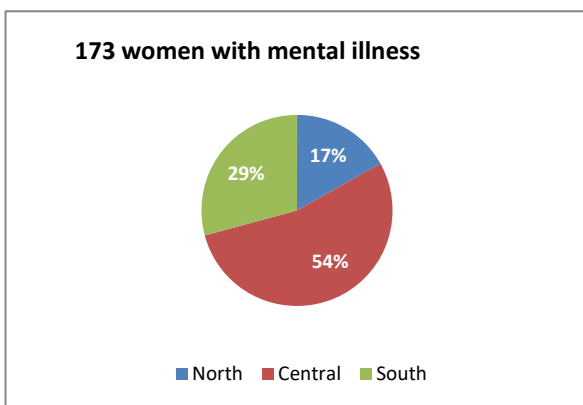
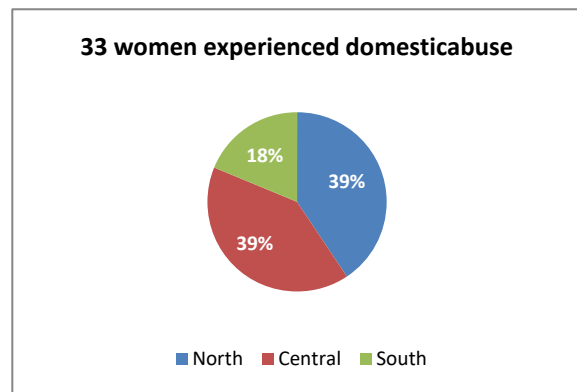
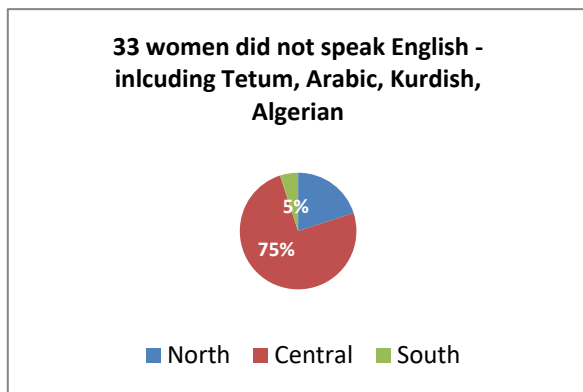
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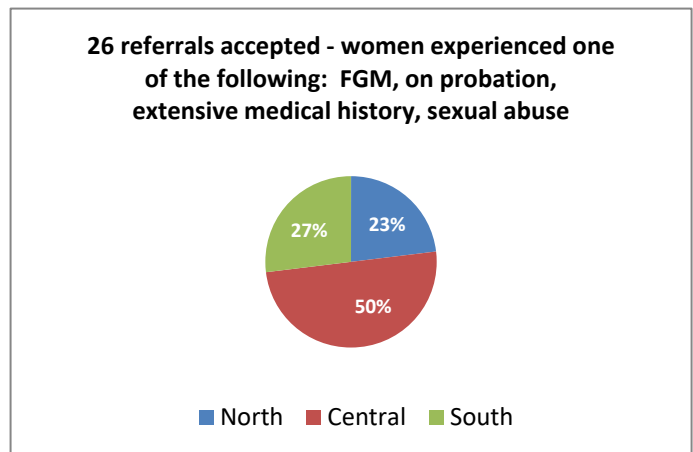
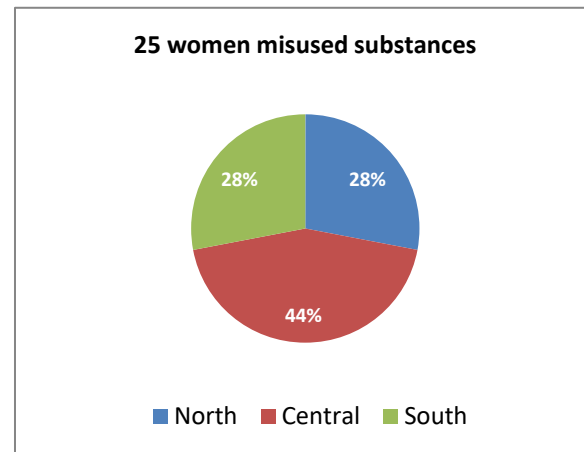
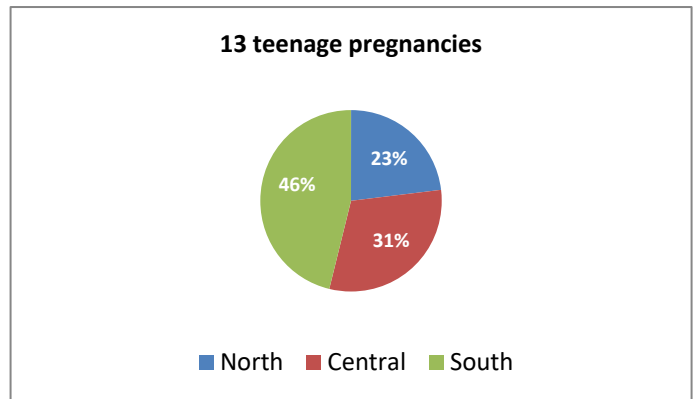
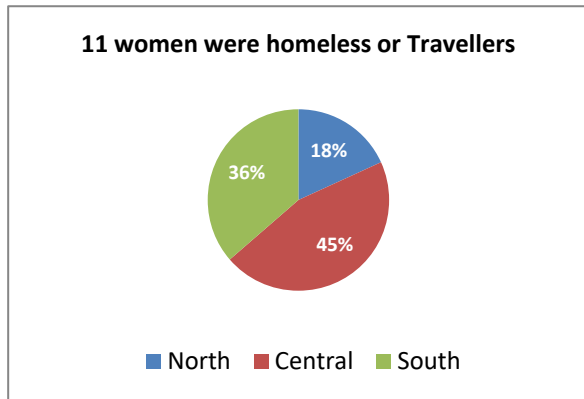
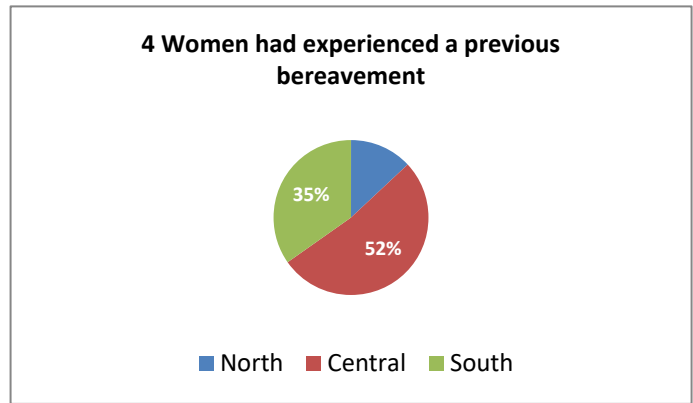
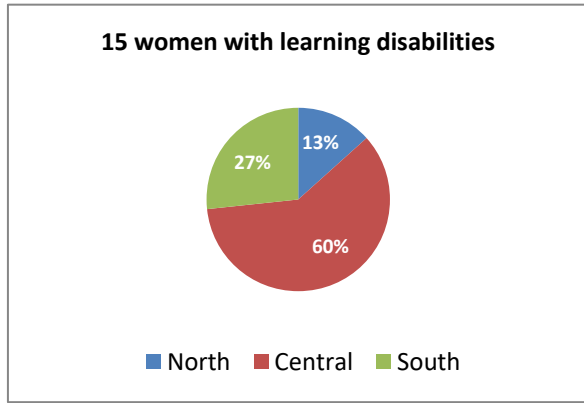


**Lotus Referrals during the past year**

North: 23% (65)  
 Central: 46% (129)  
 South: 31% (87)

4.3. The following 10 charts give an insight in to the needs of women referred to the Lotus Team.





**5. Feedback for maternity services as a whole**

5.1. Feedback from women is greatly valued by the maternity services as a whole. As a means to ensure that all women’s voices are heard across the maternity pathway and enable further developments with widening the continuity of carer pathways trust a postnatal survey was developed. To ensure that the OUH maternity postnatal survey is reflective of all women’s voices, the survey ensures that ethnicity/diversity and all teams are reflected. 237 women took part in a postnatal survey in 2020: 7 identified as BAME background, 214 felt their own and their family’s needs were understood, 220 felt involved in their own care, 197 felt safe and listened to during their pregnancy and 134 confirmed they had received continuity of carer throughout their antenatal period.

5.2. Friends and Family Test (FFT): The Trust’s maternity FFT response rates are historically very low. This is also experienced across BOB. Hitherto the



FFT methodology has relied on paper questionnaires, which hasn't captured women's engagement.

- 5.3. The maternity team and patient experience team are finalising the FFT QR code ready for women to use. This is much more flexible and agile allowing for additional questions to be asked.
- 5.4. The posters are being produced by OMI and it is expected they will be displayed from 31<sup>st</sup> March 2021.
- 5.5. The team are also exploring the possibility of adding the FFT QR code to the Mum and Baby App as low FFT response rates are experienced across BOB.

## 6. Lotus Team stories

- 6.1. The Lotus Team stories are both written and in film. There are three written stories and seven filmed stories, five from women who have been supported by the Lotus Team and two from Lotus midwives.

### **The Lotus Team Rock!!**

"They were, kind, caring and completely supportive of what I wanted from my care and helped with my birth plan and it was the first time I got to have the birth experience I had always wanted.

If I could turn back time and pick my care team for all of my previous babies I would definitely choose Lotus team without a second thought no questions asked. THE LOTUS TEAM ROCK!!"

### **Beyond amazing**

“The care given by our lotus team midwife throughout my pregnancy was beyond amazing. We were referred to the team because of a previous traumatic pregnancy loss and our midwife supported us every step of the way with reassurance, knowledge and sympathy. The fact that she was able to visit us in our own home made such a difference and allowed us to build such a trusting and strong relationship.

It allowed my husband to be more involved with the pregnancy which reassured him and in turn, allowed him to support me more effectively. The consistency of seeing the same midwife was invaluable given our previous experience. The fact that we didn't need to keep explaining our history to lots of different medical professionals made for a less upsetting pregnancy experience and allowed us to focus on the positives of this new pregnancy.”

### **Empowered me**

“We first came into contact with our Lotus Midwife at 4 weeks gestation after 3 losses. I was really anxious and scared so rang the doctors asking for advice on how to avoid another loss, on the back of this phone call my midwife called and spent at least an hour on the phone to me discussing my anxiety surrounding the pregnancy, acknowledging my previous experience and helping with mindfulness, it was at this point our journey with Lotus started and a trusting and caring relationship was formed with our midwife.

This first contact set the tone for the rest of our journey with yourselves. Your care, compassion, understanding and empowering attitude towards not just myself but my family enabled me to not only have the birth and labour I wanted (by having a successful VBAC), but also completely changed my whole view on myself, my confidence, my self-belief and general well-being, which has changed dramatically thanks to the support from the whole team.

The team took the time to meet me during hospital stays and get to know me which made us feel reassured and cared for. Not only did my midwife and Lotus Team as a whole give us confidence throughout the pregnancy and delivery but empowered me to continue with the same mind-set after being discharged.”

## 7. Key points from the Lotus Team's Stories

7.1. The key experiences and observations emerging from the stories are highlighted below.

- Empowerment
- Compassion
- Trusting and caring relationship
- Acknowledging previous physical and psychological trauma and Post traumatic Stress (PTSD) experience and supporting women to emotionally prepare for a better birth
- The whole family felt looked after and safe
- Inclusion – BAME, mental health, disabilities, domestic abuse, asylum seekers, trafficked women, homeless, LBGTQ+
- Reducing health inequalities
- Continuity of Care

## 8. Next steps for Lotus and the maternity services as a whole:

8.1. The Lotus Team has not been able to support all women referred to the service during the year, 379 women were referred and 279 women were supported by the team. The team will be recruiting an additional midwife during the year, and will be reviewing capacity to establish the business case for recruiting additional members of the team.

8.2. As part of the NHS Long term Plan and in collaboration with the PNMH Team, a Buckinghamshire, Oxfordshire and Berkshire (BOB) initiative is being developed to launch a Birth Trauma pathway. The aim of the pathway is to support women to taking control over their lives and break the family patterns that raise safeguarding issues and harm to them and their children. This will also link to the Trust's Pause Programme which supports women who have experienced or are at risk of having children removed from their care.

8.3. Through the LMS, the Mum and Baby App was launched in 2020 offering personalisation and information of localised maternity offers. The App has updated NHS evidence-based information including COVID-19, local links to services such as Oxfordshire Maternity Voices Partnership (OMVP), Infant Parental Perinatal service (IPPS), MIND and talking therapies. The App is currently undergoing translation to 10 top spoken languages within the region.

- 8.4. A Health Inclusion Task & Finish group with wider stakeholder commitment from care providers, service users and outreach voluntary sector has commenced to further address the health inequalities within Maternity services inclusive of BAME. The current work includes adoption of consistency in uptake of Trust wide interpreters and promoting cultural awareness across the multidisciplinary staff provision.
- 8.5. Currently, through project funding from LMS Better Births budget, an enhanced triage pathway with focus on ethnicity and improved communication is in development. In addition, further work on BAME includes benchmarking and exploration of other nationally implemented pathways to address an advocacy support/role adaptable to local needs and requirements.
- 8.6. The group also works collaboratively on a co-production with the OMVP, BOB LMS and regional MVPs to capture the voices of diversity within service user feedback.
- 8.7. A co-produced service user scoping project has commenced to encompass gender inclusion into maternity services. The project will look to adopt gender inclusive communication tools and ensure that trust values/non-discriminatory behaviours for all women and birthing people who book their pregnancies within OUH are upheld. Recent evidence suggests parents or co parents from this population group are more likely to be subjected to exclusion, discrimination, or gender biases in maternity services, which impact on uptake and experiences of care.

## 9. Conclusion

- 9.1. This paper tells the story of the Lotus team from the perspective of women using the service and the Lotus midwives.
- 9.2. Background to the service and the particular emphasis on tackling health inequalities has been described alongside the next steps for the team.
- 9.3. The team was launched just before the pandemic, and it can be seen from the data and the stories, the women centred and inclusive service was made a significant impact.
- 9.4. The maternity services decision to maintain the Lotus service during the pandemic was greatly appreciated by the women and their families.

## 10. Recommendations

- 10.1. The Public Trust Board is asked to
- Note the contents of this report.

- receive the next steps as recommendations, as further Trust investment will be involved, led by the Chief Nursing Officer.