# Maternity & Neonatal Engagement, Insight & Coproduction Strategy

**Version 5: 2.7.26**

## 1. Introduction

The purpose of this Strategy is to **rebuild trust, improve safety and quality, and evidence sustained cultural improvement within maternity and neonatal services in Swansea Bay University Health Board (UHB). It establishes a systematic approach for listening to women, parents, families and staff, transforming feedback into insight, insight into learning, and learning into demonstrable improvement.**

**Through engagement, experience and coproduction we will ensure that the voices of women, families and staff directly influence how services are designed, delivered and improved, creating safer, more compassionate and more equitable care for our population.**

We aim to do this by systematically engaging with and listening to individuals and families with lived experience of our services. This engagement and listening are not just about gathering feedback; it is about **using this feedback, along with that from staff, to provide insights into our services, ensuring learning and action results, so that we can co-produce safer and more compassionate care**.

## 2. Context

**Swansea Bay UHB's Vision and Mission**

**Our vision** is to create a healthier future for everyone in our communities. We want people to enjoy longer, healthier, and happier lives, supported to stay active and independent, with access to excellent care when they need it most.

**Our Mission: Better Health, Better Care, Better Lives**

**Better Health** means focusing on prevention, education, and early intervention. We will work alongside our partners and communities to tackle the root causes of poor health supporting people to make informed choices, promoting mental wellbeing, and reducing health inequalities.

**Better Care** means putting people at the heart of everything we do. We aim to deliver safe, timely, and personalised care that reflects what matters most to each individual. Whether at home, in the community, or in hospital, we strive to ensure every patient experience is grounded in dignity, respect, and excellence.

**Better Lives** reflects our wider commitment to supporting wellbeing beyond healthcare. By collaborating with social care, education, housing, and voluntary sectors, we aim to create the conditions where people can thrive physically, mentally, and socially.

**Our Values:** Caring for each other

Working together

Always improving

**Within this context our objectives for this Strategy are to:**

- Empower women, birthing people, and families to shape maternity services.
- Promote inclusive, accessible, and culturally sensitive services for all communities in Wales.
- Foster continuous improvement using feedback, co-production, and transparent communication.
- Ensure problems are addressed swiftly, transparently, and constructively.
- Ensure qualitative and quantitative feedback is considered collectively to provide insights into our services and identify required action as a result.
- Align engagement with Welsh Government policy and guidance and good practice elsewhere.

Each and every member of staff providing any element of maternity and neonatal care has an individual as well as collective responsibility to ensure that they give every mother, partner and family they see the opportunity to give feedback on the care they have received, to encourage this as an opportunity to learn, and ensure that these experiences are shared within Maternity and Neonatal services so that improvements can be made accordingly.

To achieve our objectives we will focus on two equally important and complementary areas of engagement, which both need to be implemented in order for the best outcomes in Maternity and Neonatal services to be achieved for our mothers, their families and communities.

- **Lived Experience**
    - **Listen to and understand** the experiences of women, their partners and families who have used our services, including:
        - Those who report positive experiences
        - Those who have raised concerns or made complaints
    - **Establish the extent to which people feel safe, heard, respected and satisfied** with maternity and neonatal care
    - **Identify themes** from lived experience and ensure these are used to change how services are provided going forward,

- **Engagement, Insight and Coproduction**
    - Ensuring that **all cross-sections of our communities**, particularly those from ethnic minorities and areas of deprivation, have the opportunity to give feedback on their care and that we proactively seek out this feedback and act upon it.
    - Establish a process that ensures all feedback from staff and families is triangulated with performance metrics to provide insights on our services, leading to timely action on issues raised.

This will lead to specific outcomes for our patients, their partners and families through us demonstrating:

- **The learning from lived experience and engagement / coproduction is shaping improvements** within the Perinatal Improvement Plan.
- **Assurance to the Oversight Panel** that engagement is meaningful, continuous, and influencing decision-making rather than being transactional or retrospective.

## 3. Independent Review of Maternity and Neonatal Services

In May 2026 the Independent Review Panel commissioned by Swansea Bay University Health Board published their findings, which contained a number of key actions which need to be addressed in this Strategy. Details are included as **Appendix A** but the main areas of focus are listed below:

- Develop a comprehensive engagement plan
- Introduce regular qualitative feedback
- Strengthen family involvement
- Improve feedback and complaints processes
- Create better real-time feedback systems
- Respond visibly to feedback
- Improve engagement with minority and seldom heard groups
- Continue listening after the review

## 4. All-Wales Perinatal Engagement Framework

In 2025 the Welsh Government published the **All-Wales Perinatal Engagement Framework** which sets out the minimum standards for high quality service user engagement across Wales to ensure an equitable, inclusive approach so all women, parents and families are engaged at every stage of their journey, to enable improvements in service provision and to inform policy. It provides 10 commitments which health boards are expected to implement, the requirements to meet these commitments and what good looks like. The complete list of actions required are included as **Appendix B.**

## 5. How we Developed our Strategy

In our Strategy we have responded to the findings from the Independent Review as well as the requirements of the All Wales Framework to ensure that our actions align with these expectations of how we can and will improve our services and importantly how we will assure ourselves that women and families are seeing and experience the difference this is making to the provision of our services.

As highlighted by the External Independent Review Panel some of these changes will take a number of years to achieve, and some will require major culture change across our services, so it is important that we are clear about what we can achieve within set timescales so that we are being ambitious, but also that we are confident we can achieve the changes set out for the benefit of our population.

As a result a working group from Maternity and Neonatal Services, the Directorate of Insight, Communications and Engagement, Patient Experience, and other health board representatives have been working on identifying the actions which will be completed in 2026-27 so that there is a clear focus and progress can clearly be demonstrated. A number of these actions will also

allow us to set baselines for important metrics which we will then be able to monitor on an ongoing basis as part of the Insights into our services alongside qualitative data.

On 18th June a workshop was held by the Independent Review Team which allowed further discussion on the draft of this Engagement, Insight and Coproduction Strategy, which has allowed further work on the Strategy to shape its final form.

## 6. Priorities for Action

The associated Action Plan for 2026-27 sets out the key priority actions for delivery for this year in response to the recommendations of the Independent Maternity Review. The actions identified represent the first phase of a longer-term programme of work focused on strengthening engagement, insight and co-production across maternity and neonatal services.

During 2026/27, the focus is on establishing the foundations required to support meaningful, inclusive and sustainable engagement with and listening to women, families, staff and partner organisations as well as establishing insight processes and developing co-production across services. This includes developing the structures, processes, relationships and feedback mechanisms necessary to ensure that lived experience consistently informs decision-making, service improvement and assurance.

To assist with this, corporately a Maternity and Neonatal Learning and Improvement Group is being established, chaired by an Executive Director. The main focus of this group is to develop a long term learning strategy, informed by lived experience. This will bring together intelligence from a range of sources, including patient safety incidents, complaints, concerns, claims, patient experience feedback, safeguarding, mortality reviews, clinical audit, staff feedback, regulatory reviews and external inspections. It will support the Health Board to move from isolated learning to a whole system learning culture, ensuring that learning leads to measurable improvement in quality, safety, patient experience and staff practice. The Group will also act as a key mechanism for ensuring that feedback from patients, families, carers, staff, communities and partners is not only listened to, heard, but systematically analysed, triangulated with safety and quality intelligence, and translated into visible improvement. This will support a clear “listening to learning to improvement” cycle across Swansea Bay University Health Board. This group will convene in Autumn 2026 to receive the first of a regular series of engagement and listening activity summary reports, including actionable insights from women, families and staff.

Delivery of the full requirements of the Independent Review and the All-Wales Perinatal Engagement Framework will be achieved through a phased approach over this and subsequent years. As these foundations mature, additional measures and improvements will be implemented to evidence sustained cultural change, strengthen co-production, and demonstrate how engagement, listening and learning from lived experience is leading to change in the design, delivery and evaluation of maternity and neonatal services.

## 7. Outcomes

The strategic outcomes we aim to achieve are:

**Outcome 1**

Families report feeling listened to, respected and involved in decisions about their care.

**Outcome 2**

Feedback from women, families and staff is routinely used to shape service improvement.

**Outcome 3**

Trust is rebuilt through transparent communication, meaningful engagement and visible action.

**Outcome 4**

The experiences of diverse and seldom-heard communities are routinely represented and acted upon.

**Outcome 5**

Qualitative feedback and quantitative performance indicators are triangulated to identify risks, learning and opportunities for improvement.

**Outcome 6**

Women, families and staff can see evidence that their feedback has resulted in meaningful change.

## 8. Roles and Responsibilities

The delivery of the outcomes and actions described in this document sit across several groups, both internal and external to the Health Board. This includes:

**Swansea Bay UHB:**

- **Maternity and Neonatal Services**: Each and every member of staff providing any element of Maternity and Neonatal care has an individual as well as collective responsibility to ensure that they give every mother, partner and family they see the opportunity to give feedback on the care they have received, to encourage this as an opportunity to learn, and ensure that these experiences are shared within Maternity and Neonatal services so that improvements can be made accordingly. Staff feedback is collected locally via team touchpoints, one-to-ones, and the Perinatal Staff Experience Wellbeing and Retention Plan workings groups. Staff feedback is also collected corporately through experience surveys, staff listening events “Ask the CEO”, and via representative groups (including Trade Unions). Local governance structures, including the Perinatal Committee which reports onwards to Quality and Safety Committee and Board, provide a place for escalation and assurance around thematic trends received from feedback, complaints, learning reviews and investigations,

and other channels and corporate departments. This process will be strengthened by the introduction of a Learning and Improvement Group, due to be established in Q3 2026/27.

- **Perinatal Improvement Plan Executive Programme Board:** The Perinatal Improvement Plan is a dedicated programme established to oversee delivery of the actions arising from the Independent Review of Maternity and Neonatal Services. The Executive Programme Board monitors progress, risks, performance and delivery of improvement actions. Progress is reported regularly to the Health Board.
- **Perinatal Improvement Plan Steering Group 2:** The Steering Group leads the workstream on Family Engagement. It oversees a detailed structured programme of work with defined actions, leads, timescales, and performance metrics. The workstream encompasses listening and acting to ensure mothers and families at the heart of our decision making and service deliver, and its membership includes staff from the Directorate of Insight, Communications and Engagement, Maternity and Neonatal Services (including midwifery, obstetrics and medical staff), Patient Feedback and Patient Experiences teams, and Public Health. Other teams are coopted as needed and working collaboratively ensures there is a joined-up approach between the strategic intent and operational delivery.
- **Directorate of Insight, Communications and Engagement**: Provides organisational direction, strategic intent, and enablers for insight, communications and engagement. They work across the organisation at a corporate level supporting operational services to listen, learn and act on the things that matter to our patients, families and their representatives, as well as staff and their representative groups (including Trade Unions).

**Others from outside of Swansea Bay UHB:**

- **Llais:** Llais is the independent Citizen Voice Body for Health and Social Care in Wales. Its role is to ensure that the views, experiences, and concerns of people using NHS and social care services are heard and used to improve services. It also provides independent advocacy support for people who wish to raise concerns or make complaints about NHS Wales services.
- **Swansea Bay Maternity and Neonatal Voices Partnership:** An independent, multidisciplinary forum - its purpose is to ensure that the voices and experiences of women, babies and families directly influence the design, delivery and improvement of maternity and neonatal services across Swansea Bay. It brings together: women and birthing people who use maternity and neonatal services; families and carers; midwives, obstetricians, neonatologists and other healthcare professionals; service managers and commissioners; and community and voluntary sector representatives.

## 9. Measuring Improvement

The following measures have been identified to ensure that we can measure improvement across our Maternity and Neonatal services, linked to the outcomes required within the Independent Review and All-Wales Engagement Framework.

Improvements in different areas will reflect the actions prioritised by the health board over time and so there will be some elements where progress takes more time to be achieved, but the

intent of the health board to improve performance against these measures initially, which will be built on over time and reported against every quarter to the Perinatal Committee of the board.

Suggested outcome measures are outlined below (in addition to those relating to the specific actions outlined above):

- Feedback from families where things have gone wrong confirming they received an apology, were promptly briefed on what had happened and had been involved fully in the relevant review and investigation. [Feedback mechanism to be established 2026/27 with initial results set as a baseline].
- Increase range and proportion of women, dads, families and community representatives giving feedback. [Feedback mechanisms to be established in 2026/27 to include capturing evidence of feedback being acted upon].
- Increase numbers participating in National Perinatal Experience Measures from X to Y (baseline and target measures will be set once process restarts).
- Reduce number of women, parents and families making formal complaints through the Listening To People process
- The engagement score for Maternity and Neonatal staff increases from X to Y (as defined and measured in the Staff Survey)
- The Friends and Family score from staff increases from X to Y (baseline and target to be set)

It should be noted that baselines need to be set for a number of the measures outlined above in order for changes to be monitored effectively. Work is underway to do this, and targets will be added to the measures as these are clarified and set.

## 10. Conclusion

Swansea Bay University Health Board recognises it has a lot more to do to rebuild trust regarding provision of its Maternity and Neonatal services with its communities. This engagement, insight and coproduction strategy aims to show how this will be done through the systematic improvement of true listening to those with lived experience of our services, throughout all elements of their care, with the aim of improving the quality and safety of all the care we provide.

**Appendix A**

## Summary of Engagement, Insight and Feedback Actions from

## The Independent Review of Maternity and Neonatal Services at Swansea Bay University Health Board

Based on the report, the key actions relating to **engagement, insight and feedback** are:

### 1. Develop a comprehensive engagement plan

- Significantly increase engagement with women, families and communities using maternity and neonatal services.
- Focus specifically on **seldom-heard groups**, including ethnic minority communities and those facing language barriers.
- Move beyond traditional surveys to gain deeper insight into lived experiences.

### 2. Introduce regular qualitative feedback

- The Board should commit to undertaking **at least 10 qualitative interviews each month** with women who have used maternity services in the previous 6–12 months.
- Use these interviews to understand experiences, concerns and improvement opportunities in greater depth than survey data alone.

### 3. Strengthen family involvement

- Ensure **greater involvement of families in investigations** following incidents, complaints and adverse outcomes.
- Families should be active participants in reviews rather than passive recipients of outcomes.
- Families should be involved throughout investigation processes and learning reviews.

### 4. Improve feedback and complaints processes

- Undertake a full review of complaints handling to ensure responses are:
    - compassionate
    - timely
    - accessible
    - centred on families' concerns.
- Improve debrief arrangements so that women and families receive meaningful explanations and opportunities to ask questions.

### 5. Create better real-time feedback systems

- Introduce a maternity **real-time monitoring report** for the Board.
- Include qualitative patient and family feedback alongside performance and safety measures.
- Improve the Board's visibility of women's and families' experiences.

## 6. Respond visibly to feedback

- Develop a specific improvement plan addressing the seven major experience themes identified through the review:
    - Communication and advice
    - Trauma and fear
    - Feeling ignored
    - Compassion and care
    - Decision-making
    - Access to care
    - Birth partner involvement and separation.

## 7. Improve engagement with minority and seldom-heard groups

- Review translation and interpretation services.
- Ensure information is available in appropriate formats and languages.
- Improve cultural awareness and culturally sensitive care.
- Ensure feedback from minority groups actively informs service improvement.

## 8. Continue listening after the review

- Keep engagement routes open after publication of the report, including:
    - ongoing opportunities for families to share experiences
    - continued support through the review triage midwife
    - continued psychological support services.
- Continue direct engagement between senior leaders and affected families.

## Immediate priorities

The report identifies the following as the most urgent actions:

1. Improve the experience of families using the maternity triage service.
2. Rebuild trust in complaints, debrief and investigation processes.
3. Increase family involvement in reviews and investigations.
4. Improve access to psychological support and trauma-informed care.
5. Develop and implement the wider engagement plan with women, families and communities.

## Appendix B

## Actions Required by the Health Board in the All-Wales Perinatal Engagement Framework

| Action Required |
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| **Commitment 1 - Organisations will promote an active listening culture which recognises the importance of compassion, empathy and kindness. These values and behaviours are actively embraced by the entire perinatal workforce (floor to board) and reflected in all language and terminology used to communicate with women, parents, families and staff.** |
| Staff training to include: -autonomy and rights-respecting care during childbirth -consent, informed-consent and informed decision-making -psychological safety, human factors, civility, freedom to speak-up and compassionate leadership -perinatal and infant mental health |
| Consistent use of the TrACE toolkit. |
| Consistent use of Trauma informed care framework |
| Consistent use of the RCM Re:Birth project guidance |
| Consistent use of family integrated care provision. |
| Develop information and use practical tools to support informed decision-making |
| **Commitment 2 - Organisations will promote a culture of partnership with the women, parents and families who access their perinatal services** |
| Employment of a family experience nurse and/or midwife in line with the perinatal workforce plan. |
| Use of the NEST self-assessment tool to aid self-reflection, embed co-production and examine how to work in partnership with the wider system. |
| Bliss Baby Charter accreditation. |
| **Commitment 3 - Perinatal services are provided in a way that meets the unique needs and requirements of all women, parents, babies and their families, which in turn will help to optimise the experiences and outcomes of care** |
| Develop an understanding of the local population to establish connections with communities, groups and third sector organisations to facilitate collaboration and co-production, with a focus on reaching those who experience barriers to inclusion: -from a Black, Asian, minority ethnic background and Gypsy, Roma Traveller communities -fathers, partners and birthing partners -from the LGBTQ+ community -who are living with a disability -who are neurodivergent -who have a history of mental health issues or trauma -who experience additional factors (homelessness, deprivation and poverty, women seeking sanctuary, women in prison, those with involvement from children's services) |
| Collect and analyse demographic and diversity information alongside experience insights to identify any variation and support ongoing improvement or engagement work. |
| Complete a recognised cultural competency accreditation scheme |
| Mandatory annual cultural awareness and competency training for all perinatal staff. |
| Develop and promote shared experience (peer) groups specifically for those with diverse experiences (i.e. those seeking sanctuary, receiving neonatal care or having experienced bereavement). |
| Ensure all public-facing information is available in multiple languages and co-produced with people and communities wherever possible. This information must use simple, clear language and an appropriate font size, with easy read versions available. |

| Action Required |
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| Adequate interpreting and translation services are available, promoted and consistently used for a broad range of languages. |
| Maximise accessibility using visual cues and ensure captions and subtitles are used for all video content |
| Ensure the use of images and stories reflects a wide range of ethnicities, body types, ages, family structures and gender identities. |
| Ensure a ‘safe space’ for diverse voices to share experiences and promote an ‘allyship’ environment |
| Increase diversity of the workforce to promote positive engagement due to the shared identity. |
| Cultural holidays, traditions and practices related to maternity and parenting should be recognised and celebrated (whilst avoiding stereotypes and biases). |
| **Commitment 4 - Develop, maintain and use a national stakeholder mailing list as a means of all-Wales perinatal service communication and engagement, including those representing or advocating for protected characteristics groups** |
| All perinatal staff will encourage women, parents, families, third sector organisations and members of the public to join the stakeholder mailing list |
| **Commitment 5 - Organisations will ensure appropriate processes are in place to collect, collate and analyse all forms of feedback, with an overview available to staff and the public through consistent reporting mechanisms** |
| Gather experience feedback in a range of formats and develop and implement a process for the systematic and thematic analysis of these insights. |
| Full implementation of National Perinatal Experience Measures with monthly monitoring and annual reporting to the NHS Executive |
| Actively promote the Listening to People process and the Duty of Candour |
| Ensure a mechanism is in place to gain feedback from women and parents who have experienced pregnancy and baby loss. |
| Use local dashboards to monitor and act on qualitative feedback and other quality metrics, with this information feeding into the national NHS Wales Executive perinatal dashboard |
| Maximise communication methods to educate, engage and support women, parents and families including those from seldom heard groups (i.e. under-represented communities and those who have suffered loss) |
| Offer and provide birth reflections to all women, parents and families tailored to their level of need |
| Provide consistent, timely de-brief services (multi-disciplinary approach where required). |
| Ensure women, parents and families are offered the opportunity to be core participants in the review of all late foetal losses, stillbirth, maternal and neonatal deaths using the Perinatal Mortality Review Tool (PMRT) |
| Embed the use of people, community and staff stories across all levels of the organisation |

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| **Commitment 6 - Organisations will develop and maintain local MNVP forums which are embedded within their governance structures and feed into the national MNVPC forum** |
| Dedicated, recurrent funding to support MNVP activities including Chair / Vice-chair roles, administrative functions and a small expenses budget (i.e. for travel and room hire expenses) |
| MNVPs will develop and co-produce an annual workplan including the 'fifteen steps challenge', with an annual report published to highlight the key focus and outcomes of their work |
| Adequate resources are in place for the improvement work required to support MNVP workplans. |
| MNVPs reporting at all levels within the organisation, from ward to Board. |
| Ensure MNVP representation includes:<br>-neonatal care<br>-fathers and non-birthing partners voices<br>-bereavement<br>-perinatal mental health<br>-birth trauma<br>-infant feeding<br>-diverse and protected characteristics. |
| Within existing websites host a page to support local MNVP repository |
| Develop mechanisms to monitor and evaluate qualitative experience feedback and quantitative which act as an early warning system to identify and act upon emerging issues and risks through an integrated perinatal dashboard. |
| **Commitment 7 - Llais will develop, maintain and support national MNVP Cymru forum arrangements.** |
| Implement MNVP toolkit and lay chair job description once agreed by Llais |
| **Commitment 8 - All forms of feedback and experience data will be triangulated with other quality, outcome and experience measures when considering service performance. It will be included within quality and assurance reports across the service and organisation, as well as in other public-facing reports** |
| Monitoring, thematic analysis and reporting of all feedback obtained including:<br>-MNVP feedback<br>-birth reflections/debriefs<br>-formal and informal complaints and concerns<br>-formal and informal compliments<br>-perinatal experience measures (All-Wales mat/neo questionnaires)<br>-family input and feedback from incident investigation processes<br>-peer groups |
| Quantitative data is graphically plotted over time to provide visual trends. This may include trigger alerts to promptly identify issues and concerns. |
| Implement the thematic learning and recommendations from analysing experience feedback to drive service development, improvement and staff training. |
| Ensure that triangulated feedback and experience data is included as part of national performance metrics and reporting via the Integrated Quality Planning and Delivery (IQPD) meeting arrangements |

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| **Commitment 9 - Organisations will embed a culture of learning from experiences, on which a continuous programme of quality and service improvement is built** |
| Appoint a QI lead with governance oversight and dedicated time to undertake and coordinate QI activities, supported by appropriate analytical capacity |
| Ensure all perinatal staff undertaking QI initiatives have access and time to complete QI training |
| Actively support and enable perinatal staff to undertake QI activities, in partnership with women, parents and families |
| **Commitment 10 - Organisations will have processes in place to ensure that services are listening and responding to feedback, and that the public is informed about how their experiences have influenced change in line with the Duty of Quality** |
| Embed robust governance processes to review, analyse, report and evidence learning from engagement. This process should ensure reporting through to the Board. |
| Perinatal services should use a range of methods to close the loop and provide feedback to families about how their experiences have resulted in changes |
| Develop mechanisms to support regular communication (via the mailing list) regarding strategic service development and improvement as a result of local and national feedback from the experiences of women, parents and families |