

MEET THE TEAM MNVP TEAM



**LAURA NAISH
STRATEGIC LEAD/
BRIGHTON & HOVE LEAD**

**JORDON CLARKE,
LEAD FOR HAYWARDS
HEATH & WORTHING**

**ALIX JAMES,
LEAD FOR CHICHESTER**

WHO WE ARE

A Maternity & Neonatal Voices Partnership (or an MNVP) is a group of parents, service users, maternity services, commissioners and the Local Maternity & Neonatal System. The partnership works together to review and contribute to the development & improvement of local maternity & neonatal care.

MNVPs ensure that service users' voices are at the heart of decision-making in maternity and neonatal services by being embedded within the leadership of provider trusts and feeding into the LMNS. This influences improvements in the safety, quality, and experience of maternity and neonatal care.

www.uhsussexmvp.co.uk

1



WHAT WE DO

We have come together to listen to & represent the voices of & to support women, birthing people & their families in East & West Sussex who receive maternity & neonatal care within UHSussex Trust, at Chichester, Worthing, Haywards Heath & Brighton hospitals.

We do this via feedback from surveys, listening events, walk the patch, 15 Steps for Maternity & Neonatal, attending groups in the community and via our Quarterly MNVP meetings.

We take this feedback and themes and meet regularly with the Trust to ensure that feedback is addressed.

If you have any questions about our annual work plan, then please contact laura.naish3@nhs.net

DEVELOPMENTS IN 2024/25

From April 2024 we are pleased to announce we are transitioning to become a Maternity & Neonatal Voices Partnership. (MNVP). This is in line with the 3 year plan. [\(Read more about the 3 year plan here\)](#)

Below is some of the guidance we will be following from the three year plan.

Objective 3: Work with service users to improve care

1.19 Our ambition is:

- MNVPs listen to and reflect the views of local communities. All groups are heard, including bereaved families.
- MNVPs have strategic influence and are embedded in decision-making.
- MNVPs have the infrastructure they need to be successful and workplans are funded.
- MNVP leads, formerly MVP chairs, are appropriately employed or remunerated and receive appropriate training, administrative and IT support.
- MNVP leads are service users and have lived experience of maternity & neonatal services.

1.20 In addition, neonatal parental advisory groups represent service user experience as part of operational delivery networks.

1.17 MNVPs and PAGs will need to develop relationships and work together to ensure neonatal voices are represented at both network and local level and able to continue to influence decisions once commissioning arrangements have changed.

NB; Maternity Voices Partnership expectations and limitations:

NHS Sussex has commissioned the MNVP to complete the 2024/25 workplan and deliver its responsibilities.

Any additional work that is undertaken outside of the annual work plan or core MNVP work will need to be funded as it arises.

OUR VALUES

Members and the collective partnership operate on the following founding five principles:

- Work creatively, respectfully and collaboratively to co-produce solutions together.
- Work together as equals, promoting and valuing participation. Listen to, and seek out, the voices of women, families and carers using maternity & neonatal services, even when that voice is a whisper.
- Effective MNVPs will reflect the ethnic diversity of the local population and reach out to seldom heard groups, including those most at risk of experiencing health inequalities, parents with experience of neonatal care, and bereaved families.
- Use experience data and insight as evidence.
- Understand and work with the interdependency that exists between the experience of staff and positive outcomes for women, families and carers.
- Be forensic in the pursuit of continuous quality improvement with a particular focus on closing inequality gaps.

OUR MEMBERSHIP

Our Partnership includes but is not limited to:

Service users & their families, Midwives (including senior leads), heads & directors of midwifery, Infant feeding leads, Health Visitors, Maternity Support Workers, VCSE organisations/community groups, Doulas, birth workers & antenatal practitioners, Commissioners, Perinatal Mental Health Practitioners, Sonographers, Obstetricians, Safety Leads, Non-Executive Directors & Neonatal team members.

INFANT FEEDING

1

- DEVELOPING A TAILORED INFANT FEEDING SURVEY THAT IS COPRODUCED WITH SERVICE USERS.
- USING THE THEMES FROM THIS & OTHER ENGAGEMENT TO INFORM SERVICE IMPROVEMENTS.

DEVELOPING & PROGRESSING OVERNIGHT STAYS FOR SUPPORTERS

2

- USING OUR FEEDBACK SURVEY TO ASSES OUTCOMES AND MOVE FORWARD WITH THE PILOT.
- PRIORITISING THE SERVICE USER VOICE AND PREVENTING TRAUMA BY HAVING FAMILY/FRIENDS SUPPORTING WOMEN & BIRTHING PEOPLE AFTER GIVING BIRTH.
- LOOK AT DEVELOPING THIS FOR THE ANTENATAL WARDS PER SERVICE USER FEEDBACK.

LISTENING TO & HEARING THE VOICES OF BEREAVED PARENTS

3

- VIA OUR DEDICATED BEREAVEMENT SURVEY & BEREAVEMENT MIDWIVES.
- WITH THE SUPPORT OF VCSE GROUPS & IN 1-1 DISCUSSIONS WITH SERVICE USERS.
- LISTENING TO THEMES FROM SAFETY INCIDENTS & MEETINGS.

ENSURING WOMEN FEEL LISTENED TO & HEARD THROUGHOUT PREGNANCY, BIRTH & POSTNATALLY

8

- ELEVATING VOICES & THEMES IN RELATION TO BIRTH TRAUMA IN RELATION TO THE APPG BIRTH TRAUMA REPORT.
- RECOGNISING & UNDERSTANDING THE IMPACT OF BIRTH TRAUMA IN RELATION TO SERVICE USERS EXPERIENCE.
- SUPPORTING SERVICE USERS TO ACCESS THE SUPPORT THEY MAY NEED FOR BIRTH TRAUMA.
- RAISING AND ADDRESSING ISSUES OF INFORMED CONSENT IN BIRTH EXPERIENCES.
- IMPROVED AWARENESS AROUND WOMEN AND BIRTHING PEOPLE FEELING LISTENED TO IN LABOUR & BIRTH.
- COPRODUCING LITERATURE AND RESOURCES WITH THE TRUST/SERVICE USERS TO SUPPORT THE ABOVE.

LISTENING TO VOICES OUR KEY PRIORITIES 2024/25 COPRODUCTION

WORKFORCE EDUCATION

4

- SUPPORTING WORKFORCE EDUCATION BY BEING INVOLVED IN NHS MANDATORY TRAINING.
- SUPPORTING SERVICE USERS TO COPRODUCE MEDIA FOR EDUCATION. ELEVATING THE SERVICE USER VOICE AND SUPPORTING SERVICE USERS TO BE SEEN & HEARD.
- INPUT INTO MANDATORY TRAINING, USING THEMES FROM THE SERVICE TO BETTER MEET THE NEEDS OF SERVICE USERS.

A MIDWIFERY LED UNIT/HOMEBIRTHS

7

- SUPPORTING SERVICE USERS WITH CHOICE OF PLACE OF BIRTH & INFORMED DECISION MAKING.
- COLLABORATION WITH COMMUNITY TEAMS ON RELAUNCH OF HOMEBIRTH IN PRH/RSCH.
- CONTINUE TO GATHER FEEDBACK AROUND THE URGENT NEED FOR AN MLU.

LISTENING TO & HEARING THE VOICES OF NEONATAL PARENTS

6

- DEVELOPING OUR MNVP SURVEY TO ENCOMPASS NEONATAL AND GIVE SERVICE USERS THE SPACE TO FEEDBACK ABOUT THEIR FULL MATERNITY EXPERIENCE.
- WORK ALONGSIDE THE PAG AND ODN TO CLOSE THE GAP BETWEEN MATERNITY & NEONATAL SERVICES. SUPPORTING THOSE SERVICE USERS WHO FEEL THEY ARE 'NOBODY'S PATIENT.'
- LISTENING TO NEONATAL PARENTS ON WALK THE PATCH, IN THE COMMUNITY & IN 1-1 CONVERSATIONS.
- COCREATE A ROUTE WITH THE PAG/ODN FOR THE FEEDBACK WE HAVE RECEIVED AND THE VOICES WE HEAR.

POSTNATAL CARE

5

- LISTENING TO SU FEEDBACK AROUND POSTNATAL CARE (IN HOSPITAL & IN THE COMMUNITY).
- SUPPORTING IMPROVEMENTS TO SERVICES & EXPECTATIONS FOR SU'S
- SUPPORTING CO CREATION OF POSTNATAL INFORMATION TO SUPPORT SU'S.

CONTINUING COMMITMENTS

- CONTINUE TO WORK ON 15 STEPS ACTIONS FOR MATERNITY & NEONATAL WITH THE TRUST.
- STRIVING FOR COPRODUCTION WITH SERVICE USERS FROM THE GROUND UP IN ALL THE PROJECTS WE WORK ON.
- INCREASE MNVP MEMBERSHIP & CONTINUE TO RECRUIT SERVICE USER VOICES AND VOLUNTEERS TO SUPPORT WITH MNVP WORK.
- WORK WITH VCSE GROUPS TO INCREASE DIVERSITY OF MNVP MEMBERS TO INCLUDE LESSER HEARD VOICES, INCLUDING FATHERS, LGBTQIA+ FAMILIES, NEURODIVERSE MEMBERS & MINORITY ETHNIC GROUPS.
- INCREASE MAIN MNVP RESPONSES AND ENGAGEMENT, EXTENDING THE GEOGRAPHICAL AREAS WHERE RESPONSES COME FROM, INCREASING THE METHODS THAT PEOPLE CAN FEEDBACK VIA AND ENSURING WE ARE HEARING ALL VOICES.
- OUTREACH TO MINORITY ETHNIC GROUPS, LESSER HEARD VOICES AND THOSE IN ISOLATION VIA LISTENING EVENTS, VCSE GROUPS AND 1-1 DISCUSSIONS. (IT IS IMPORTANT THAT WE DO THIS IN A WAY THEY FEEL CONFIDENT AND COMFORTABLE TO ENGAGE WITH US).
- UTILISING SOCIAL MEDIA TO COMMUNICATE WITH SERVICE USERS AND BUILD UP RESOURCES TO SUPPORT THEM. VIA OUR WEBSITE, FACEBOOK, INSTAGRAM. (INSTAGRAM LIVES, FEEDBACK FRIDAYS, SURVEYS, RESOURCES ON OUR WEBSITE).
- MAINTAINING AND IMPROVING OUR WEBSITE, SO THAT IT IS UP TO DATE, USER FRIENDLY AND SUPPORTS SERVICE USERS IN REACHING OUT TO US AND OTHER SERVICES.
- A COMMITMENT TO WALK THE PATCH AT EACH SITE EVERY 2 MONTHS.
- A COMMITMENT TO ENGAGE WITH SERVICE USERS IN THE COMMUNITY AT ANTENATAL CLINICS, BABY GROUPS, LISTENING EVENTS, 1-1 CONVERSATIONS ETC. EVERY 1-2 MONTHS.

MEETING COMMITMENTS

- AS AN MNVP WE WILL HOST QUARTERLY MEETINGS TO DISCUSS OUR WORK, WHAT WE ARE HEARING FROM SERVICE USERS AND WHAT ACTIONS WE ARE TAKING TO SUPPORT IMPROVEMENT IN THESE AREAS. YOU CAN FIND OUT ABOUT [JOINING AN MNVP MEETING HERE](#).
 - THE MNVP WILL HAVE STRATEGIC INFLUENCE AT TRUST & UNIT LEVEL AND CONTRIBUTE TO THE QUALITY AND SAFETY AGENDA. BY ATTENDING THESE MEETINGS LEADS CAN INFLUENCE DECISION-MAKING BY BEING QUORATE MEMBERS OF STRATEGIC MEETINGS. WE WILL HAVE AN OVERVIEW OF GOVERNANCE & GUIDELINES, SAFETY INCIDENTS & PMRT. THESE MEETINGS INFORM THEMATIC LEARNING AND ACTION PLANS WHICH THE MNVP WILL BE A PART OF. FOR A FULL LIST OF THE MEETINGS WE ATTEND PLEASE TAKE A LOOK AT OUR DOCUMENTS.
- If you have any questions about our annual work plan, then please contact the Strategic Lead - laura.naish3@nhs.net