



MNVP ANNUAL

2023/24

REPORT

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WELCOME TO OUR ANNUAL REPORT

About Us

Royal Berkshire Maternity and Neonatal Voices Partnership (MNVP) is an independent, service-user led partnership. We work collaboratively, as a wide range of stakeholders, to improve maternity care provided by the Royal Berkshire NHS Foundation Trust (RBFT), within the hospital and our communities*.

We are led by a core team consisting of a Chair, a Vice Chair and a Secretary. We have a team of Parent and Community Engagement Leads, who are embedded in communities, listening and responding to Service User voice. We also have a team of Parent Representatives and Advocates who are former Service Users, and/or work in their local communities with parents and prospective parents as antenatal teachers, doulas, breastfeeding supporters etc.

Your MNVP is a broad partnership that also includes for example:

- Service Users, always at the front and centre of the MNVP and the work we do.
- Senior Leads and staff from the RBFT; including Midwives, Obstetricians (Doctors), Infant Feeding, Maternity Non-Executive Director (NED) and Chief Nursing Officer (CNO) etc.
- The Buckinghamshire, Oxfordshire and Berkshire West Local Maternity and Neonatal System (BOB LMNS) team.
- Health Visiting, Breastfeeding Network, Reading Borough Council, Brighter Futures for Children, and Community Leaders and groups who are invested in improving maternity services for the communities with which they work.

We aim to be an authentic partnership as much as is possible, your MNVP is a continuously growing group of diverse passionate individuals and organisations who work together towards one fundamental ambition, to achieve equitable access and outcomes within maternity care for all women, birthing people and families. All voices are valued, heard and responded to.

MNVP's are written into a number of reports and plans designed to steer improvements in maternity care nationally, the [Better Births Report*](#) and the [Three-Year Delivery Plan*](#) for example. MNVP's are an important part of the national, regional and local work to work towards continuous improvement in maternity care that is shaped to reflect local need. [NHS England MNVP Guidance*](#) published November 2023, states that:

1.5 An MNVP listens to the experiences of women and families, and brings together Service Users, staff and other stakeholders to plan, review and improve maternity and neonatal care.

At a local level, MNVPs are required to listen to and reflect the views of local communities, ensuring that all groups are heard, including families with experience of neonatal care and families who are bereaved. We aim to be inclusive and to empower as many RBH Service Users as possible to share their voice and co-produce meaningful positive change. Your MNVP works strategically with the RBH and BOB LMNS and is embedded in decision making to support the trust in responding to and acting on the insights of women, birthing people and families with the ambition to achieve the highest quality maternity care.

We also work closely and collaboratively with our MNVP teams across Buckinghamshire and Oxfordshire, and nationally, to support, learn and share best practice.

MESSAGE FROM THE CHAIR



Reading though our MNVP report for 2022 – 2023, change was a theme that has continued into 2023 – 2024.

Emma Taylor, a Chair with extensive experience and expertise stepped back to concentrate on regional and national roles within the landscape of maternity improvement. I would like to acknowledge the dedication and work of Emma as our previous Chair, and to thank her for nurturing the strong foundations of the MNVP from which we have grown as a new and larger team this year. Emma continues to work alongside us as a Parent Representative and Regional Service User Voice Rep and is a much-valued source of information and support.

Having shadowed Emma throughout the summer, I stepped into post in September 2023. I am eternally grateful to both Danni and Lydi for their guidance and support in helping me settle into my role. Just 18 days after stepping into post, our team doubled in size when we welcomed our Parent and Community Engagement Leads, Poornima, Sammy and Sarah.

In writing my first annual report for the MNVP, there is much to reflect on, thinking about and celebrating the strengths and achievements of the MNVP, as well as identifying and working towards opportunities for development and growth. It is my aim that this report will give a balanced review of both.

As Chair, I proactively acknowledge and embrace the responsibilities that come with my role. However, it is important to acknowledge the 'P' in the MNVP, we are a partnership. We are a Core Team, a Parent and Community Engagement Team, our Parent Representatives and Advocates, our RBH Advocates, our LMNS colleagues and our Professional Partners, and all of the RBH staff with whom we work alongside. And, crucially, our Service Users.

The term 'Service User' can sound and feel quite a clinical term, in the absence (currently) of a term that is inclusive of all this is the most appropriate language we have. I believe it is important to communicate strongly, that we never forget that behind every survey response, data point, email, message and piece of feedback is a women, birthing person and family. We never lose sight of your voice.

We have a responsibility to listen with compassion to every single voice and feed those voices into RBH maternity services to help cocreate equitable access and outcomes for all Service Users.

I very much want to express my deep admiration and gratitude for the courage and openness with which all our Service Users have shared their voice. We recognise that this is not always easy and is a big ask for some, we hear you and will continue to do so. Thank you. Thank you to our Parent Representatives, your insights and investment in the MNVP has been invaluable in coproducing so much of the positive change that has been achieved. The MNVP would like to express its appreciation to our ICB, BOB LMNS, and the RBH for supporting our work through funding, embedding us at every level of the system, including us in decision making, and for embracing and responding proactively to Service User feedback.

Thank you to our community partners, whose reach is often very much broader than maternity care, but who have shared their time and resources to invest in this work for their communities. We extend our gratitude to everyone in our partnership, for your dedication and passion to drive positive change. The MNVP is you and could not be and do what it does without you.

My ambition for this report, is that the voices of as many of those in the 'P' will be included and heard to the best of our ability. Partnership is the strength which drives meaningful change.

Positive change does happen. Some change takes time, sometimes it is more immediate, we will continue to work as a partnership to be part of that change.

THE CORE TEAM

Denise Challis

Chair

Denise previously worked within the Education sector for several decades, she has worked with children, young people and adults, both neurotypical and neurodiverse, and with Special Educational Needs and Disabilities (SEND). She is also an accredited Mindfulness and Compassion Coach (CPCAB). Denise has two children, both born at the RBH, and two young grandchildren. As our Chair, Denise has close working relationships with senior leaders and is key in networking and engagement within the community. Denise attends meetings within the Trust and the LMNS right up to Board Level to advocate for Service User voice and share your feedback. She leads the team at a strategic level and develops and delivers against our workplan.



Danni Miller

Vice Chair

Danni is our Vice Chair and works closely with Consultant Midwives and the maternity teams to coproduce informative content and influence language in Service User communications. Danni previously worked as a Marketing Director and continues to be a Marketing Consultant / copywriter and designer on a freelance basis. Danni has three children born at the RBH. Danni is focused on listening to your feedback and influencing changes at the RBH to improve services for you. She publicises the MNVP sharing the work we do on our social media channels and creating content for us to use in the community. Danni attends steering groups within the RBH and loves imbedding positive inclusive language into the information leaflets as part of the review team.



Lydi Edey

Secretary & Parent Rep

Lydi is our Secretary and keeps our budgets inline and the ship sailing smoothly. She is vital in managing not only the team but offers a sound scientific mind to our strategic planning. Lydi has a scientific background researching the biological mechanisms of preterm birth. She is a published scientist as part of the Imperial College Parturition Research Group, Academic Department of Obstetrics & Gynaecology, Imperial College School of Medicine, and Chelsea and Westminster Hospital, London, UK. She also has two children both born at the RBH. Lydi manages the business side of the MNVP and also sits on steering groups and is an active part of our Parent Rep Community. She is instrumental in planning and documenting our main meeting.



THE PARENT COMMUNITY ENGAGEMENT TEAM

The Parent Community Engagement Leads (PCEL) develop relationships within the community and are focused on hearing your feedback face to face in community settings. They work closely with Children's Centres, local charities, groups and organisations to arrange safe spaces to hear your feedback. They then report this feedback back into our core team and then work with us to develop solutions to improve maternity services.



Sammy Maggs

Sammy lives in West Reading with her husband and two sons. It was having her children that gave her an interest and passion in making positive changes to the maternity sector for future families. Sammy manages social media for a peer support group for mums and volunteers on a helpline for an organisation that supports around perinatal mental health. Prior to having children Sammy was an office manager, and a stage manager at a theatre.

Sammys experience of caesarean and maternity care during the pandemic and subsequently hospital visits and stays, gave her a keen interest in postnatal care, in particular care after caesarean birth.

Another key area of interest for her is perinatal mental health and with it now being the most common complication of childbirth, Sammy believes prevention should be a priority.

Poornima Ravindran

Poornima is based in central Reading. She has extensive work experience in finance. Having lived in different countries, she has been actively involved in community work wherever she has been based. Poornima has always worked globally for charities and RBH for her antenatal care, she joined the team at MNVP to help birthing people like her from different cultures feel at home and empowered. Poornima is passionate about improving the intrapartum and postnatal care.



Sarah Magor

Sarah lives with her family in Caversham, she has two children, her youngest born at the RBH.

Sarah's career has always been in community-based work. She is passionate about supporting people with lived experiences to have their voices heard. Her roles have included running a user-led self-advocacy charity for people with learning disabilities, supporting adults with disabilities to find employment, and working with young people in care to speak up about their experiences of the social care system. Sarah is passionate about bringing her skills and experience in co-production, engagement and advocacy to the MNVP community to see the difference that we can make working together.



PARENT REPRESENTATIVES & ADVOCATES

Our MNVP Parent Representatives and Advocates are a diverse, dedicated and passionate group of parents. Some of whom also work within their local communities with parents and prospective parents as antenatal teachers, doulas, breastfeeding supporters etc.

They gather feedback from their communities, based on the feedback, and their own maternity experiences they share their expertise and views on a range of quality improvement (QI) projects. Their valuable contribution helps keep local parents at the heart of service development and improvement.

In year 2023 – 2024 this has included co-production projects such as:

- Personalised Care and Support Plans (PCSP)
- Family Bays on Level 4 Postnatal
- Bereavement Room improvements
- Biomechanics of Birth
- MNVP Survey redevelopment, including a Partner's Survey

Our Parent Reps are an invaluable source of Service User voice when we are reviewing information provided during and after pregnancy. This year they have contributed their voices to Patient Information Leaflets on a wide range of topics including:

- Epilepsy in pregnancy and birth
- Gestational Diabetes
- Use of Entonox during labour
- Introduction of BSOTS

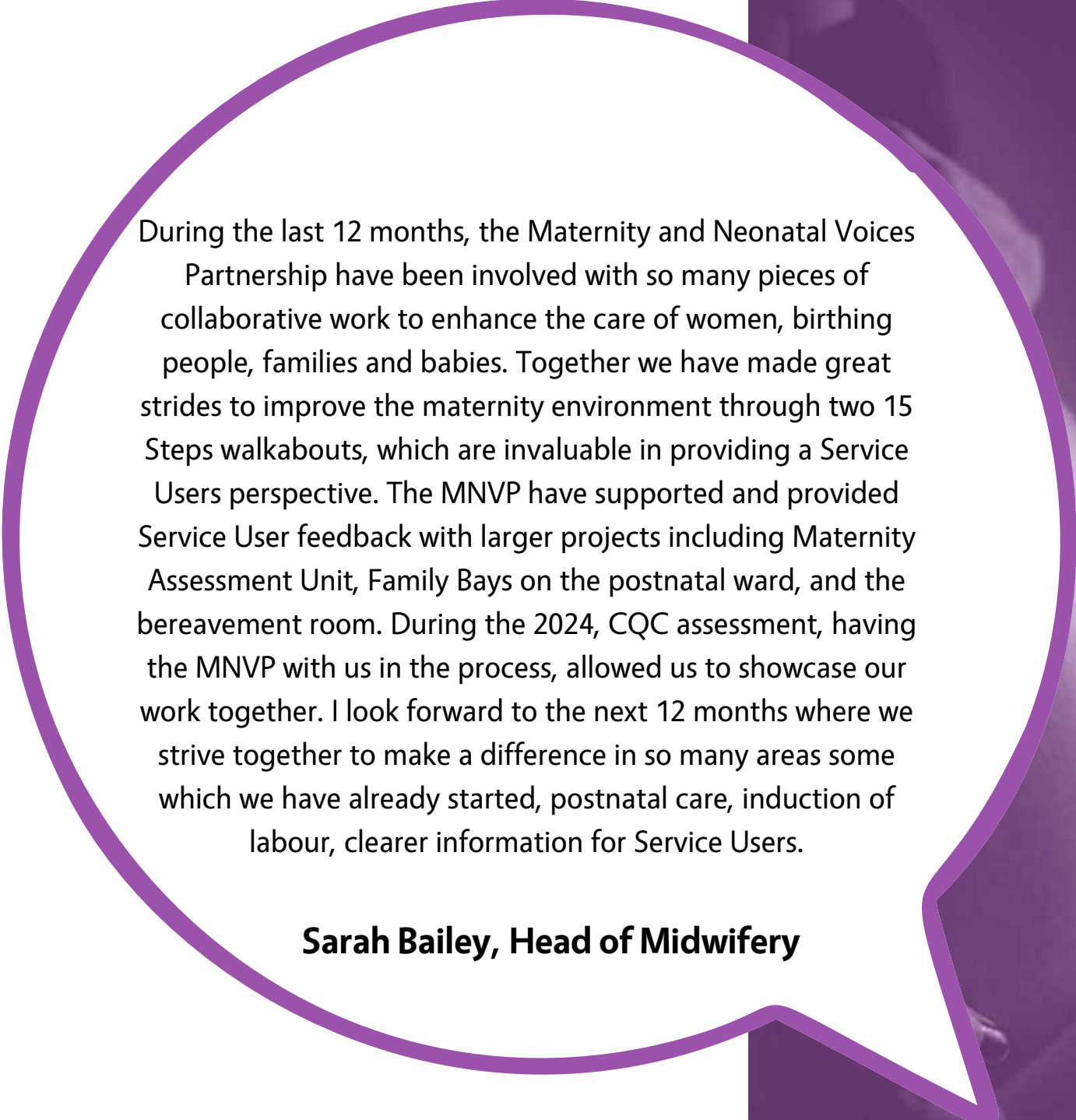
WANT TO GET INVOLVED AS A PARENT REP?

Our Parent Reps Group is an online forum on Facebook where we gather to discuss feedback and improvements. Our active online forum allows us to tap into the group for opinions and shared experience.

Anyone who has experienced maternity care at the RBH can join as a Parent Rep. They complete a short form to tell us about their experience and areas of interest.

We met in September of 2023 to discuss ways to encourage participation and have been working towards more paid opportunities.





During the last 12 months, the Maternity and Neonatal Voices Partnership have been involved with so many pieces of collaborative work to enhance the care of women, birthing people, families and babies. Together we have made great strides to improve the maternity environment through two 15 Steps walkabouts, which are invaluable in providing a Service Users perspective. The MNVP have supported and provided Service User feedback with larger projects including Maternity Assessment Unit, Family Bays on the postnatal ward, and the bereavement room. During the 2024, CQC assessment, having the MNVP with us in the process, allowed us to showcase our work together. I look forward to the next 12 months where we strive together to make a difference in so many areas some which we have already started, postnatal care, induction of labour, clearer information for Service Users.

Sarah Bailey, Head of Midwifery

RBH ADVOCATES

Relationships within the Trust ensure that your voices reach all levels. We work in partnership with the Trust to make improvements to the service.



Bal Bahia
Non Executive Director

Regular 1-2-1 meetings with the Chair

Eamonn Sullivan
Katie Prichard-Thomas
Chief Nursing Officer

Regular 1-2-1 meetings with the Chair



Christine Harding

Director of Midwifery

Regular 1-2-1 meetings with the Chair
Dashboard Updates

Sarah Bailey

Head of Midwifery

Coproduction lead on the MAU BSOTS Launch
15 Steps / EDS Event / Regular Comms



Sunila Lobo

Public Governor and Community Volunteer
Lead governor of the Trust.

Patrick Bose

Consultant Obstetrician

Intrapartum Strategy



Leila Rushumba

Consultant Obstetrician

Engaging Black Service Users

RBH ADVOCATES

We value every relationship at the Trust but this year has included key projects with the following RBH advocates



Liz Williams

Head Matron

15 Steps

EDS Event



Heidi Ottosen

Consultant Midwife

Family Bays Lead

Equity Review



Georgie Roberts

Level 4 Matron

Ongoing Postnatal Improvements

Welcome to L4 Booklet

Family Bays



Bethany Swanson

Level 4 Lead Midwife

Family Bays Lead



Louise Perkins

Consultant Midwife

Infant Feeding Comms

Birth Workers Forum



Rayanne Bonney Napper

Infant Feeding Lead and Birth Reflections

Continuous improvement breastfeeding comms

Sharing Birth Reflections at our meetings

PROFESSIONAL PARTNERS

During 23/24 we have doubled the number of paid roles within the MNVP through an open recruitment process. The roles are on a part-time self employed basis, which isn't an employment route accessible to all people. To help increase representation within our organisation we partner with community groups who are an integral part of the MNVP. They help us to reach and engage with Service Users, and we hope, in time to be able to offer more paid roles as we grow.



Utulivu Women's Group

Connecting and championing us within the Black community

Alliance for cohesion and racial equality

Advocating for feedback and bringing diversity of voice to our meetings.
Partnering to reach the black community.



Reading Borough Council

Connecting us and furthering our work through Community Health Champions

Breastfeeding Network

Bringing updates on services within the community



NHS Berkshire Healthcare

Bringing updates from the community to our partnership

PROFESSIONAL PARTNERS

Our professional partners also give us access to Service User voice that our online surveys don't capture. They provide essential training and insight to our teams.



Parent Advisory Group
Listening to Neonatal Voices

Babies in Buscot
Coproducting Content



Autism Berkshire

Reaching autistic Service Users and sharing key learnings

West Berkshire Muslim Centre

Cultural Awareness Training and reaching Muslim Service Users



Family Hubs

Enabling feedback in the community

Reading Community Learning Centre

Reaching seldom heard voices




Brighter Futures for Children

Enabling feedback in the community

Alana House

Reaching vulnerable women



A photograph of a children's play area. In the foreground, there is a green mat with various toys, including a xylophone, a colorful ring, and a blue ball. Two young children in striped shirts are crawling on the mat. In the background, a woman is sitting on the floor with a baby. The scene is brightly lit and appears to be a playroom or a community center.

We have been really excited to be able to build the Brighter Futures for Children - Children's Centres relationship with the MNVP this year as we have learnt more about their work and how we can support each other.

I have been able to attend the MNVP Meetings which has enabled us to network and understand the support and services available to our families in Reading having babies and how we can support and be part of their journey into Parenthood antenatally and postnatally working across partnerships.

We have been able to link the MNVP Parent Engagement Team into some of our Children Centre Sessions where they have come and talked about the work they do spreading an awareness and enabling more families to have a voice around the care they receive during pregnancy and discuss any changes, challenges or things they would find helpful in subsequent pregnancies – including some of our more vulnerable groups of parents or hard to reach groups such as our Dads to Be group.

Parents have been able to be informed of services and support available to them including the Birth Reflections service giving them the opportunity to reflect and understand their own labours and deliveries where there have been complications – again giving them a voice and chance to ask questions at a time they are able to and ready to process that information. Thank you MNVP for giving our Families a voice.

Sue Blackwood
Brighter Futures for Children
Children Centre Infant Coordinator



The collaboration between the Utulivu Women group and the Maternity and Neonatal Voices Partnership has shown firsthand the incredible power of our shared mission. Coming together, we amplify our diverse women's voices and experiences, creating a supportive network that truly prioritises maternal health to drive meaningful change in our community. This partnership has empowered us to advocate for women's needs and rights, ensuring that every mother feels valued and heard. Together, we're building a stronger, more resilient community that cares deeply for the well-being of all mothers and their families."

Eva, Manager Utulivu Women's Group



**Utulivu
Women's
Group**

OUR VISION

Fundamentally, our vision is that there will be equity in access and outcomes within maternity care at the RBH for everyone in their care.

And that safe, good quality care will be achieved in partnership, codesigned, implemented and evaluated with Service Users in our communities.

OUR PURPOSE

Our purpose is to ensure that Service Users voice are an integral part of conversations and decision making, that they are empowered to contribute their unique experiences and expertise to steer improvements in the quality and safety of care at the RBH.

OUR APPROACH

Service User voice is at the front and centre of our approach, we listen, we respond, and we act. The MNVP aspires to be inclusive of voices from all communities, we are proactive in seeking out, connecting with and empowering those who are currently unheard.

The MNVP is a 'critical friend' to the Trust and LMNS and provides strategic guidance based on the feedback we hear from Services Users.

In our role as a 'critical friend', we positively challenge, question and support transformation of maternity services by raising up the voices of Service Users and empowering them to be directly involved in our partnership.

The role of a 'critical friend' is one of balance. We also endeavour to identify and highlight examples of excellence within the trust, both in individuals and in teams. In proactively celebrating good practice we contribute to opportunities for our RBH colleagues to learn from excellence/

OUR WORKPLANS & BUDGETS

Our Workplan has six main themes:

Listen to Service User voice

Share your voice

Represent all voices

Continuous improvement

Be a true partner with the RBH

Your voices, your MNVP

Yearly planned activities are set out in our **Workplan 2023 - 2024** available for you to read in full in the **Appendix** section of this report.

It is important to note that in order to be responsive to **Service User feedback**, and **maternity services transformation projects**, we will develop new workstreams as and when needed. We may also have some areas of planned work, which is not yet completed, but remains ongoing or is on hold due to prioritisation of other projects.

As you read through our report, we hope that you will see clear evidence of where we have responded and achieved according to planned areas of work, as well as identify opportunities for future improvement and growth.

Our Budget for 23/24 was £53,250* with additional funding provided for attending events and conferences, for example MBRRACE ticket costs and funding for a space at the British Intrapartum Care Event, including time and travel expenses.

WORKPLAN PROGRESS

Challenges and Opportunities:

On reflection, areas where we have not performed as well as we aimed, and work is ongoing are:

Recruiting a Neonatal Lead – this is discussed in Section 13 Embedding the N in MNVP

Survey redevelopment to increase accessibility and engagement

During 23/24 we increased our reach within the community and this has led to richer feedback and less reliance on our online surveys. We have diversified our surveys taking greater advantage of flash surveys and topic specific calls for feedback. We do still intend to overhaul our surveys and have completed focus groups with Service Users and partners to best establish the best format, length and purpose for these surveys. Significant research has taken place and budget has been ringfenced to allow this project to proceed without further funding requests.

Representation of the MNVP itself

We have worked hard to increase diversity of the MNVP itself as new roles have become available. All recruitment is promoted across social media and we target community groups and pages which would increase our diversity. We include a statement about positively encouraging applications from the global majority.

It is important to note that diversity is not limited to ethnicity. While ethnicity is strongly associated with inequalities in both access and outcomes there are other factors that intersect to result in poorer outcomes.

We have and will continue to prioritise as wide a breadth of diversity in the MNVP partnership.

As opportunities open for additional funded roles, we will work closely with our community partners to widely promote and attract as diverse applicant pool as possible.

WORKPLAN PROGRESS

In reviewing our Workplan 2023 – 2024, we have formulated our Workplan for 2024 – 2025.

Areas of work for focus year 2024 – 2025 will be:

Create a bereaved families workstream with engagement lead to seek out and listen to their experiences and coproduce on improvements

- Appoint bereavement lead
- Create bereaved parents experience survey
- Ensure psychological safety for MNVP members involved
- Work with Willows Support Group, Rainbow Team, Early Pregnancy Unit (EPU)
- Gather feedback via surveys

Embed and nurture community relationships to ensure fruitful feedback from the community, through online surveys, focus groups and engagement in coproduction.

Continue to develop the website and showcase our work with 'You Said, We Did' pages to show how we respond and act, this will enable

- Increased visibility of the successes
- Greater diversity in applications
- Video to increase accessibility to the MNVP

Provide the infrastructure to support our teams


- Equip core teams and leads with IT equipment and phones for work use
- Provide licences for software
- Formalise subscriptions

In RAG rating our Workplan for 2023 – 2024, we have marked as follows:

- Red for those actions where we have made little or no progress.
- Amber for those actions that we have progressed but not yet completed ,or are ongoing. Some of which will continue to be ongoing due to the nature of the task.
- Green for those actions we have/are achieving.

	Workplan Themes	Progress	
1	<p>Listen to Service User voice Continue collecting feedback and supplying 'service user voice' feedback quarterly via Walk the Patch, community engagement and other sources</p>	<p>Online surveys promoted and collated every quarter</p> <p>Walk the Patch, to gather immediate postnatal feedback - volunteer process</p> <p>Gather feedback in the community</p> <p>Gather feedback on neonatal experience</p> <p>15 Steps events bi-annually</p> <p>New shorter surveys developed</p>	
	<p>Create a neonatal workstream with parent lead to seek out and listen to neonatal experiences</p>	<p>Recruit Neonatal Lead</p> <p>Create neonatal experience survey - shared PAG Survey</p> <p>Ensure psychological safety for neonatal parent reps</p> <p>Work with neonatal staff, <u>Buscot leads</u>, <u>Babies in Buscot (BiBs)</u>, TVW PAG</p> <p>Gather feedback via sessions and Walk the Patch</p>	
	2	<p>Share our voice Increasing our visibility online by ensuring we have the online and offline resources to share RBH messages</p>	<p>Rebrand to MNVP in line with Single Delivery Plan expectations including website, banners, posters, flyers, ID Cards, etc.</p> <p>Continue to develop the website</p>
		<p>Continue social media activity</p>	<p>Continue to develop and grow social media accounts</p>
		<p>Attend relevant industry events arrange events within our community</p>	<p>For <u>example</u> MBRRACE, BICS, Regional Events. Host Feedback sessions or community events</p>
	3	<p>Represent all voices Represent and communicate with a global voice – recognising our diverse community. Empower and improve engagement with lesser heard voices.</p>	<p>Recruit 3x Parent and Community Engagement Leads</p> <p>Grow and develop our asset mapping and community connections</p> <p>Improve engagement with certain groups; Black, Asian, Travellers, young parents, neurodivergent, learning disabled</p> <p>Develop specific surveys where needed</p> <p>Hold specific community events to give into communities and build relationships and trust</p>
		<p>Actively work to improve the diversity of the MNVP itself.</p>	<p>Hold community events to showcase the MNVP, build relationships, and draw in new Parent Representatives</p> <p>Build relationships with local community groups and work with them, with their members attending MNVP meetings/events</p> <p>Translate flyers into the most-used languages</p> <p>Gather feedback on how to make the MNVP more welcoming to the global majority and other marginalised groups</p> <p>Ongoing recruitment for Parent Representatives</p>

	Workplan Themes	Progress
1	<p>Listen to Service User voice Continue collecting feedback and supplying 'service user voice' feedback quarterly via Walk the Patch, community engagement and other sources</p> <p>Create a neonatal workstream with parent lead to seek out and listen to neonatal experiences</p>	<p>Online surveys promoted and collated every quarter</p> <p>Walk the Patch, to gather immediate postnatal feedback - volunteer process</p> <p>Gather feedback in the community</p> <p>Gather feedback on neonatal experience</p> <p>15 Steps events bi-annually</p> <p>New shorter surveys developed</p> <p>Recruit Neonatal Lead</p> <p>Create neonatal experience survey - shared PAG Survey</p> <p>Ensure psychological safety for neonatal parent reps</p> <p>Work with neonatal staff, <u>Buscot leads</u>, <u>Babies in Buscot (BiBs)</u>, TVW PAG</p> <p>Gather feedback via sessions and Walk the Patch</p>
2	<p>Share our voice Increasing our visibility online by ensuring we have the online and offline resources to share RBH messages</p> <p>Continue social media activity</p> <p>Attend relevant industry events arrange events within our community</p>	<p>Rebrand to MNVP in line with Single Delivery Plan expectations including website, banners, posters, flyers, ID Cards, etc.</p> <p>Continue to develop the website</p> <p>Continue to develop and grow social media accounts</p> <p>For <u>example</u> MBRRACE, BICS, Regional Events. Host Feedback sessions or community events</p>
3	<p>Represent all voices Represent and communicate with a global voice – recognising our diverse community. Empower and improve engagement with lesser heard voices.</p> <p>Actively work to improve the diversity of the MNVP itself.</p>	<p>Recruit 3x Parent and Community Engagement Leads</p> <p>Grow and develop our asset mapping and community connections</p> <p>Improve engagement with certain groups; Black, Asian, Travellers, young parents, neurodivergent, learning disabled</p> <p>Develop specific surveys where needed</p> <p>Hold specific community events to give into communities and build relationships and trust</p> <p>Hold community events to showcase the MNVP, build relationships, and draw in new Parent Representatives</p> <p>Build relationships with local community groups and work with them, with their members attending MNVP meetings/events</p> <p>Translate flyers into the most-used languages</p> <p>Gather feedback on how to make the MNVP more welcoming to the global majority and other marginalised groups</p> <p>Ongoing recruitment for Parent Representatives</p>

The background of the slide features a collage of medical ultrasound images, including fetal scans, overlaid on a white, textured, knitted fabric. A large, purple, irregularly shaped graphic element frames the central text area.

RBFT's MNVP offers its membership of health professionals and lay members an important vehicle to monitor and improve maternity and neonatal services.

This is demonstrated by the wide range of collaborative initiatives, with statutory and voluntary agencies, undertaken by the Committee.

The meetings provide an overview of the work schedule as well as a deep dive into specific projects planned, completed or in progress.

Jeanne Nicholls - RBFT Patient Leader



It has been such a positive year working alongside the MNVP. Not only have they enabled us to make some fantastic improvements to our maternity services, really focussing on what women, birthing people and their families want but they have made great strides in hearing the voices of more diverse groups. This is essential if we are really going to tackle health inequalities. I am really looking forward to seeing what we can achieve together in the coming year and want to say a massive thank you to Denise and her team

Christine Harding - Director of Midwifery





INCREASING REPRESENTATION



The Three-Year Delivery Plan* requires MNVP's to 'reflect the ethnic diversity of the local population and reach out to seldom heard groups'. The MNVP has this year prioritised opportunities to increase diversity in representation in our partnership.

We have used inclusive messaging on our social media to connect with and engage a wider range of communities.

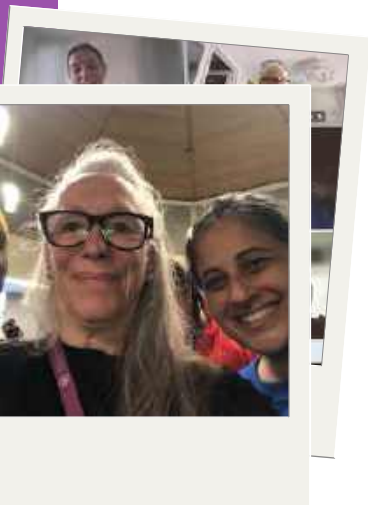
We have proactively sought to be present in our communities, promoting the MNVP and opportunities for participation. This work has enabled us to build positive working relationships with community leaders and organisations who represent and serve diverse communities.

Building relationships and nurturing trust takes time, this is a long-term investment that will be an ongoing priority. As has previously been acknowledged in this report, while I believe we are able to evidence progress, there is much work to be done.

We recruit according to requirements of our Work Plan and related funding allocation. We have shared recruitment opportunities, as widely as possible in an attempt to attract a wide range of applicants, sharing with our community partners who represent diverse communities.

With regard to representation within the MNVP team, as individuals and families we are diverse beings with a wealth of experiences, these experiences are shared consensually within our team, and wider if each individual chooses to do so of their own accord. Representation takes many forms, not all of our individual experiences and the voices that we represent are obvious, and incorporates many aspects of what makes us human and connects us to others.

As a team, where gaps in knowledge and/or experience have been identified, we have proactively sought out and participated in learning opportunities to better understand how we can connect with and meet the needs of our Berkshire wide community that is rich in diversity.





APRIL

Maternity and Neonatal Summit

Infant Feeding Survey

MAY

15 Steps

SE Perinatal Event

JUNE

Rebrand as an MNVP



JULY

Recruitment

National Maternity Voices Partnership MNVP Lead Training



AUG

Welcome to L4 Project



SEPT

New Chair

BSOTS, MAU Project

New Parent Community Engagement Team



OCT

Equality Delivery System Event



NOV

Black History Month Community Event
MBRRACE Event
15 Steps

DEC

BICS Conference
Safeguarding and Cultural Competency Training

How to Engage Black and Brown Skin Women by Health Innovation East Midlands



JAN

Asylum Seeker and Refugee Event
Maternity Action Plan
Autism Learning Event
PREVENT Training
Dads to be antenatal group



FEB

FGM Conference
Acre and Utilivu health inequalities conference
Listening and Psychological Safety Training, Jocelyn Hudson Rainbow Lead Midwife RBH

MARCH

Health Visitors Presentation
Launch Family Bays
Utilivu - Womens Day
Black Maternal Health Conference
Health Inequalities Conference: Bridging the Gaps to Improve our Health and Wellbeing
Utilivu/ACRE/RBC



ADDING THE 'N'

The first step in this journey has been visibly and vocally becoming Maternity and Neonatal. We rebranded (again!) updating our website and emails. It was important that Service Users began to see the Neonatal element of our name to understand our intentions. We fully intend to earn that name.

Working closely with Neonatal Leads within the RBH, with our Babies in Buscot Lead, and with our Parent Advisory Group Lead for Thames Valley and Wessex (TVW PAG) we consulted and co-designed the role and responsibilities that took the form of the final job description for the MNVP Neonatal Lead role.

We ran a long recruitment campaign, sharing extensively on social media. We received a lot of interest, however non-negotiable requirements for the role were not met by the majority of applicants, these being neonatal experience in Buscot Neonatal Unit, and living locally. We did identify a potential recruit, however it was mutually agreed with the applicant to withdraw our invitation to interview due to a concerns around reliability.

We are reviewing our recruitment process to highlight any potential improvements and will then readvertise. We are hopeful that we will find a local neonatal parent who will join our MNVP as a Neonatal Lead.

Alongside our efforts to recruit a dedicated Neonatal Lead with the aim of being more inclusive and representative of neonatal voices, we have attended TVW PAG meetings, where possible.

We have proactively promoted the [TVW PAG survey](#) to support in increased feedback from neonatal parents within our footprint.

We have been working closely with Neonatal Leads in the Trust to incorporate neonatal in our next 15 Steps event.

Our messaging on MNVP social media platforms has been more inclusive of neonatal parents.

We are invested in building positive working relationships with our RBH Neonatal Leads on Buscot, BiBs Lead and TVW PAG.

We recognise that we have long way to go before we can truly claim that we have embedded our 'N', but we are absolutely committed and will continue to build on this in the coming year.

IN PARTNERSHIP

Our MNVP Team, both Core and PCE Team attend a wide range of meetings with the Trust and LMNS, our Parent Reps also participate in some meetings and working groups for specific projects.

For year 2023 – 2024 are part of the following:

CQC

Both our current and previous Chair met with the CQC during the November inspection to provide feedback to the CQC Inspectors.

Trust meetings and working groups:

Intrapartum Strategy

Clinical Governance

MNVP and the RBH Chief Nursing Officer (CNO) meetings

MNVP and the RBH Non-Executive Director of Maternity

Infant Feeding Strategy

Postnatal Steering Group

Induction of Labour Working Group

Maternity Strategy Meeting

LMNS Meetings and Working Groups:

BOB LMNS MNVP Chairs

BOB LMNS Board

BOB Safety Improvement Forum

BOB Quality and Safety Forum

BOB Equity and Prevention Group

BOB Berkshire West Maternity and Neonatal Services Steering Group

BOB Stakeholder and Assurance Group

Other:

MNVP Bi-monthly Main Meeting

MNVP Core Team

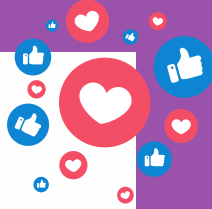
MNVP whole team meetings

MNVP Chairs calls

MNVP Regional calls

SOCIAL MEDIA AUDIENCE ANALYSIS

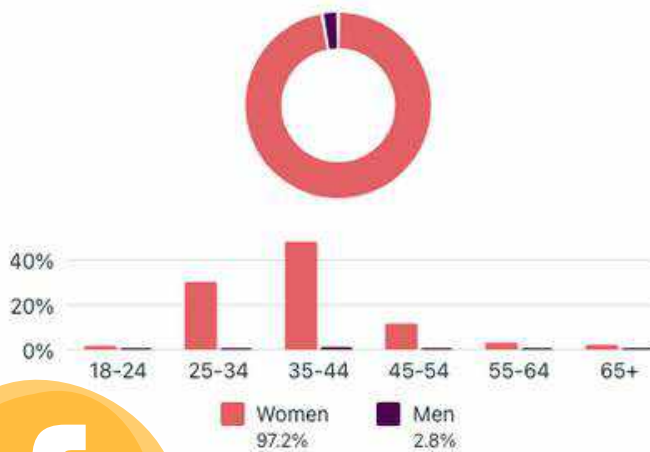
Our following on social media continues to grow and we are also connecting with more and more facebook groups, pages and community groups through sharing and promoting inclusive content.



Facebook followers ⓘ

2,583

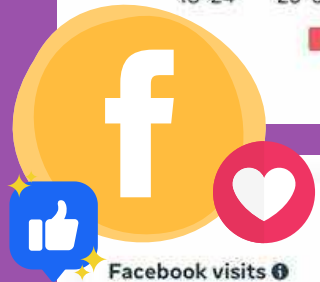
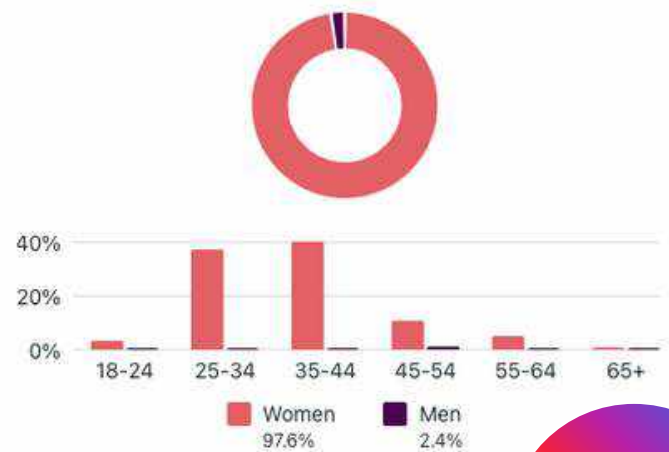
Age & gender ⓘ



Instagram followers ⓘ

416

Age & gender ⓘ



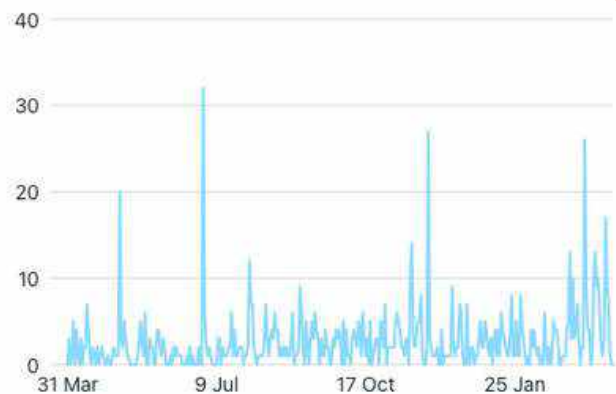
Facebook visits ⓘ

7.9K ↑ 225%



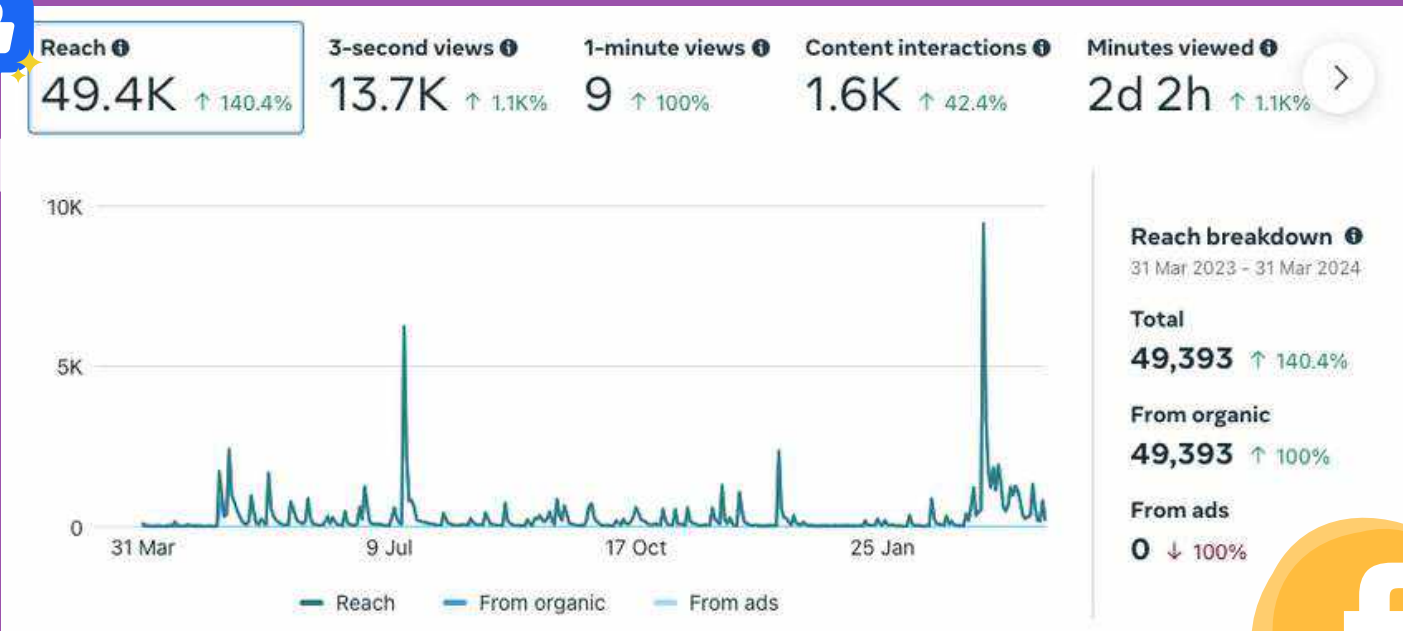
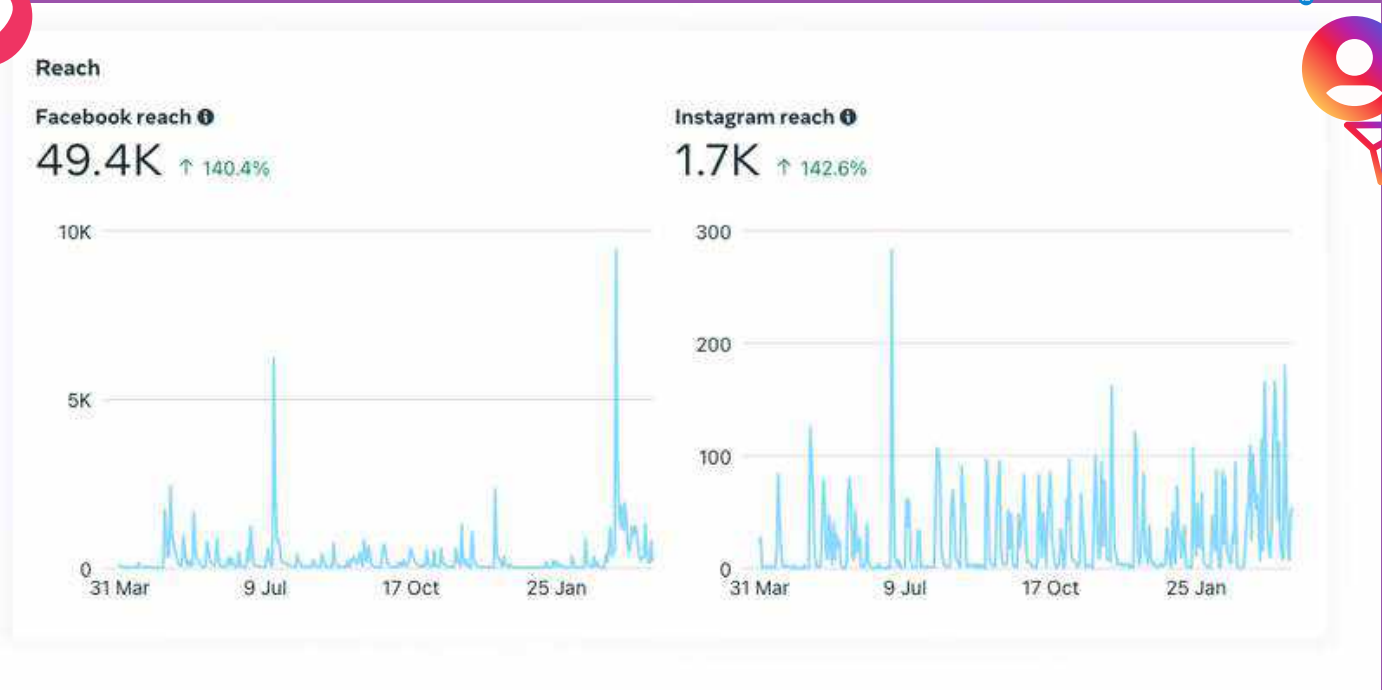
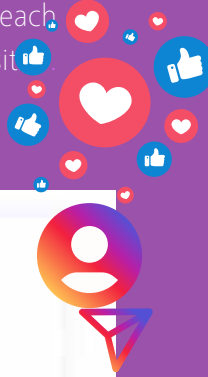
Instagram profile visits ⓘ

988 ↑ 355.3%



SOCIAL MEDIA REACH AND ENGAGEMENT

This metric counts organic reach of our content, including posts and stories. It also includes reach from other sources, such as tags, check-ins and Page or profile visits.



SOCIAL MEDIA TOP POSTS & REELS

Our top posts reflect where we have used our social media presence to promote and reach our audience through recruitment, sharing vital messages and promoting Service User stories.

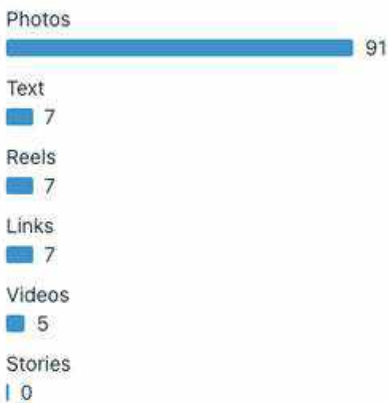


Top content formats

Published content

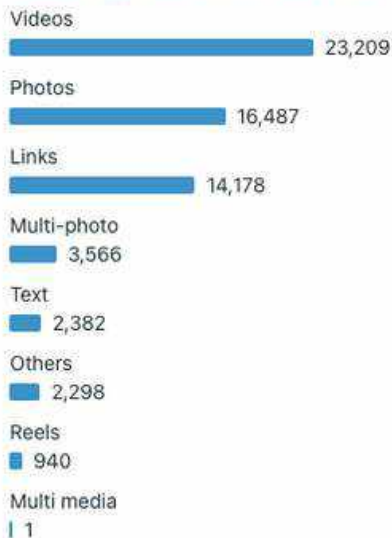
Based on up to 200 pieces of content

-42.1% vs 29 Mar 2022 – 30 Mar 2023



Facebook reach

+140.4% vs 29 Mar 2022 – 30 Mar 2023

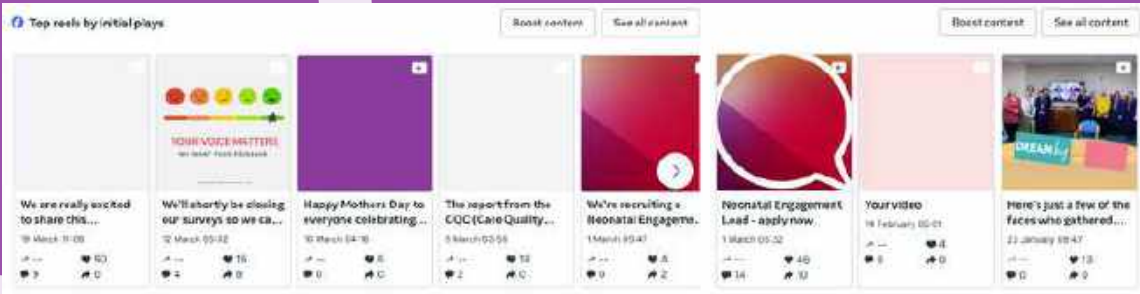


Content interactions

+42.4% vs 29 Mar 2022 – 30 Mar 2023

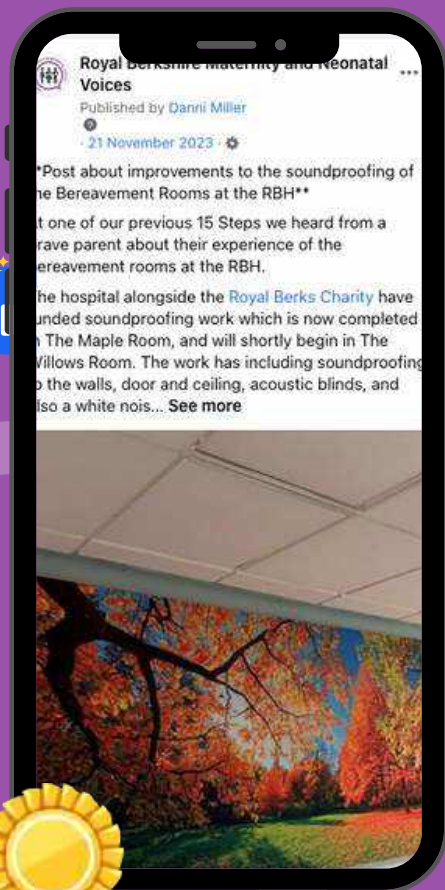
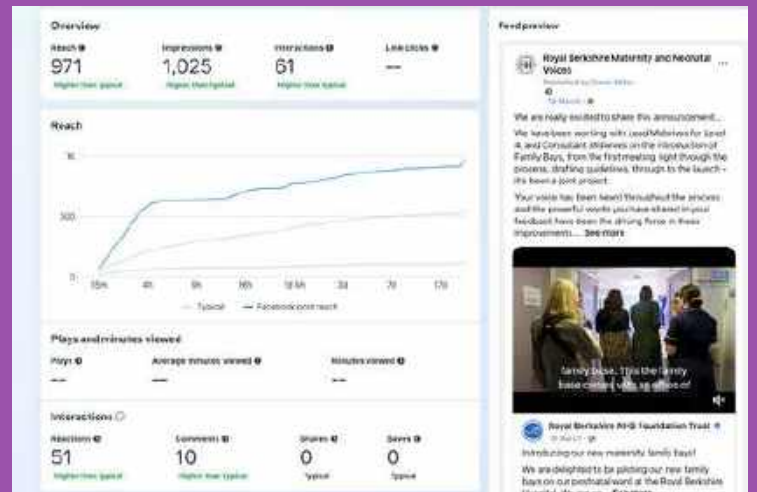
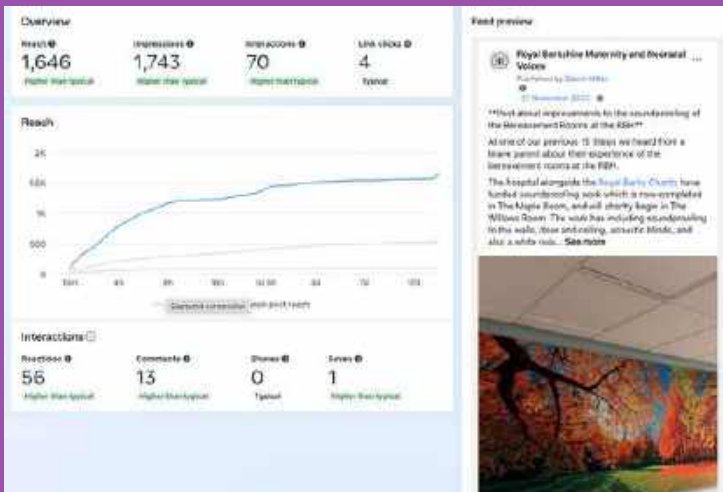


Top reels by initial plays



SOCIAL MEDIA VISIBILITY

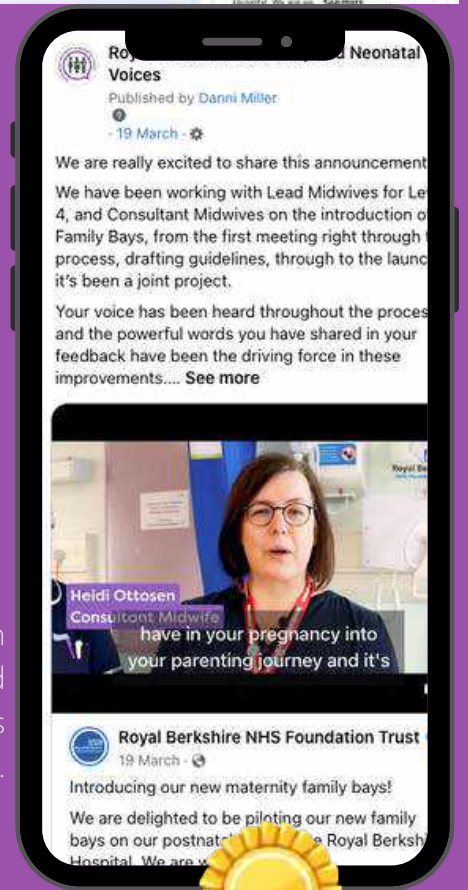
We have active Facebook and Instagram pages, as a whole team we contribute to messaging. Sharing appropriate updates from the Trust, promoting relevant work our partner organisations and our own projects to drive Service User engagement.



These are our two top performing posts during 23/24. Both are about improvements to the service that has come as a direct result of Service User feedback.

We were thrilled to share when the soundproofing of the bereavement rooms took place. The installation of these panels represented the completion of a host of works.

Another top performing post was the launch of the Family Bays. An engaging video filmed by the comms team helped to launch this and engage our followers.





LISTENING TO ALL VOICES

Listening is the foundation of our work.

True equity in access and outcomes will only be achieved if all Service Users are heard and empowered to make informed choices, this includes about the kind of care they receive, their preferred type of birth, place of birth, and/or the infant feeding support they receive.

We listen to those who are, or who have received their maternity care from the RBH. There are a range of options as to where Service Users give birth, we listen wherever the birth took place. We also listen to families who have experienced postnatal care, and families who have experienced the loss of a baby at all stages of pregnancy, and after birth.

It is our fundamental goal to connect with and listen to all Service Users, women and birthing people and Partners across our footprint, including Reading, Wokingham and West Berkshire. We have the privilege of serving a widely diverse area, diversity can mean many things. We have wonderfully ethnically diverse communities, with different faiths and cultural beliefs, we have a neurodiverse community, an LGBTQIA+ community, and others that our Service Users may identify with, all have their own knowledge and expertise rooted in their unique experiences of maternity care at the RBH.

We use a variety of tools and methods by which to be accessible, connect with and capture as wide a range of voices as is possible.

ONLINE SURVEYS & CONTACT

We have a main survey that is always available to our community and can be accessed via links on our website, or QR codes on promotional materials and within Red Books.

In all our surveys we aim to capture quantitative data, so numbers that provide a measure of something, and also very crucially qualitative which gives us a richer understanding of unique experiences.

We can be contacted by email at any time. Details can be found on our website, leaflets and promotional materials, and is routinely promoted via our social media. We have been contacted by Service Users this year, we have signposted and where appropriate and with consent we have directly connected Service Users to staff in the Trust, who have been able to work with that Service User to resolve any issues.

Service Users can make contact with the MNVP via our Facebook Messenger. Asking questions, raising concerns or seeking clarity in information around their care. We very often signpost women and birthing people to RBH Consultant Midwives in order to bridge communication gaps.

SERVICE USER FEEDBACK THEMES 2023 - 2024

The following themes were clear in the data and the qualitative feedback. In the post it notes below you can see the 'you said, we did' actions from the RBFT, in addition to the Maternity Strategy Plan. More information on these projects can be found in our [Quality Improvement](#) chapter.

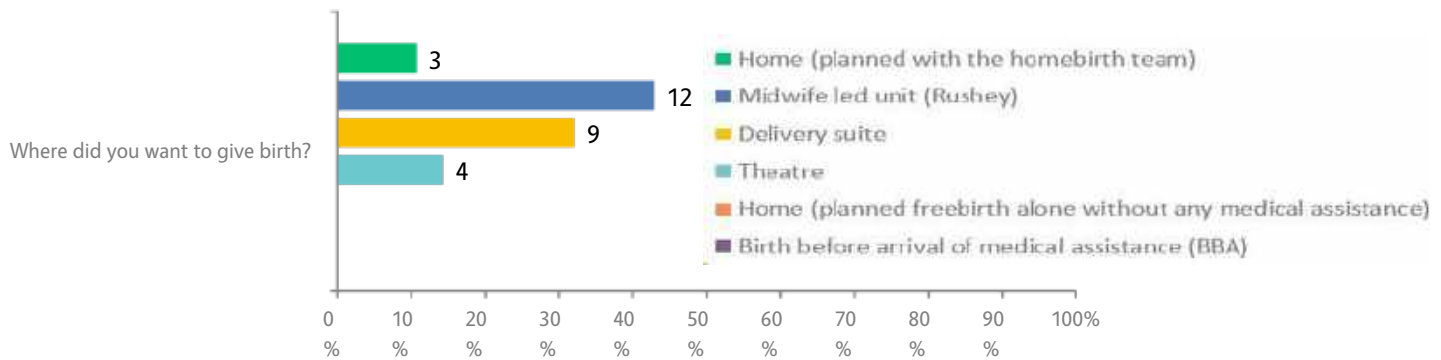
- Postnatal care on wards
- Estates issues, such as temperature on wards and conditions of toilets
- Breastfeeding support, both lack of and consistency across professionals
- Induction of labour (IOL) lack of information or awareness
- Not listened to, feeling heard
- Respect for choices
- Isolation from partners after birth

MAY 2023 - NOVEMBER 2023

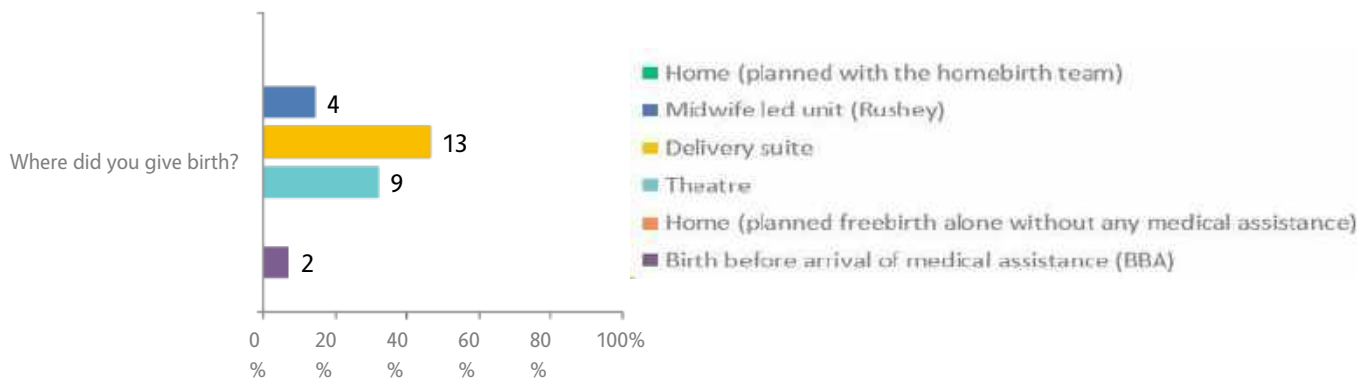
RESPONSES & PLACE OF BIRTH

- 32 responses 29 responses with babies born since 1st May 2023
- 3 responses with babies born before May 2023
- 74 per cent survey completion rate
- Average time spent on survey 14 minutes

Where did you want to give birth?

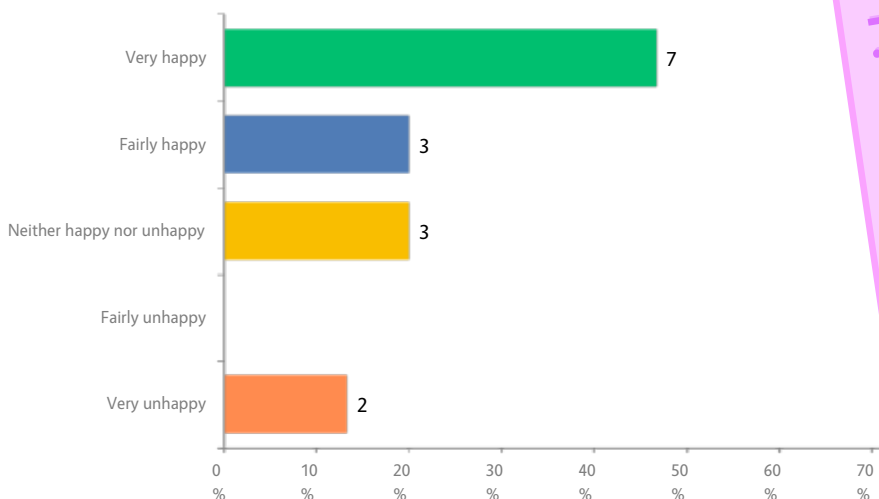


Where did you actually give birth?



13 Women and birthing people gave birth where they had planned.
15 gave birth in different place to that they had planned.

Were you happy with the change to your place of birth?



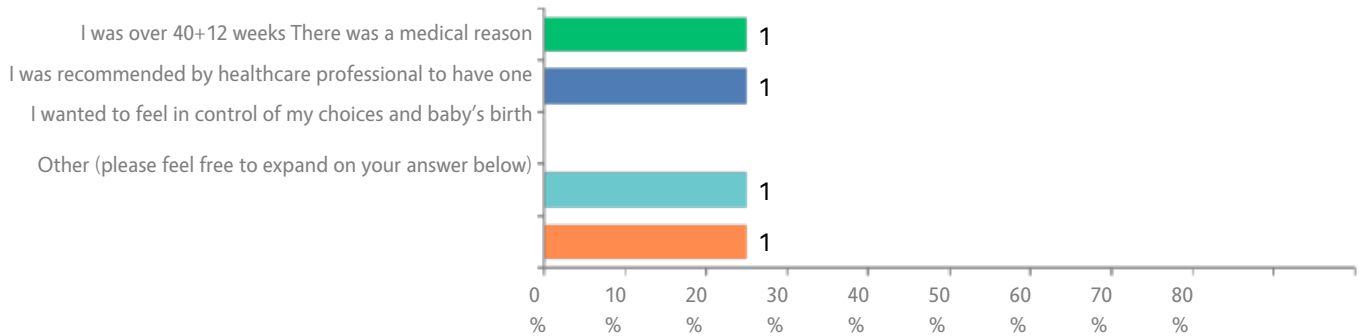
You said RBFT did

Introduced maternity coordinator at night (now 24 hours) who has a role in supporting midwives providing care on Rushey therefore reduction in Rushey closures

MAY 2023 - NOVEMBER 2023

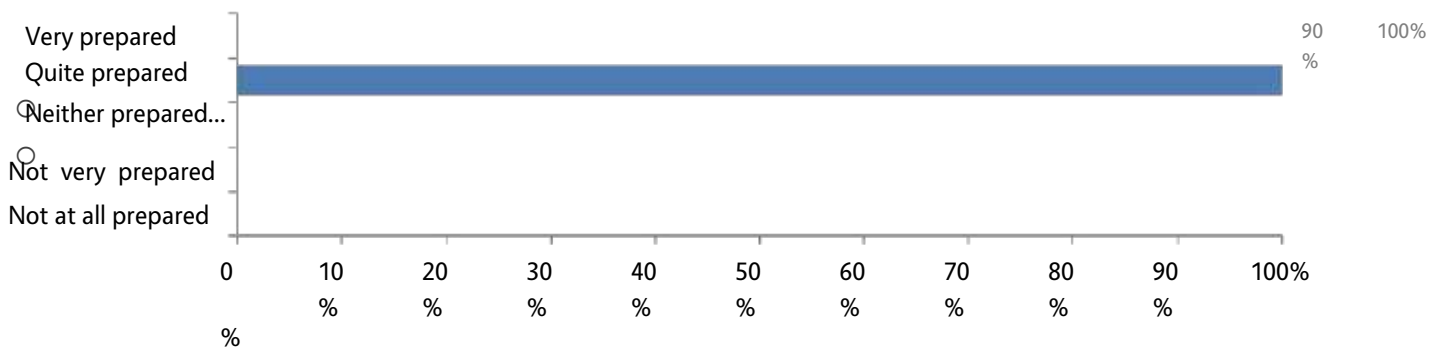
INDUCTION AND CAESAREAN

Your reason for induction

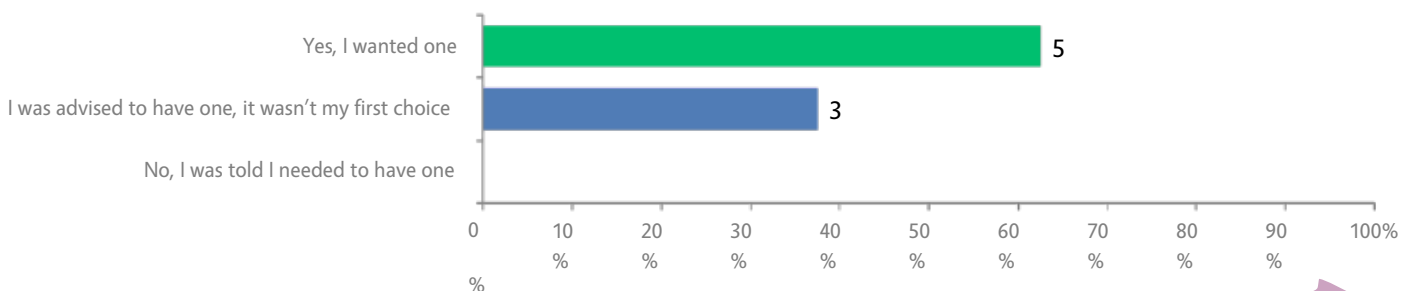


'Blood pressure was high when I went into early labour.' 'IVF pregnancy and so opted for induction to ensure delivery by 41 weeks gestation.'

How prepared did you feel for your induction?



Was a caesarean birth your choice?



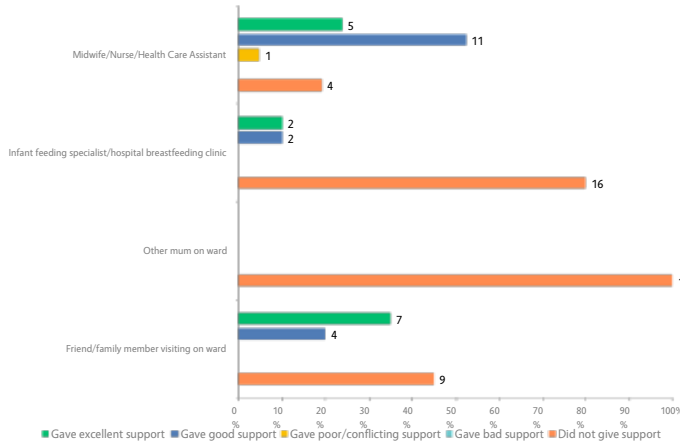
You said RBFT did

All IOL reviewed to ensure best use of language and easy english. A new working group set up to coproduce information leaflet and video about IOL with the MNVP

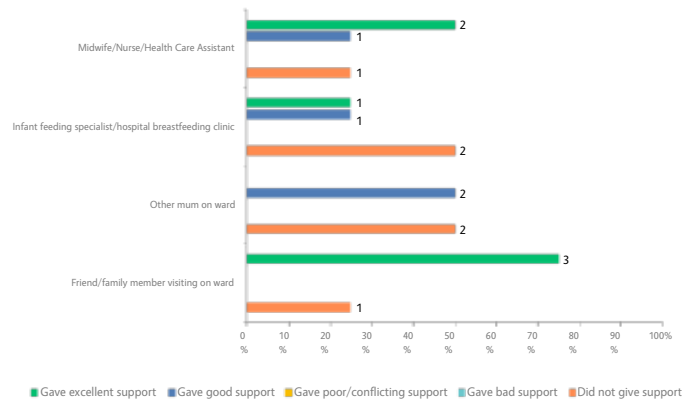
MAY 2023 - NOVEMBER 2023

FEEDING SUPPORT & EMOTIONAL SUPPORT

Iffley Ward: Feeding Support



Marsh Ward: Feeding Support

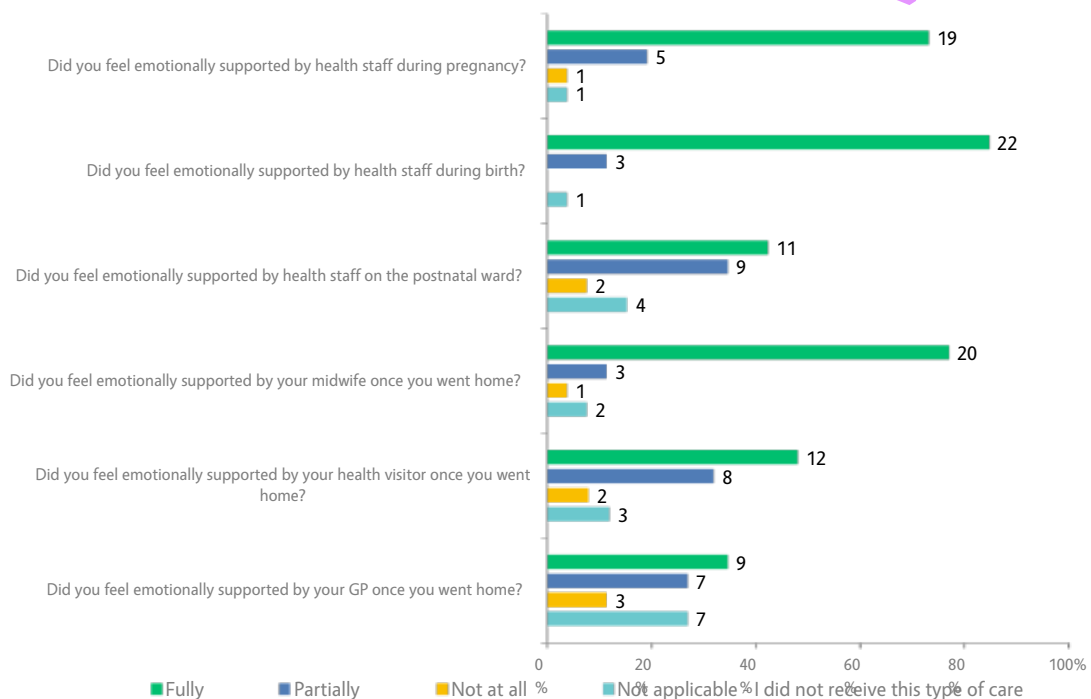


You said RBFT did

Introduction of Gold Lead Midwives specialising in supporting women and developing colleagues knowledge of infant feeding

You said RBFT did Promoting Friends and Family feedback via QR codes or paper copies given with refreshments after birth

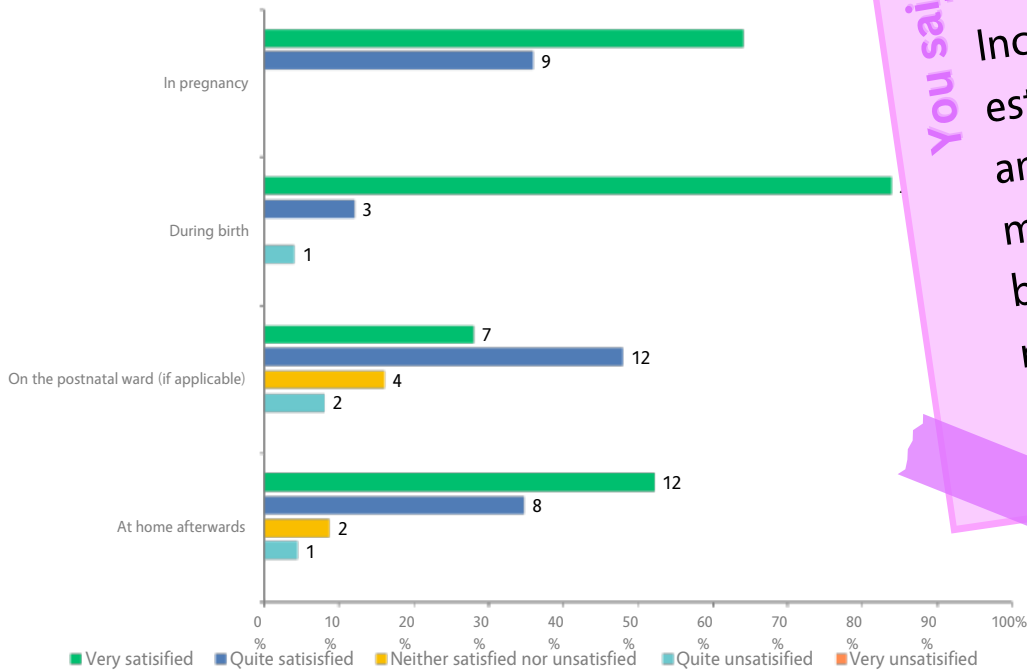
Did you feel emotionally supported by health staff?



MAY 2023 - NOVEMBER 2023

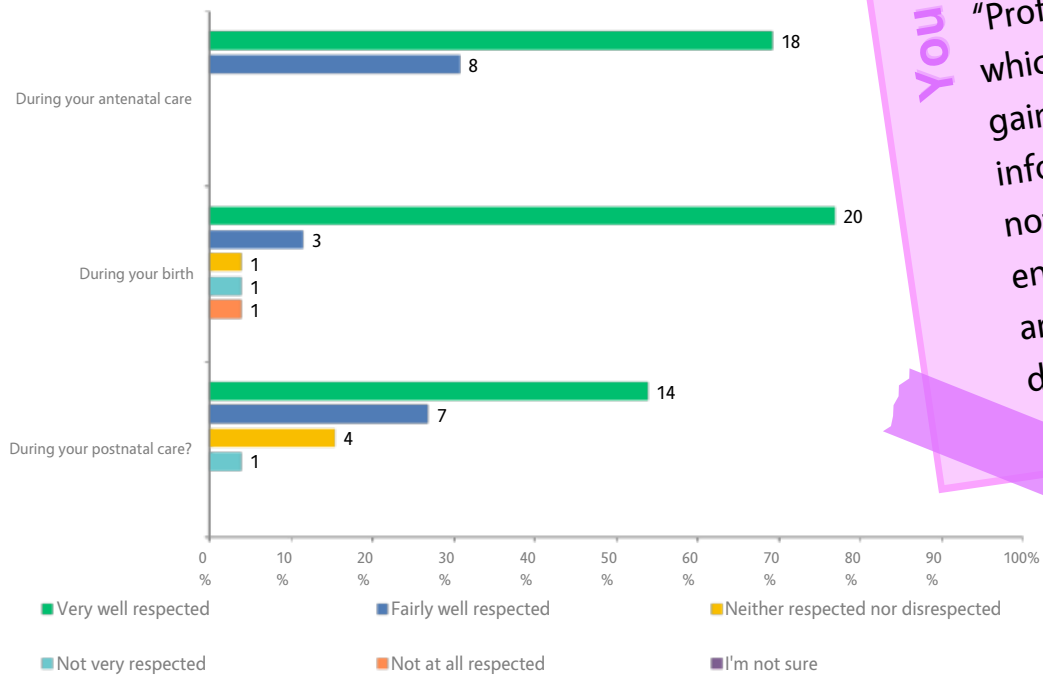
SATISFACTION AND RESPECT

Overall Satisfaction with Care Received



You said RBFT did
 Increased the establishment to have an additional trained member of staff on both the day and night shift on postnatal wards

Respect for individual choices and needs



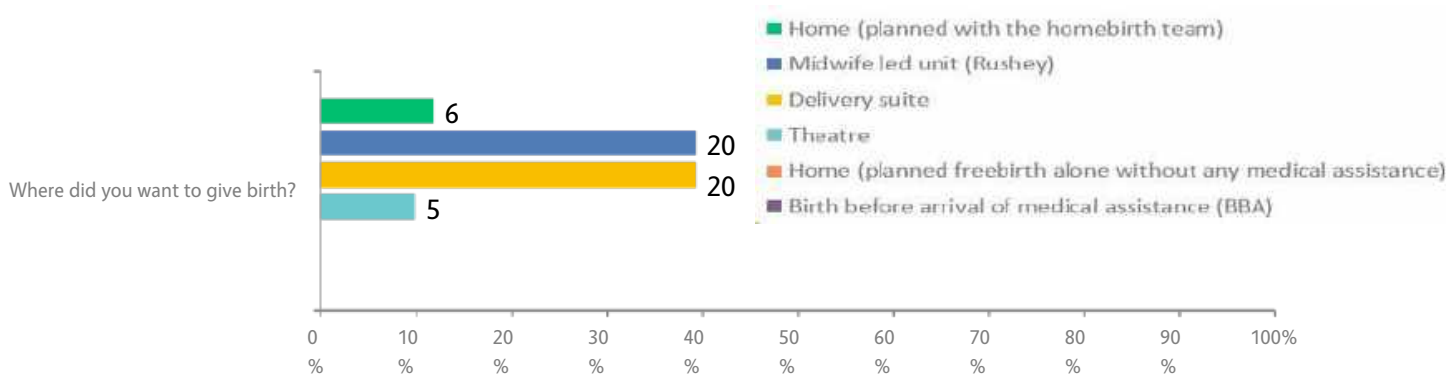
You said RBFT did
 Education focus on "Professional curiosity" which supports staff to gain as much information as possible, not make assumptions, encourage questions and informed shared decision making

NOVEMBER 2023 - MARCH 2024

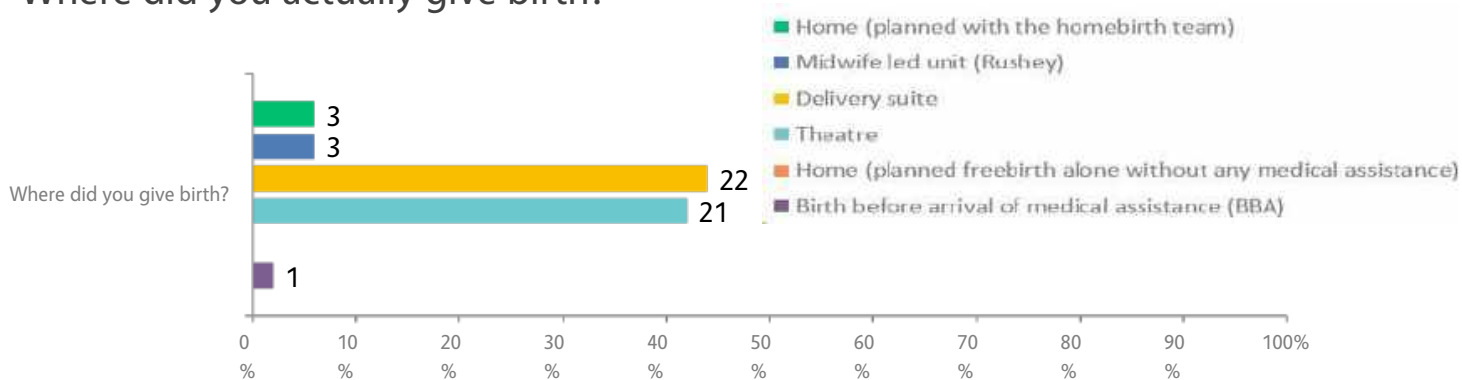
RESPONSES & PLACE OF BIRTH

- 66 responses
- 56 responses with babies born since 1st September 2023
- 50 per cent survey completion rate
- Average time spent 8 minutes

Where did you want to give birth?

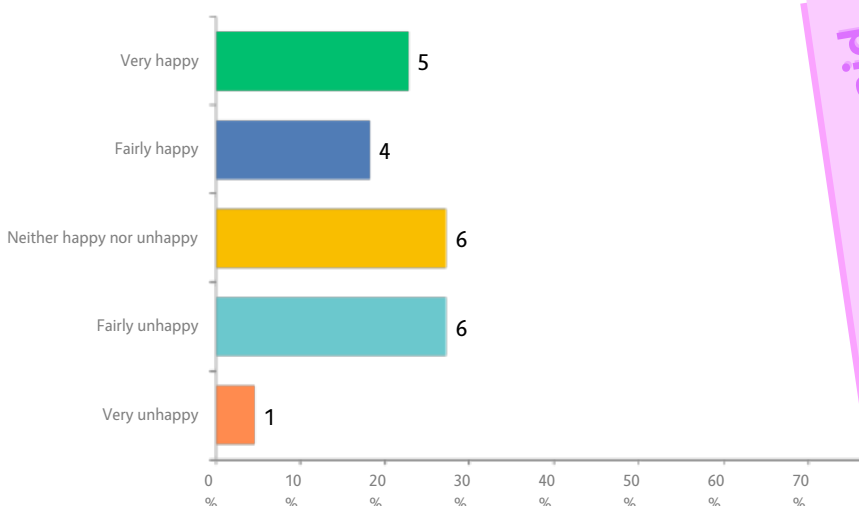


Where did you actually give birth?



25 Women and birthing people gave birth where they had planned.
25 gave birth in different place to that they had planned.

Were you happy with the change to your place of birth?



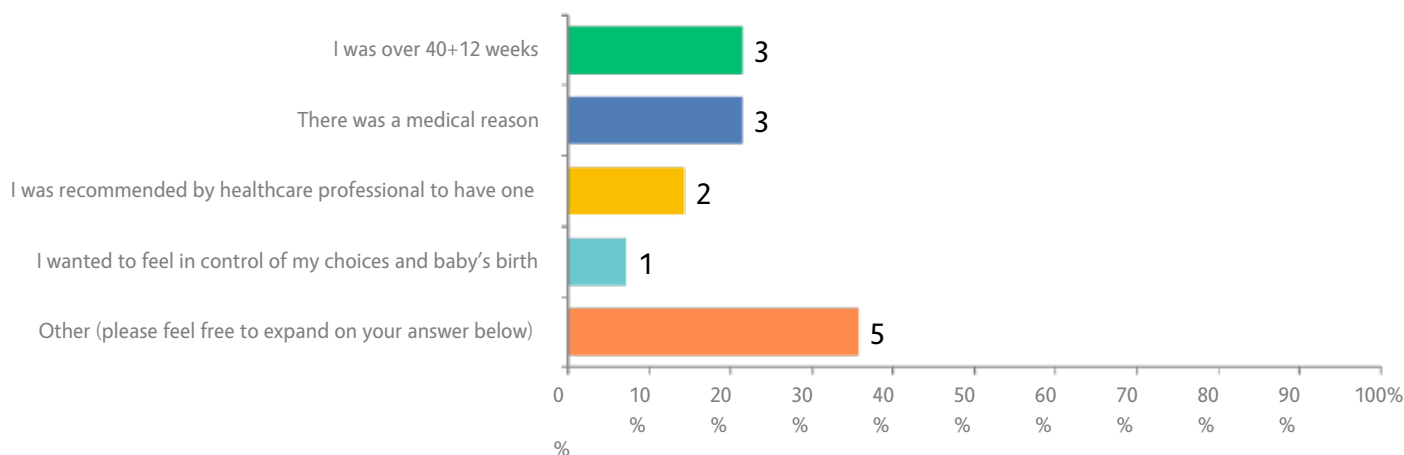
You said RBFT did

Labour assessments moved from the Maternity assessment area to the intrapartum areas including Rushey to support choice of place of birth

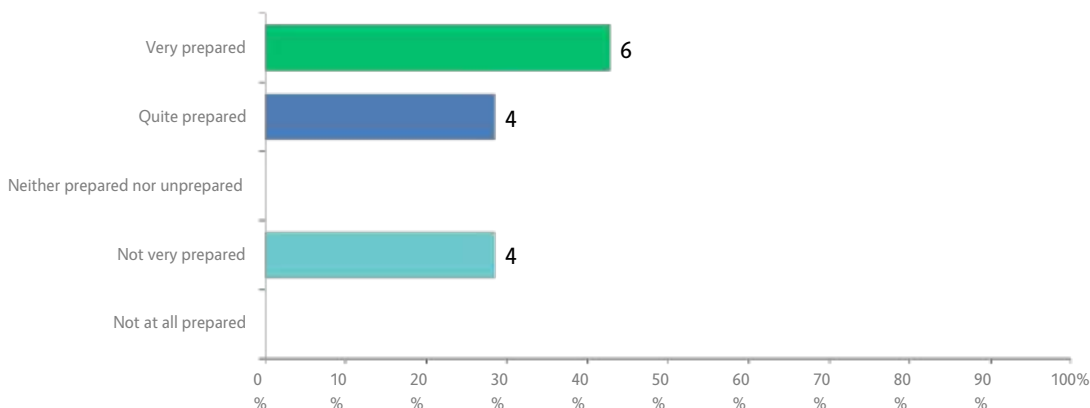
NOVEMBER 2023 - MARCH 2024

INDUCTION AND CAESAREAN

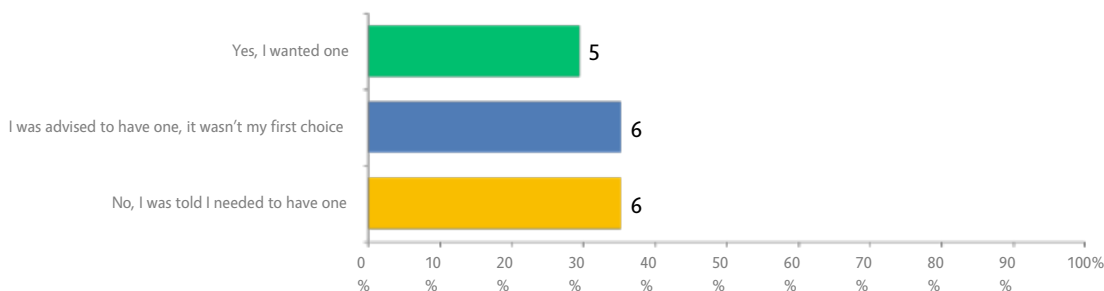
Your reason for induction



How prepared did you feel for your induction?



Was a caesarean birth your choice?



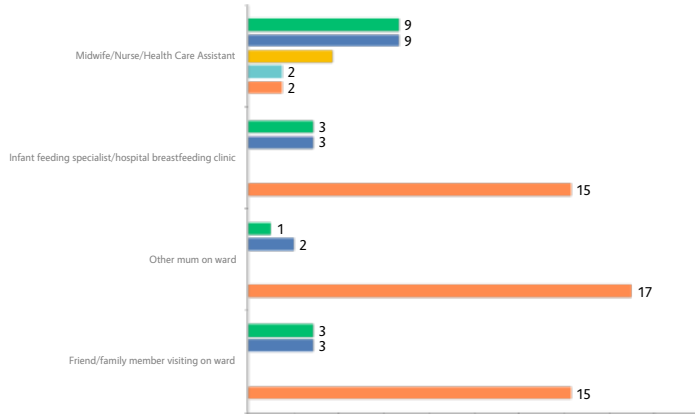
You said RBFT did

Working group set up to review and improve IOL pathway, introduction of rag-rating system for greater awareness and reporting of delays has seen a reduction in delays

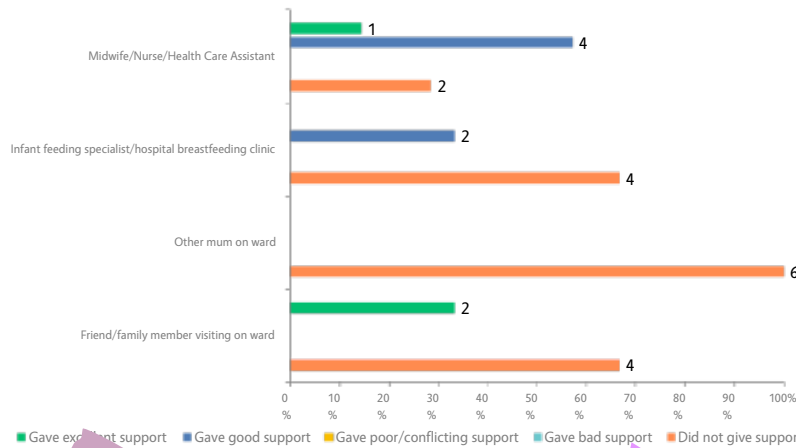
NOVEMBER 2023 - MARCH 2024

FEEDING SUPPORT

Iffley Ward: Feeding Support



Marsh Ward: Feeding Support

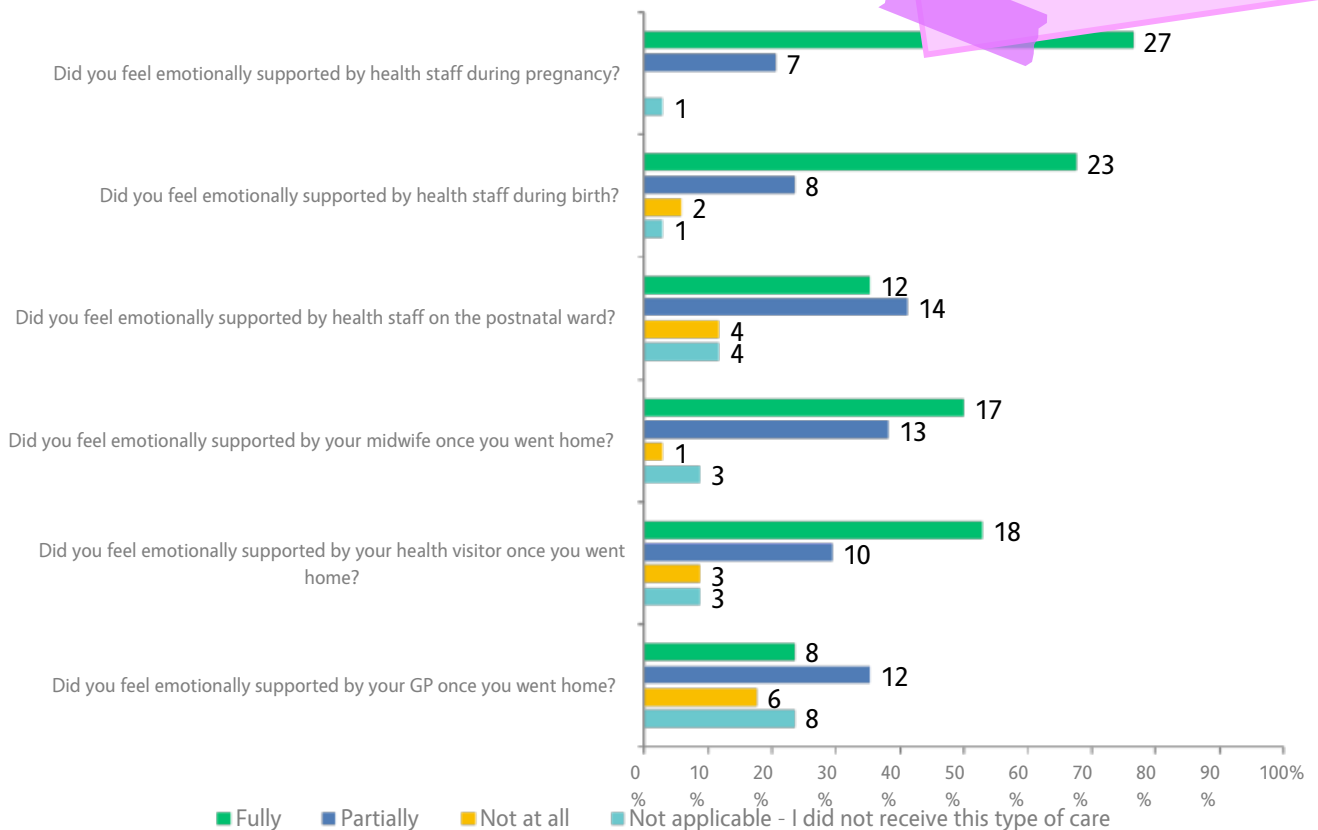


You said RBFT did

Implementation of paper feeding charts for parents and healthcare professionals as our digital records are not currently available for parents to use

You said RBFT did
 Befriender role visits postnatal ward and supports those who don't speak or write English to complete Friends and Family feedback

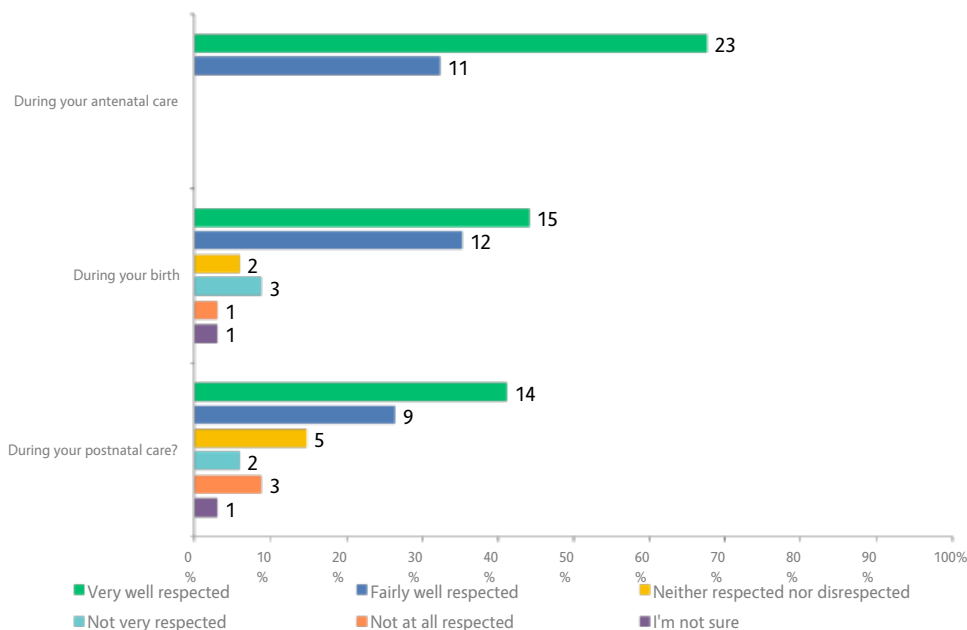
Did you feel emotionally supported by health staff?



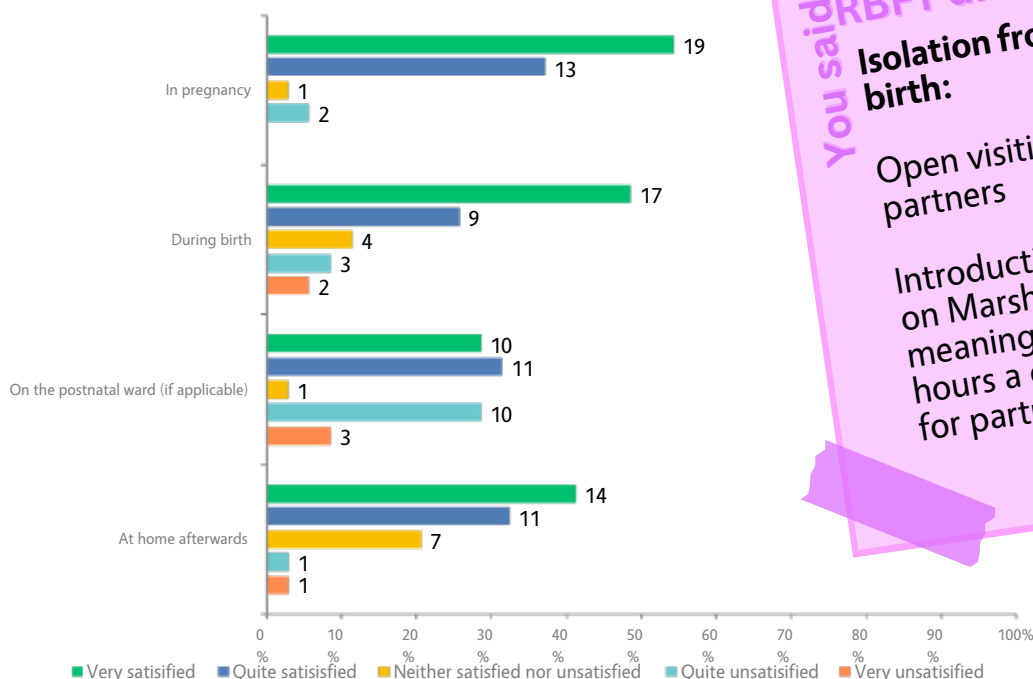
NOVEMBER 2023 - MARCH 2024

SATISFACTION AND RESPECT

Respect for individual choices and needs



Overall Satisfaction with Care Received



You said RBFT did
Isolation from partners after birth:
 Open visiting for birthing partners
 Introduction of two family bays on Marsh and Iffley as a pilot, meaning partners can stay 24 hours a day, with reclining chairs for partner comfort

QUALITATIVE FEEDBACK - ESTATES ISSUES

You said RBFT did
 Iffley ward bathroom refurbishment funded by the trust capital plan
 Mirrors added to toilets

You said RBFT did
 Antenatal clinic has new lighting and decorative art making the environment less clinical

You said RBFT did
 Improved signage throughout maternity
 Better directional signage and information sharing

You said RBFT did
 Mobile heaters in all birthing rooms and 4 hourly temperature checks

PCE TEAM REVIEW

It's been an incredible first year for our Parent & Community Engagement team! Starting in September 2023 they began by reviewing and updating the Asset Map produced by our previous Equity Lead. They then proactively met with groups to arrange feedback sessions and drop in sessions to begin in early 2024. They've been out and about in the community, listening to hundreds of stories and feeding them back into the MNVP.

The team have met with community organisations across our footprint, establishing and building relationships in order to reach as many Service Users as possible.

They've attended baby groups across Reading, West Berkshire and Wokingham, at faith centres, children centres and community organisations.

They've run dedicated listening sessions with:

Alana House

Reading Community Learning Centre

There are already plans for community events throughout summer 2024.

In the last year, the team have spoken to around 200 Service Users and have shared their stories and key themes at our main MNVP meetings, in order to celebrate the successes and help drive improvements to the maternity services at the RBH.

This has increased our visibility in the community and gathered vital feedback which has resulted in direct actions and ongoing quality improvement work. The team are already working on their first full quarter report for 24/25.



SEPT & OCT

Reviewed the mapping undertaken by Equity Lead Sree in 22/23
Voluntary Networking Event in Wokingham
Volunteer Centre West Berkshire newsletter

NOV

Children's Rights & Advocacy Officer at Wokingham Borough Council about promoting the MNVP to young parents
Connecting with Autism Berkshire
Visited West Berkshire Family Hub in Thatcham

DEC

Reading Children's Centres
West Berkshire Muslim Centre
Home Start
Alana House
Reading Voluntary Action
Places Leisure
MEET PEET

JAN

Dedicated feedback sessions at Alana House

Baby Dimensions
Feedback session
Utulivu Coffee Morning

FEB

Dedicated feedback sessions at Reading Community Learning Centre.
Stay and Play @ Sun Street Children's Centre
Blossom Team Meet & Greet
Bumps and Babes @ Ranikhet Children's Centre
Feedback session @ Whitley Children's Centre
Wellbaby Clinic @ Southcote Children's Centre
Baby Massage@ Sun Street Children's Centre

MARCH

Newbies Burghfield @ Calcot Family Hub
Blossom Team Meet & Greet @ Whitley Children's Centre
Rainbows Group @ Whitley Children's Centre
Bumps and Babes @ Southcote Children's Centre
Newbies Calcot @ East Family Hub Calcot
St Agnes Toddler Group @ St Agnes Church, Whitley



11

QUALITY IMPROVEMENTS

COPRODUCTION AND EMBEDDING SERVICE USER VOICE

The Single/3Yr Delivery Plan*³ states that “Coproduction is beneficial at all levels of the NHS and is particularly important for those most at risk of experiencing health inequalities. Inclusion of Service User representation helps identify what needs to improve and how to do it. This is done through the work of maternity and neonatal voices partnerships (MNVPs) and by working with other organisations representing Service Users.”




We work from a basic philosophy of 'nothing about us without us...'

PERSONALISED CARE
AND SUPPORT PLANS

INFANT FEEDING SURVEY

FAMILY BAYS
MAU & BSOTS LAUNCH
ENTONOX MOUTHPIECES
BIOMECHANICS OF BIRTH



It has been a real pleasure to see the MNVP grow and develop. They are a trusted and valued critical friend to us as a maternity service, and we can achieve more meaningful and valuable improvements because of their partnership

Louise Perkins, Consultant Midwife



PATIENT INFORMATION LEAFLETS

All Patient Information Leaflets (PIL) are reviewed and updated by a panel of midwives, and the MNVP, who sit on this panel ensuring leaflets are a point of continuous improvement. We review each leaflet for:

- readability - are they easy to understand
- informative - are their questions that have gone unanswered
- inclusive language - we are working towards every leaflet speaking direct to the Service User, placing them at the centre of every conversation
- current and up to date - checking all links are current

Whenever possible we engage our Parent Reps to review and when the subject matter requires lived experience or if we are coproducing a new leaflet we enlist our Parent Reps valuable voices.

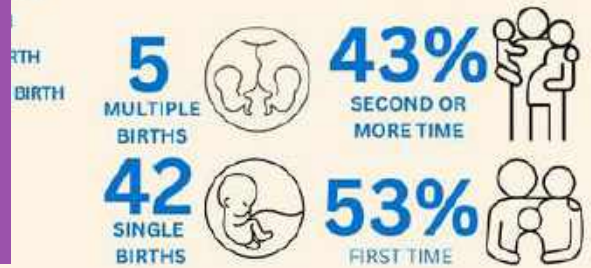
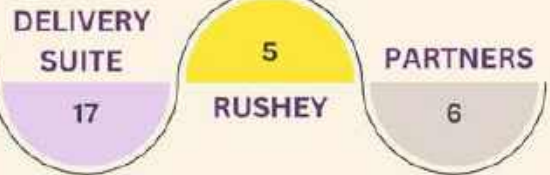
Leaflets reviewed/coproduced in 23/24:

Preparing for and managing pregnancy after bariatric surgery
Metformin use on pregnancy
Pregnancy related symphysis pubis dysfunction
Weakly reactive positive HIV result
Pre term birth information
Placenta praevia
Domestic abuse leaflet
Threatened PTB Leaflet
IOL Leaflets
Buscot Smoking Leaflet
Consent Information
Tears and Stitches and Preventing perineal tears leaflets
Choosing place of birth and Options for place of birth during labour leaflet
Diabetes screening leaflet
Epilepsy info pregnancy birth postnatal
Shoulder dystocia leaflet
Your visit to perineal clinic leaflet
Alternative feeding methods cup or finger
Jaundice in newborn babies leaflet
Hysterectomy postpartum reviewed
Possible effects of offering formula milk to breast feeding babies
If your waters break before labour starts PROM
Uterine artery embolisation to treat obstetric haemorrhage
Meralgia parasthetica in pregnancy (Physio)
Blood transfusion during pregnancy and birth leaflet
Recovery after Caesarean leaflet
Physio - carpal tunnel syndrome leaflet
Donor milk leaflet
Positive pregnancy test leaflet
Manual removal of retained placenta leaflet
Overactive bladder training - joint Maternity & Gynae leaflet
Elective CS birth partner info & What happens on date of your elective CS leaflets
Sensitive management of pregnancy tissue leaflet & Consent form for sensitive disposal of pregnancy tissue for Maternity
Metformin use in pregnancy
Critically ill mother leaflet reviewed

RESPONSES SUMMARY

INFANT FEEDING SURVEY

52
RESPONSES



A consistent theme from 21/22 and 22/23 has been lack of access to consistent breastfeeding advice and poor information on infant feeding at the RBH.

There has been QI projects running consistently to improve the service and to lead the RBH to Baby Friendly accreditation. To delve into these experiences we coproduced an Infant Feeding Survey with the Infant Feeding Team, Health Visiting, Breastfeeding Network (BfN) and Buscot to establish where people were having the best experiences and when it was falling short.

This project began in December 2021 with a team of Parent Reps including Danni (our soon to be vice chair) Sophie Gifford (Researcher) and Jo Cope (Parent Rep) who worked with Rayanne Bonney Napper (Infant Feeding Team), Louise Perkins (Consultant Midwife) Catherine Neil (BiBs Family Support Worker) Emma Clark (Buscot) and Nina White and Kirsty Beck (Breastfeeding Network) to coproduce this extensive survey.

The survey looked at place of birth, mode of birth and complications to establish where the best experiences were had. It also encompassed antenatal information sharing and the impact this had on positive experiences. The survey had a large focus on infant feeding support in the postnatal period from the postnatal wards, Health Visiting and external resources such as BfN.

The survey ran from October 2022 to March 2023 with the results presented at our May 2023 meeting. With just over 60 responses, it gave a lot of qualitative feedback, and proved a rich source of information. The findings reaffirmed that more information needs to be given antenatally to manage expectations and that consistent, readily available infant feeding advice - in particular breastfeeding support on the postnatal wards is needed.

The finding from the survey continues to inform quality improvements and a shorter version is in the pipeline for 24/25.

PERSONALISED CARE & SUPPORT PLANS



The [NHS Long Term Plan](#) and the accompanying guidance, [Universal Personalised Care](#), made commitments to deliver choice and personalised care in maternity services.

The Maternity Programme supports Local Maternity and Neonatal Systems (LMNS) to improve choice and deliver personalised care for women and their families.

In March 2021, the NHS published [Personalised Care and Support Planning Guidance](#). The guidance helps Local Maternity Systems ensure that every pregnant woman in England is offered a Personalised Care and Support Plan (PCSP) by March 2022. The Trusts in BOB support personalised care already through their own systems but the LMNS were keen to develop a document to advocate for personalised care and champion informed choice in an inclusive and equitable way.

In September 2022 the MNVP joined a task and finish group to deliver this project.

Service Users, midwives, clinicians and others from each Trust critiqued existing plans and worked to develop our own paper based PCSP. We relied heavily on Parent Reps from throughout BOB to review and feed into the document making improvements along the way. The draft PCSP was shared online and in feedback groups across BOB.

Our Vice Chair Danni has a background in Communications and in her freelance capacity also wireframed and completed the final design and artworking of the PCSP.

In October 2023 the PCSP was launched with an initial print run and distributed to the three Trusts. It was also made available online in the top languages used across BOB.

The document continues to evolve and develop through feedback collected via the QR codes and also feedback received from both Service Users and staff in our reviews.

Personalised care is about what matter to people and puts partnership at the centre. Therefore in order to ensure the service user voice was at the centre of our PCSP development, the obvious way to approach it was to coproduce this work with our service users.

In BOB we are extremely lucky to have 3 dynamic, passionate and proactive MNVPs who care greatly about ensuring service user voices and experiences are central to and at the heart of everything we do in relation to service development. They also take on the role of critical friend which is so important given the current climate of healthcare.

We value the opportunities that working both collaboratively with our MNVP and using coproduction provides us and we could not do any service development with any integrity if we did not include our MNVP.

Lived experience is an essential component in the development of and delivery of personalised care as it can help us model how we want this (personalised care) to look across BOB, so we have welcomed and valued the perspectives and insights that our MNVP have provided on this and continue to do so as our PCSP work adapts over time.

As an LMNS, we cannot strive to change and improve services if we don't involve service users...therefore we cannot function without our MNVP.

Carrie Grainger - LMNS Equity and Prevention Lead

NHS
Royal Berkshire
NHS Foundation Trust

MAU – Maternity Assessment Unit

Information about the Maternity Assessment Unit

Before coming to the MAU please contact the Maternity Telephone Triage line on 0118 222 7366, a triage midwife will carry out a telephone assessment to advise whether the MAU is the right place for you to attend.

What is the MAU?
The Maternity Assessment Unit (MAU) is where you come for an assessment with pregnancy related concerns (for example a change in your baby's / babies movements, bleeding, urgent needs, worries during pregnancy), or with urgent postnatal concerns.

When can I find the MAU?
The Maternity Assessment Unit (MAU) is located on level 3 of the Maternity Block, and is a 24-hour service, 365 days a year. If you have a concern, are worried about a change in movements, or are in labour, you should still contact our Maternity Telephone Triage line on 0118 222 7366. The midwife on the telephone will take details from you and make a telephone assessment, and if necessary will ask you to come into the hospital either to the MAU, or if you are ready to give birth (in labour) you will be directed to the delivery suite or midwife-led unit, or the Delivery Suite.

What happens when I come into the MAU?
You need to come onto level 3 of the Maternity Block and buzz to enter through the double doors marked 'Delivery Suite'. Come to the end of the corridor and give the reception staff your name, and you will be taken to the waiting room. Within 15 minutes of arriving you will see a triage midwife who will take the details from the triage telephone call and will do an initial assessment. They will:

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Working in partnership to improve maternity & neonatal services

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How was your experience?

SCAN ME

or visit <https://bit.ly/RBHfeedback>

Your MNVP is an independent NHS working group who work, together with Berkshire Hospital, to drive positive change and improve local maternity services. Your feedback is anonymous, tell us what went well and what could be improved.

We Listen. We Respond. We Act.

royalberkshirermnvp.org @royalberksMNVP

NEW MAU & BSOTS LAUNCH

In October 2023 the Day Assessment Unit became the Maternity Assessment Unit with the introduction of the BSOTS Triage system. Birmingham Symptom-specific Obstetric Triage System (BSOTS), which is the recommended triage system in England and has been widely adopted in the UK. Using this system offers standardised initial assessment and symptom-specific algorithms to identify those women who require more urgent attention in a busy clinical setting.

From a Service User perspective this meant they would be seen within 15 mins of arrival, and would have better awareness of their acuity level and how long they would be likely to wait.

We attended the MAU Project Team meetings to add Service User voice alongside the operational and estates teams to move to the MAU. Our team and Parent Reps drafted the public facing comms to explain the changes they would see and work on inclusive, Easy English ways to describe the new triage system.

We developed a survey to monitor the effectiveness of the new system and track whether people were being informed of their triage colour and associated wait time. This was fed back to the teams to help improve the system based on Service User feedback.



Entonox (gas and air) What's changing and why



You may have read about concerns on the effect of long term exposure to entonox for staff and the environment.

Entonox is still available during labour. To give additional protection to those in the birthing environment it is recommended that we change how entonox is delivered.

ENTONOX COMMS



If you've given birth before or seen birth on TV you'll have seen these mouthpieces. We are replacing these with full masks to keep us and you safe.

The new masks mean that the entonox is contained in the mask and is taken away by a "scavenger" system we have in the birthing room. You don't have to wear the mask the whole time - just bring it to your face to use.

Please ask your midwife if you would like to try a mask and discuss your pain management options.



Find out more about entonox and other methods of pain management here



In early 2023 some hospitals had to withdraw gas and air (entonox) as an option due to some safety concerns flagged for staff who have prolonged exposure. The RBFT has a scavenger system already in place, while they did not need to stop using gas and air, they did have to make changes to the Service User experience. New guidance means that, instead of mouth pieces, the Trust moved over to using face masks. This came at a time when Covid facemasks had become a thing of the past and there was a general negativity to use anything mask related, it also raised questions around the safety of entonox.

We worked with our Parent Reps to support the Trust in writing a leaflet/poster to communicate the change and clearly visualise the equipment. We asked:

- Does it explain it clearly?
- How would you feel about a mask vs a mouthpiece?
- Do you have any other questions?

The final document was then shared by the Comms Team on social media and we used our MNVP social media reach to amplify the message and field any questions.

The biomechanics of birth is the study of how the body's biology and movement mechanisms work during childbirth.

It can help improve the birthing experience by understanding the pelvis and birthing process, recognising the importance of positioning and staying mobile, and learning ways to improve position and also manage physical discomfort.

BIOMECHANICS OF BIRTH

Lisa Cox at the RBFT had developed a Biomechanics of Birth document for Midwives and was keen to make it Service User facing. Tessa, one of our Parent Reps, has a special interest in this area and so asked to be considered to review from the perspective of someone who teaches it during pregnancy. She says, "We passed a document backwards and forwards several times to change clinical language and make it more inclusive. Then we had a final online meeting to clarify language and discuss at what stage of pregnancy it would be shared with parents. It's now a very different booklet that's better for bringing diverse perspectives together.



TESSA SANDERSON
Parent Rep

NHS Royal Berkshire NHS Foundation Trust

Biomechanics for birth – helpful techniques for pregnancy and labour

During pregnancy and in childbirth, changing your position and using specific techniques can create movement in the pelvis and encourage your baby into the best position. This is called biomechanics for birth. This guide has been created to help you try these techniques at home from your third trimester onwards. It will explain when, how and why each technique can be used. If you have any questions, please speak to your midwife.

Why would we suggest labour is progressing as necessary, but can help might be slow, delayed or stop after testing for you? These techniques can help labour and birth to progress, for example, in first trimester. Most people's bodies have driving a car, and how we biomechanics techniques, and relaxing and can help Anyone performing this should be comfortable.

Where is your baby?
Your midwife can assess techniques can support y opening of the pelvis. mid

Baby is at the opening

- Abdominal lift and tuck
- Knees apart, soles flat

Baby is mid-pelvis:

- Side-lying release
- Forward leaning inners
- Open knee chest
- Lunge

Biomechanics for birth, Sept

Maternity / Bio

LUNGE – ti

- Standing, p you. Make someone if towards the front.
- Rest the le, switching it

This technique is good for when baby is back-to-back or their head is facing the side. It can be used during a contraction for around 10 contractions.

ABDOMINAL LIFT AND TUCK – to encourage baby to move into the pelvis during early and active labour

- Have your back as flat as possible against a wall or have your birth partner support you from behind. With two hands interlocked under the abdomen (bump), gently lift the bump up and back towards the spine, whilst tucking your hips/ bum under and knees a little bent.
- You can do this through a contraction and then gently release your bump. Repeat this through ten contractions, relaxing in between.
- This technique must be performed during a contraction to encourage baby into the pelvis against the cervix. DO NOT TRY at home if you had fast labours before.**



COOK'S COUNTERPRESSURE

- With permission, hand placed firmly on the Sitz bones (your sitting bones) and apply firm pressure. This helps to relax the pelvic floor and is helpful for when babies head is lying to the side. Consider this if your baby needs to rotate, or you have any back pain. This is good during the pushing stage of labour.



HIP SQUEEZE

- For the hip squeeze find the bit where your bone sticks out on the side of the hip, and with their palms turned in ask your partner/midwife to apply pressure by pushing up and in. This helps to relieve tension in ligaments and opens up more space in the mid pelvis.



CLIP THE HIP

- Figure of 8 movement standing you're your body forward, the s doing this. The mid side.

Biomechanics for birth, I

Maternity / Biomechanics for birth

ABDOMINAL SIFTING (using the Reboze) – for body balance, in pregnancy and labour

- You will need to be able to move into an all fours position (on hands and knees) on a mat on the floor or on the bed.
- A large scarf is passed under your abdomen (over your bump) and held on each side. The scarf is very gently lifted and moved slowly side to side to relax the abdominal muscles. This technique is good when baby has their head turned to one side and needs help to turn.
- It is usually comfortable to have the movement between contractions during labour. The length of time doing this is up to you. It can also be used during pregnancy, daily if you enjoy it from 32 weeks onwards.
- DO NOT TRY THIS if you have any bleeding, or sharp pain (this is likely to be continuous pain rather than the feeling or pain that comes and goes with contractions). Speak to your midwife if you have an anterior placenta (a placenta located at the front of your uterus)**



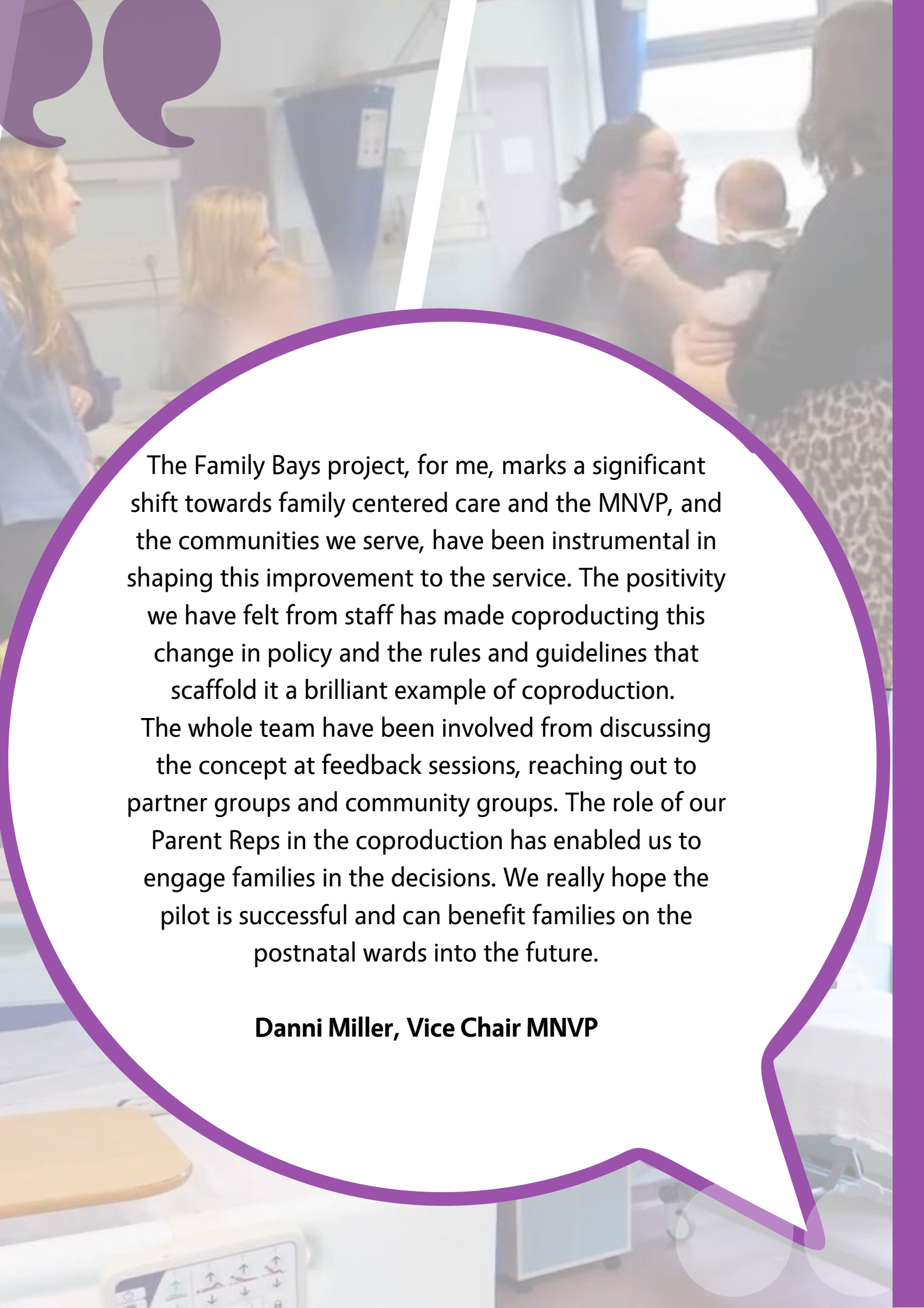
SHAKE THE APPLE TREE (using the Reboze) – as part of body balancing in labour and during pregnancy

- You will need to be in either an all fours position (on hands and knees) or leaning on to something like a chair or bed. It can also be done out in the forward leaning position.
- The scarf is put over your hips and buttocks and hands are squeezing into your hips.
- Gentle jiggling and rhythmically rocking the hips and buttocks will relax ligaments and muscles to create space for your baby to move.
- This can be done for 10 to 20 minutes or however long feels comfortable.
- It can also be done without a scarf with the hands on either side of the hips.
- DO NOT TRY THIS if you have a previous history of hip/back surgery/injuries.**



Biomechanics for birth, September 2024

8



The Family Bays project, for me, marks a significant shift towards family centered care and the MNVP, and the communities we serve, have been instrumental in shaping this improvement to the service. The positivity we have felt from staff has made coproducing this change in policy and the rules and guidelines that scaffold it a brilliant example of coproduction. The whole team have been involved from discussing the concept at feedback sessions, reaching out to partner groups and community groups. The role of our Parent Reps in the coproduction has enabled us to engage families in the decisions. We really hope the pilot is successful and can benefit families on the postnatal wards into the future.

Danni Miller, Vice Chair MNVP

FAMILY BAYS



Feedback such as this quote from a Service User was why we, as an MNVP had always championed the idea of extended visiting hours or a minimum time frame of not being alone after birth.

In November 2023 we met with the consultant midwives to discuss extending this into partner friendly spaces on the wards. A big thank you to Buckinghamshire MNVP and Trust who shared their Patient Charter which helped us to drive conversations.

Online focus group

Dads to be course

Religious groups

Shared learnings

Staff Q&A


PARTNERS & FAMILIES

We worked to include all voices in the discussion - recognising the partner could be a friend, family member, husband, wife or Dad

“ I was alone on the wards, still numb from the waist down, my baby was crying and I couldn't reach them. I felt alone vulnerable and like I was failing as a mother before I'd even started”

The MNVP, Postnatal Leads; Georgie Roberts, Bethany Swanson and Consultant Midwife: Heidi Ottosen completed a walk around of the wards to identify the best spaces that could become our Family Bays and allow some birthing people to have their partners with them 24/7.

We held online chat sessions to talk to Service Users and their partners, spoke to Dad's to be groups and also religious groups to understand the safety and privacy concerns before writing a guide for Service Users and a charter for partners.



The MNVP provided a voice for service users on the lack of facilities for birth partners post birth, and the feedback about families having to be separated just after birth when arriving on the postnatal ward.

Together we have successfully coproduced the family bay using the feedback from service users to ensure that what was being created was actually what the service user wanted. The MNVP gave value and enabled a focus to the project. Thank you- we couldn't have done this work without you.

Georgie Roberts
Level 4 Lead Midwife





FIFTEEN STEPS FOR MATERNITY

BACKGROUND OF THE 15 STEPS FOR MATERNITY



The NHS is committed to putting people at the heart of the healthcare. At a patient and family experience workshop, a mother of a child needing frequent hospital admission stated...

“I can tell what kind of care my daughter is going to get within 15 steps of walking on to the ward”.

This mother was not a clinician or a quality assurance manager, but very quickly she could tell some important things about the quality of care in the healthcare settings that she and her daughter were attending. This comment highlights how important it is to understand what good quality care looks and feels like from the perspective of the people who experience that care. People have high expectations for good quality care, which is respectful, evidence-based, kind and safe, delivered in welcoming and clean environments. This comment inspired the development of a suite of 15 Steps toolkits that explore different healthcare settings through the eyes of those who use them and their relatives/carers.

The Royal Berkshire Maternity and Neonatal Voices Partnership (MNVP) have now conducted three 15 Steps. We recruit through social media, local Voluntary Community and Social Enterprise's (VCSE's) and through our Parent Community Engagement Team's feedback sessions. We always remunerate service users for their time and input. Our aim is always to have a diverse group, representative of our community.





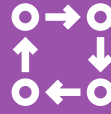
May 2023



Nov 2023

What is 15 Steps?

A review of the unit to see what impression you get as you walk around - and how that makes you feel.



Where did we step?

Entrances, Antenatal and Scanning, Delivery Suite and DAU, Rushey MLU, Level 4 Wards and IOL Suite

Who attended?

7 Service Users & 10 Trust staff participated in the day along with core MNVP members and Health Visiting



What happened next?

The findings from the report were shared across teams, reviewed, and an action plan put in place.

Soundproofing of bereavement rooms

Uncluttered entrances with no broken machines

Scanning repainted

Birthing rooms revamped and given the Rushey feel

2022 Recap



Key Themes for improvement

From all feedback given we collectively decided on the key themes for improvement and identified an area for attention which we felt was a priority.



Welcoming & Informative

- Welcoming receptions in all areas
- Consistent themed branding in all areas
- Clear directional signage
- Better use of QR Codes, or an App/Padlet
- Language options, either translated content or signs of where non-English speakers/blind people can get information in braille
- Remove broken equipment
- Enforce no smoking policy



Friendly & Personal

- Welcome notices/signage
- Information about refurbishment and when it will be completed/nearest other option



Safe & Clean

- Review accessibility or at least signpost to disabled facilities
- Larger kitchen spaces
- Enforce no smoking policy



Organised & Clear

- Larger displays of staff members
- Welcome packs and orientation
- Better signage to promote the facilities



ROYAL BERKSHIRE

Maternity & Neonatal Voices

Working in partnership to improve maternity & neonatal services

May 2023 Outcomes



ENTRANCES

The area was given a tidy the same week, flower beds installed and the entrance door cleaned. Signage was also improved. Smoking bins were removed and new bins with no ashtrays installed. Shop was painted and poster point removed



COMPLETED PROJECTS

It was amazing to see the completed projects from last years 15 Steps including the soundproofing of the bereavement rooms and the new bathrooms on level 4.



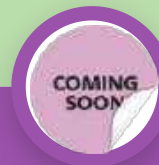
FLOOR FOOTPRINTS INSTALLED

New footprints ordered and installed and COVID stickers removed. Taxi signs updated and emergency sign installed for out of hours. Old machines removed and seating added.



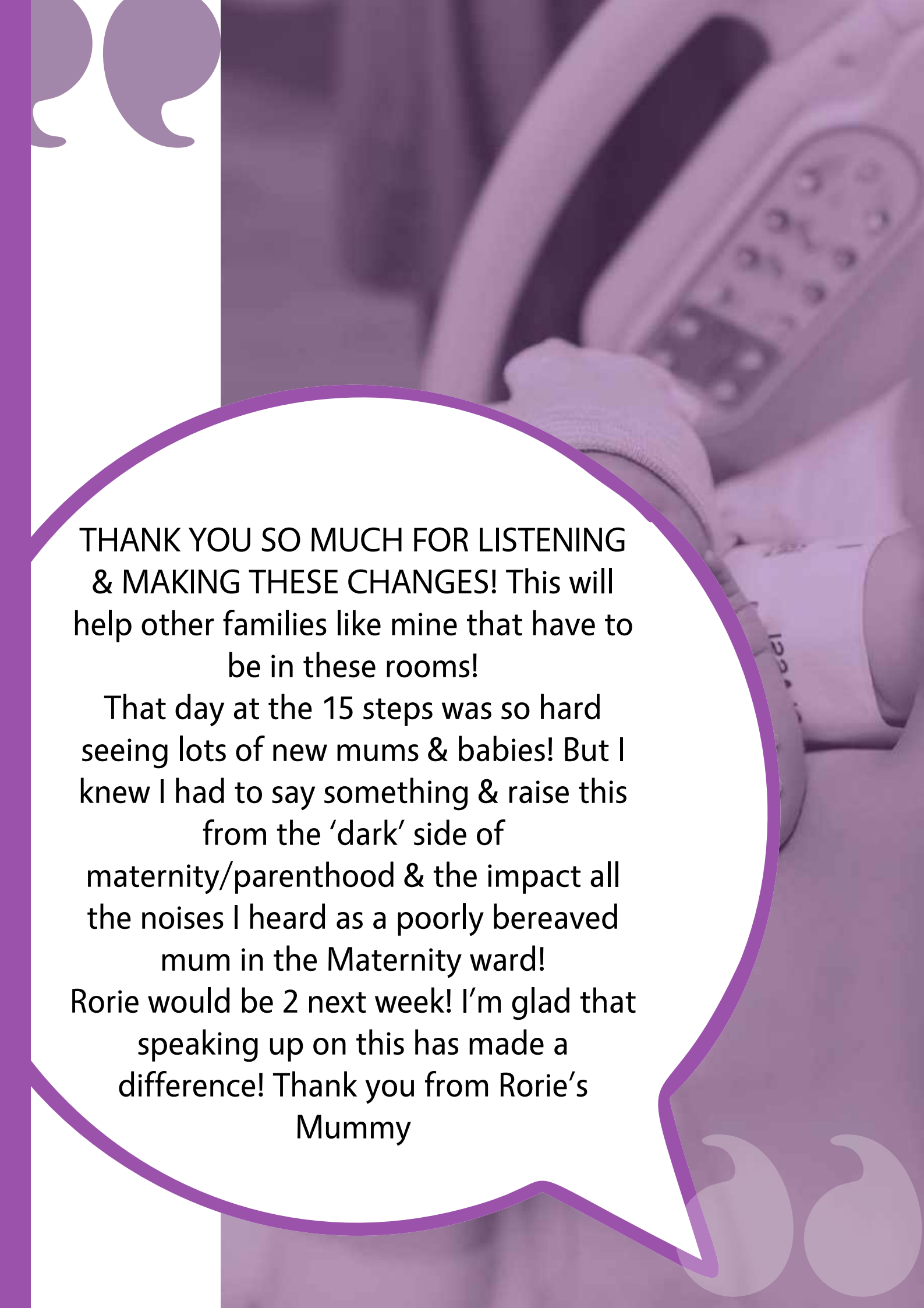
BABY MEMORIAL

Despite the heartbreaking story the decision was made to remove the memorial. The artist has been contacted and will be reunited with the art.



WELCOME PACKS & POSTNATAL

New welcome packs have been coproduced with the MNVP to be placed at every bedside. Language updates made to the filing cabinets



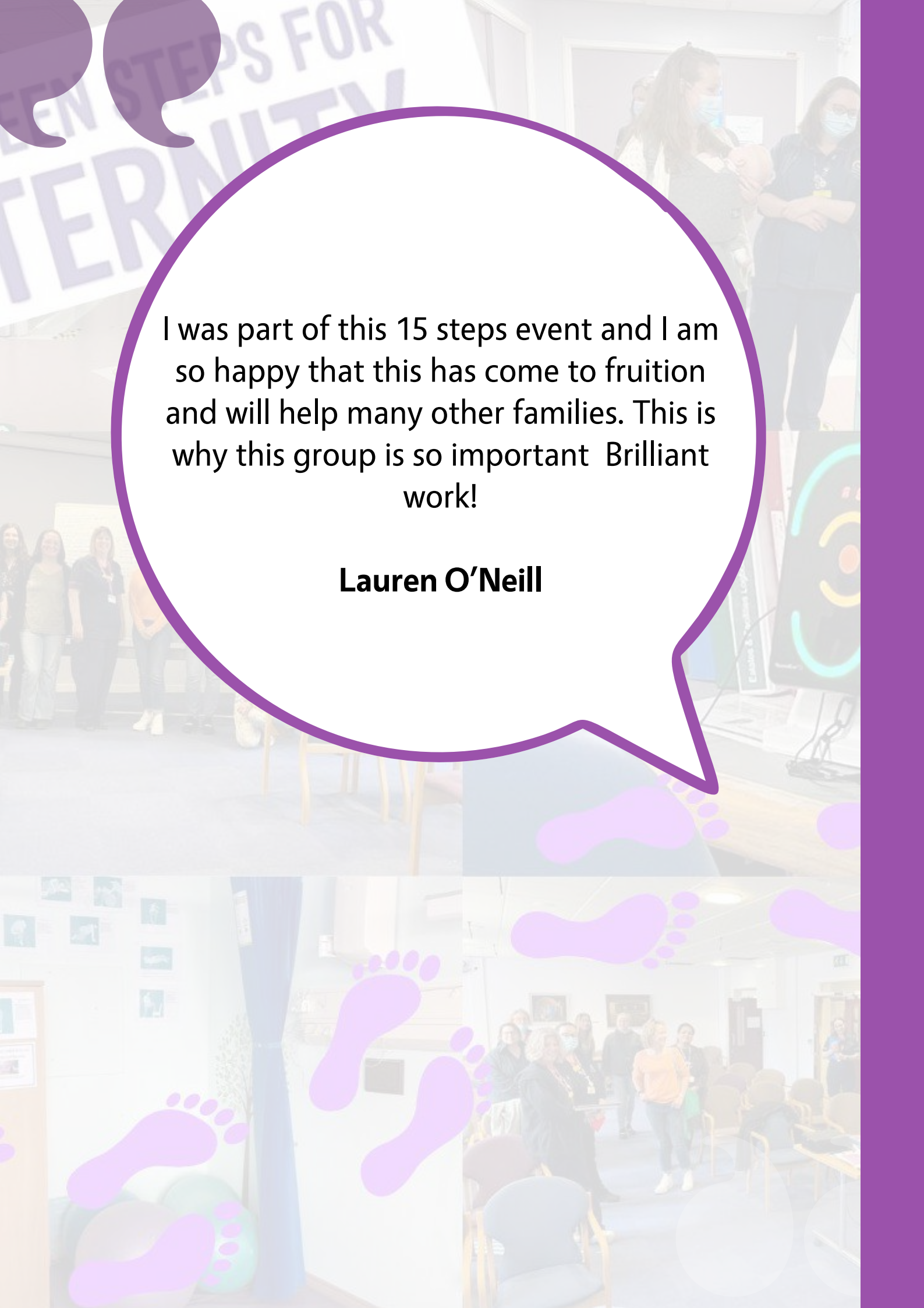
THANK YOU SO MUCH FOR LISTENING
& MAKING THESE CHANGES! This will
help other families like mine that have to
be in these rooms!

That day at the 15 steps was so hard
seeing lots of new mums & babies! But I
knew I had to say something & raise this
from the 'dark' side of
maternity/parenthood & the impact all
the noises I heard as a poorly bereaved
mum in the Maternity ward!
Rorie would be 2 next week! I'm glad that
speaking up on this has made a
difference! Thank you from Rorie's
Mummy

15 STEPS FOR
TERMINITY

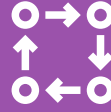
I was part of this 15 steps event and I am so happy that this has come to fruition and will help many other families. This is why this group is so important Brilliant work!

Lauren O'Neill



What is 15 Steps?

A review of the unit to see what impression you get as you walk around - and how that makes you feel.



Where did we step?

Entrances, Antenatal and Scanning, Delivery Suite and DAU, Rushey MLU, Level 4 Wards and IOL Suite

Who attended?

7 Service Users & 14 Trust staff participated in the day along with core MNVP members and Patient Experience Rep and Buscot Family Support Worker



What happened next?

The findings from the report were shared across teams, reviewed, and an action plan put in place.

Significant improvement of the main entrance

Antenatal bloods room gave a great first impression

Delivery Suite - clean and cosy, peaceful and private

Exit sensors were modern and felt hygienic and safer

May Recap



Key Themes for improvement

From all feedback given we collectively decided on the key themes for improvement and identified an area for attention which we felt was a priority.



Welcoming & Informative

- Welcoming receptions in all areas
- Spot check directional signage
- Welcome to Maternity Map. Dual purpose of promoting facilities and directional
- Language and accessibility, e.g. translated content and/or signs for where non-English speakers/blind people can get help/information in braille etc
- Improve scanning environment
- Enforce no smoking policy



Friendly & Personal

- Improve welcome at entrance
- Communal spaces on postnatal wards
- Continuous improvement of welcome documents



Safe & Clean

- Larger kitchen spaces
- Modernised areas (like new MAU)
- Continue soundproofing of bereavement spaces
- Enforce no smoking policy



Organised & Clear

- Larger displays of staff members
- Better signage to promote the facilities
- Promotion of facilities





ENTRANCES

Some small changes made here to ensure information about parking was clear. Information also updated in booking packs and online. Faded sticker removed and emergency phone checked.



VIDEOS

The first video of the postnatal wards featuring Bethany Swanson has been recorded to share on social media and familiarise people with the postnatal wards.



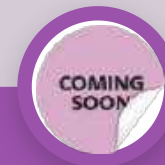
NEW MAU AREA

The refurbished old pool suite was a highlight of the visit. Clean, modern and bright "sets the tone for the care you would expect" Discreet bathroom accessible from within the room was a plus point.



UTILISING RUSHEY

Community Clinics have progressed in the Rushey waiting room.



MATERNITY MAP

Facilities to work with maternity on a specific map to help navigate the areas and showcase the facilities.

CELEBRATING OUR RBH

The role of a critical friend is rooted in balance. We compassionately challenge to steer improvement based on Service User feedback. We also proactively recognise good work and opportunities to learn from excellence.

As noted earlier in this report, change can happen quickly and sometimes can take time, some changes are not possible with current resources. Long-term thinking and a solution-focused approach to problem solving offers a balanced mindset and opportunities to identify and celebrate progress toward improvements.

There have been many many examples of excellence this past year and much to celebrate, in response to Service User voice, of the Trust as a whole, and in individual staff members and teams.

We explicitly communicate positive Service User feedback in MNVP Main Meetings, as well as in emails to our DOM and HOM, naming and celebrating individuals and teams who have given excellent care.. Our monthly newsletters included within the Maternity Newsletter celebrate good practice, quotes are sourced from our Thank You Thursdays posts, our in person feedback sessions and from our main survey.



Everything was textbook and we are so grateful to have had the perfect experience from our midwife appointments, to the scans, online appointments, to the theatre and post birth time on Marsh and Iffley wards, and home visits. Cannot fault the Royal Berkshire Maternity, Gestational Diabetes and Neonatal and Gynaecology teams. Thank you so much for taking good care of us and delivering our baby safely and well.

My care and support was brilliant as I experienced and would like to think I will receive in the future if I end up there again. I spent my 2nd night on Iffley ward before being discharged home the next afternoon. Both nights and days were comfortable and I felt safe and supported with the care given for my baby and I.

Nervous (about my induction) but I had lovely midwives throughout (big thumbs up to Sinead who was there throughout the day and came to see me in theatre at the beginning of her next shift)!

I felt well prepared and knew what to expect (talking about IOL)

My midwife Fran was amazing, kept me calm, was open, honest and I had an amazing birth experience

Felt incredibly safe on arrival to the delivery suite, staff were great there

So happy with the process, most amazing staff ever. I wish you all got massive pay rises. So so deserved

Wouldn't have changed anything at all, literally everything was amazing. All the staff were attentive, approachable, happy, experienced and caring. Cannot thank them enough

My care and support was brilliant as I experienced and would like to think I will receive in the future if I end up there again. I spent my 2nd night on Iffley ward before being discharged home the next afternoon. Both nights and days were comfortable and I felt safe and supported with the care given for my baby and I.

The midwives that delivered my baby were excellent - they were aware of previous problems with my first birth and were so very well informed and knew what they were doing! Thank you (Nikki and Chantelle)

The doctor and midwives were EXCEPTIONAL. They fully supported me as all my birth plans changed with excellent communication, support and humour. I felt so well cared for and honestly feel they helped me get through the final stage of labour. I feel these members of staff need reward and recognition in particular

I felt extremely well supported throughout my pregnancy. Having the same midwife for my appointments really helped me feel comfortable and understood. The birth was a planned c section and was an extremely positive experience. The theatre team were excellent. Ward care was good and staff were more attentive than other visits in hospital. Generally on this visit I had no issues and have no suggestions for improvements.

NEXT STEPS

In evaluating the progress of our work according to our Workplan 2023 – 2024, we have identified the following priorities for 2024 – 2025.

- Build on MNVP representation and work towards being representative of our patch
- Embed the N and engage meaningfully with neonatal parents
- Hear from Bereaved families, while keeping our teams and those we hear from psychologically safe
- Seek out and listen to currently unheard communities
- Increase opportunities for participation for our Parent Reps/Advocates
- Support the Trust to improve communication and embrace new channels to ensure informed consent is always paramount
- Build on our current relationships with our partners, develop and nurture new relationships to reach into more communities
- Develop accessible surveys to drive increased engagement with wider audiences
- Work toward MNVP Guidance asks, where funding allows
- Work with the Trust to work towards actions identified with Maternity Strategies Priorities

ACKNOWLEDGEMENTS

We would like to acknowledge the ICB, the Royal Berkshire Foundation Trust and BOB LMNS for their ongoing support of our work, both in funding and their belief in the value of listening to and responding to Service User voice and the role of the MNVP within that work.

The MNVP would like to acknowledge and express our gratitude to our BOB LMNS and our RBH colleagues for their unwavering advocacy and support of the MNVP and for consistently placing women and birthing people front and centre at every level of every conversation and decision to drive positive change.

We extend our gratitude to our RBH Advocates, all proactively passionate about maternity care and the role of Service User voice in the practice of codesign in transformation.

While some members of our MNVP are significantly more visible than others, it is important to acknowledge the breadth of investment and expertise that many of our members who may be less visible bring to our partnership. It is with deep gratitude that we thank them for all of their time and unique insights and passion.

We would like to acknowledge the insights, expertise and investment from our Professional Partners. They are key to the success of community engagement and we take this opportunity to express our gratitude for working alongside us and welcoming us into their spaces and communities.

REFERENCES

MNVP Map (see appendix)

23/24 Budgets (see appendix)

Better Births: Improving outcomes of maternity services in England – A Five Year Forward View for maternity care.

<https://www.england.nhs.uk/publication/better-births-improving-outcomes-of-maternity-services-in-england-a-five-year-forward-view-for-maternity-care/>

Three Year Delivery Plan for maternity and neonatal services:

<https://www.england.nhs.uk/publication/three-year-delivery-plan-for-maternity-and-neonatal-services/>

NHS England Maternity and Neonatal Voices Partnership Guidance:

<https://www.england.nhs.uk/long-read/maternity-and-neonatal-voices-partnership-guidance/>

Thames Valley and Wessex Neonatal Parent Advisory Group Survey

https://uk.surveymonkey.com/r/neonatalparent?fbclid=IwAR0skphLeliK2Hvqj6VfAzO4uITxVzCRUUEO7ZMEf_3rwPLttVJzI2qB5E



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For your information

If you would like a copy of this report with a larger type size, or in a format which is easier to read, without images for example, please do contact me at:

Email: chair@royalberkshiremnvp.org / Telephone 07769255203

Where an acronym (for example, MNVP would be seen in brackets following the term Maternity and Neonatal Voices Partnership) is used in the first instance, this will be used to substitute the associated name or phrase throughout the remainder of the report.

Where you see the symbol *, this refers to an additional document or resource in our Appendix or Reference section.

We Listen. We Respond. We Act.