



ANNUAL WORK PLAN

University Hospitals Sussex Maternity Voices

2023/24

Who we are:

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

What we do:

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

Whether these developments are identified by our local families or are being implemented by the Trust, our role is to make sure that the user experience is embedded within any improvements that are made. We do this via feedback from surveys, online and in person listening events and meetings. We meet regularly with the Trust to ensure that feedback is addressed. However, it is important to stress that this is impacted by the practical and financial remits available to us.

Our Partnership includes but is not limited to:

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

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

- Work creatively, respectfully and collaboratively to co-produce solutions together.
- Work together as equals, promoting and valuing participation. Listen to, and seek out, the voices of women, families and carers using maternity services, even when that voice is a whisper. Enabling people from diverse communities to have a voice.
- Use experience data and insight as evidence.
- Understand and work with the interdependency that exists between the experience of staff and positive outcomes for women, families and carers.
- Be forensic in the pursuit of continuous quality improvement with a particular focus on closing inequality gaps.

Your thoughts, your feelings, and your voice matters to us



LAURA NAISH



HANNAH DALY



JORDON CLARKE

The Team:

Laura Naish – UHSussex Strategic Chair & Brighton & Hove Chair

Hannah Daly – Haywards Heath Co-Chair

Jordon Clarke – Chichester & Worthing Vice Chair

At present we are referred to Chairs, or Vice/Co Chairs, but in the next year inline within three year plan this is likely to change to leads. Akin to this our name is also likely to change to Maternity & Neonatal Voices Partnership (or MNVP's) in order to incorporate the neonatal voice.

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

Objective 3: Work with service users to improve care

1.18 Acting on the insights of women and families improves services. Co-production is beneficial at all levels of the NHS and is particularly important for those most at risk of experiencing health inequalities (NICE, 2018). Involving service user representatives helps identify what needs to improve and how to do it. This is done through maternity and neonatal voices partnerships (MNVPs) and by working with other organisations representing service users.

1.19 Our ambition is:

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

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

You can read more about the 3 year plan and how MVPs or MNVP's will change inline with this below -

<https://www.england.nhs.uk/wp-content/uploads/2023/03/B1915-three-year-delivery-plan-for-maternity-and-neonatal-services-march-2023.pdf>

Chairs Hours, Workstreams and Meetings:

Strategic Chair, Laura: currently works 1 day per week for Brighton & 1 day per week a Strategic Chair (approx. 15 hours)

Meetings:

- MVP Steering group with Sharon/Emma/Cecily/Lara - 1 hour monthly
- Commissioner catchup with Lara/Cecily - 30 mins monthly
- Trust Maternity Improvement Group - 1.5 hrs bi monthly
- Trust Quarterly Infant feeding Strategy Group - 1.5 hrs quarterly
- Brighton Maternity team meeting - 1.5 hrs monthly (including prep)
- Monthly catch up with Becki Elms - 1 hour monthly
- LMNS Programme Board - 2.5 hours monthly (including prep)
- Quarterly catch up with Emma Chambers/NED - 1 hr quarterly
- HSIB Quarterly review meeting - 2 hrs quarterly
- Trust Quality & Safety Meeting - 2 hrs monthly
- Brighton Perinatal Equity and Equality meetings - 1.5 hrs monthly (including prep)
- Quarterly MVP meetings - 6 hours quarterly (including prep)
- MVP team meetings - 1-2 hrs monthly (online)
- Infant feeding lead meeting - 0.5-1 hr bi monthly

Other work streams:

- Walk the patch, or community engagement events - Either in hospital or out in the community - 2-6 hrs per month
- Feedback and positive comments/15 steps follow up - 1-2 hrs per month
- Social media - posts and answering messages - 1-2 hrs per week
- MVP survey promotion and follow-up - 3 hrs per month
- 15 Steps Maternity & 15 Steps for Neonatal - 4 days yearly (including report writing)
- Annual report - 2 days yearly
- LMNS quarterly report for Board - 3 hrs quarterly
- Instagram Lives - 2-3 hours per month

Co Chair, Hannah: currently works 1 day per week for Haywards Heath (approx. 7.5 hours)

Meetings:

- Perinatal Equity and Equality steering group - 1.5 hrs monthly (including prep)
- Princess Royal hospital team/HOM meeting - 1.5 hrs monthly (including prep)
- Quarterly MVP meetings - 6 hours quarterly (including prep)
- MVP team meetings - 1-2 hrs monthly (online)
- Infant feeding lead meeting - 0.5-1 hr bi monthly

Other work streams:

- Walk the patch, or community engagement events - Either in hospital or out in the community - 2-6 hrs per month
- Feedback and positive comments/15 steps follow up - 1-2 hrs per month
- Social media - posts and answering messages - 1-2 hrs per week
- MVP survey promotion and follow-up - 3 hrs per month
- 15 Steps Maternity & 15 Steps for Neonatal - 4 days yearly (including report writing)
- Annual report - 2 days yearly
- LMNS quarterly report for Board - 3 hrs quarterly
- Instagram Lives - 2-3 hrs per month

Vice Chair Jordon: currently works 1 day for Chichester & 1 day for Worthing (approx. 15 hours)

Meetings:

- Perinatal equity and equality steering group - 1.5 hrs monthly (including prep)
- WH & SRH Hospital HOM/team meeting - 1.5 hrs monthly (including prep)
- LMNS Transformation Steering Group - 1.5 hrs monthly (including prep)
- Trust Patient Experience and Engagement Group (PEEG) - 1.5 hrs bi monthly (Nicole Chavaudra)
- Quarterly MVP meetings - 6 hrs quarterly (including prep)
- MVP Team meetings - 1-2 hrs monthly (online)
- Infant feeding lead meeting - 0.5-1 hr bi monthly

Other work streams:

- Walk the patch, or community engagement events - Either in hospital or out in the community - 4-12 hrs monthly
- Feedback and positive comments/15 steps follow up - 2-4 hrs per month
- Social media - posts and answering messages - 1-2 hrs per week
- MVP survey promotion and follow-up - 3 hrs per month
- 15 Steps Maternity & 15 Steps for Neonatal - 8 days yearly (including report writing)
- Annual report - 2 days yearly
- LMNS quarterly report for Board - 3 hrs quarterly
- Instagram Lives - 2-3 hrs bi monthly

****Please note the chairs are able to be flexible with there hours to change them 0.5-1 hr per week to enable more community engagement on a monthly basis. Below are our priorities and plans for what we are hoping to cover as a partnership in the next year.**

POSTNATAL CARE & INFANT FEEDING

Make improvements to postnatal care by responding to issues raised by service users.

Breastfeeding and chest feeding support on postnatal wards increased. Feeding rooms made more inclusive, comfortable and inviting.

15 STEPS

Complete 15 steps for Maternity 2023 at all 4 sites, finalise the reports and share them with the Trust.

Conducting 15 steps for neonatal across all 4 of the sites.

VISITING HOURS & OVERNIGHT STAYS

Prioritise the service user voice in terms of visiting hours and partners staying overnight.

Push forward for meetings with the Trust and service users to obtain longer visiting hours and overnight stays for partners added as an option.

LOSS SURVEY & MVP TRAINING

Complete the priorities that are left from last years work plan.

Training & supervision for MVP Chairs.

Dedicated co produced and SU led survey for loss and TFMR pregnancies.

OUR PRIORITIES 2023/24

INFORMED CONSENT

Raising and addressing issues of informed consent in birth experiences.

Improved awareness around women and birthing people feeling listened to in labour & birth.

NEONATAL VOICES

Listening more closely to and incorporating the neonatal voice into our MVP.

Working together with the PAG & neonatal delivery network to promote the neonatal survey and make sure there is no duplication of work. Signposting to support services for neonatal parents.

CO PRODUCTION

Working to co-produce materials and information on induction of labour, informed choice for service users alongside consultant midwife.

Working to co-produce materials and information to support service users on the postnatal ward with maternity teams and transformation midwives.

MIDWIFERY LED UNIT

A Midwifery Led Maternity Unit in our area (Between Brighton & Haywards Heath) remains a critical and urgent priority & gathering feedback akin to this priority.

ADDITIONAL PRIORITIES

MEMBERSHIP & SURVEY RESPONSES

Increase response rate on the new online survey across all 4 sites.

Grow the MVP partnership by engaging and recruiting more parent and community voices including those that can volunteer in the community for us.

RECURRING COMMITMENTS

Continuing with the reoccurring commitment of the MVP, including MVP Trustwide meetings, regular community engagement visits, walk the patch, 15 Steps, one to one service user contact, signposting and support for our service users, week round availability contact via social media and email.

MNVP CHANGES

Rebranding and restructuring as a MNVP and Leads, including our website, promotional material, documents and terms of reference. Digging in deeper to make sure this is throughout the partnership and not just surface logos etc.

NB; Maternity Voices Partnership expectations and limitations:

Due to the time and financial limitations of the MVP and its funding, any additional work that is undertaken outside of the annual work plan will need to be funded as it arises.

We have a terms of reference (appendix) as this sets out a lot of the details and requirements - including structure, minutes, agendas, etc.