

**James Paget
University Hospital
Maternity and
Neonatal Voice
Partnership
Annual report
2024**

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Introduction

Maternity and Neonatal Voices Partnerships (MNVPs) are working groups made up of teams of women, birthing people and their families, commissioners and providers (midwives, health visitors, family nurse practitioners and doctors) working together to review and contribute to the development of local maternity and neonatal care.

In Norfolk and Waveney, MNVPs are aligned to each of the local three Acute Trusts. As MNVPs, our aim is to create and maintain an independent forum for co-production for maternity and neonatal services that places service user voice at its heart and brings together maternity and neonatal service users and staff, wider Trust leadership, commissioners and other strategic stakeholders.

Our purpose is twofold:

- To seek out and listen to the voices of women and birthing people, families and carers using maternity and neonatal services from all ethnicities, backgrounds and communities within our local population.
- To use service user experiences and insight to work creatively, respectfully and collaboratively towards solutions that are co-produced with service users and staff.

Members of the collective forum operate on the following values:

- We are committed to diversity and equal opportunities.
- We uphold women and birthing people's human rights in pregnancy and childbirth.
- We are multidisciplinary and our members bring with them different beliefs, values and experience. All these perspectives will be valued and respected.
- All of our members will have an equal opportunity to contribute to discussions and decision-making processes. We ensure the group is inclusive, enabling all our members to participate and ensuring our communications are understandable to all.
- Our members will act in a public service capacity and will adhere to the Nolan principles for conduct in public life.

Facts about the James Paget

James Paget University Hospital (JPUH) is based in Gorleston and serves a population of 250,000 within Norfolk and Suffolk including two substantial areas of deprivation with Great Yarmouth and Lowestoft.

More than 164,000 people in Norfolk and Waveney live in areas classed as within the 20% most deprived in England¹ - these communities are mainly situated in urban areas including Great Yarmouth and Lowestoft within the JPUH catchment. There are also pockets of deprivation in rural areas. JPUH is a split county trust covering both Norfolk and Suffolk; only Norfolk received the Family Hubs funding.

The JPUH maternity department is a shared midwifery and consultant service with a consultant-led delivery suite and midwife-led birthing unit (MLBU). JPUH has rolled out Continuity of Carer (CoC) with the specialist Bluebell team and Eden Team.

Maternity and neonatal services include:

- Ultrasound Department
- Antenatal Clinic
- Dolphin Suite (MLBU) with two pools and three rooms
- Neonatal Intensive Care Unit
- Central Delivery Suite
- Maternity Assessment Unit
- Ward 11 - covers both antenatal and postnatal care
- Eden Team - safeguarding specialist team
- Bluebell Team - Continuity of Carer (CoC) team
- Traditional community teams with multiple bases in Norfolk and Suffolk.

In 2023-24, there were 1,763 births at the JPUH, averaging at 147 births per month. This is a slight increase since last year, which goes against the national downward trend for births in England.

¹ Socio-economic deprivation is measured using the Index of Multiple Deprivation (IMD), an overall measure of deprivation, calculated for any given postcode using information about the levels of income, education, employment, crime and the living environment for that local area. Each decile indicates a level of deprivation, with 1 the most deprived and 10 the wealthiest. Core20 is the 20% most deprived deciles, IMD 1 and 2.

About James Paget Maternity and Neonatal Voice Partnership

Message from the Lead - Kaya Thorpe

It's been quite a year as the JPUH MNVP once again. Being the MNVP lead of the smallest Trust, in the most deprived community, at a challenging time has been an experience. And not always the easiest one. Blood, sweat and tears frequently form a key part of our MNVP work! But again - we are still standing. As the JPUH MNVP we openly roll with workload. We pick up where needed and make every effort to engage with the staff that need us. We are here to give voice to our service users and our staff. Collaborative working throughout the year has been crucial to us and we value the staff we complete this with. We don't always run smoothly; I very often say it as it is - but we are representative of the women and birthing people we speak for.

While there has been stress, - there has also been laughter en route. Filming our amazing neurodivergent video was a highlight of the year - it was also great fun and it's a method we are replicating across other areas.

Whilst our processes can sometimes appear a little bumpy, I can say that everyone within the MNVP wholeheartedly wants the best for the women and birthing people living in an incredibly challenging area; collectively we fight for their voices to be heard. And the voice we bring from within the MNVP - and in collaboration with staff - is a powerful force. As I enter my fifth year in this role, I can say that, despite the challenges we face, I am confident that we can work together to overcome these obstacles and ensure service users are given the voice they need to help the Trust move forward.

Who we are:

Kaya Thorpe

Kaya is our MNVP Lead and generally works within the Maternity side. Kaya is an International Board Certified Lactation Consultant, Chief Executive for a local infant feeding charity and mother to three children - all born under the JPUH Maternity Team. Kaya has been in post nearly five years and, whilst her children are aged 5 and over, she is firmly embedded within the community due to her dual roles. Kaya has a great understanding of the area, local organisations and the current challenges at play, including the difficulties related to working across two counties.

She strives to advocate for service users to ensure equality and equity of access. While Kaya fell accidentally into the MNVP when Covid hit – she finds she just can't seem to leave and giving service users a voice remains her passion.

Hannah Barker - Neonatal Lead

Hannah joined the MNVP in October 2022, initially working alongside Kaya as Vice-Chair. Hannah moved into the post of Neonatal Lead in July 2023. As a type-1 diabetic, Hannah has lived experience of diabetic pregnancy, pre-eclampsia, premature labour, induction of labour, instrumental birth, and birth trauma within the JPUH maternity services.

Natasha Garforth - Volunteer Lead

As Volunteer lead, Natasha's role involves going out into the community to speak to families and gather valuable feedback on their experiences within the maternity and neonatal departments.

Natasha's decision to join the MNVP was rooted in her drive to ensure service user's voices are heard and their feedback shared to transform and improve maternity and neonatal care.

She is passionate about bereavement care for parents that have experienced the death of a baby whilst in care of maternity, or neonatal departments. She knows first-hand the devastation caused by these experiences and how crucial the aftercare is.

Natasha feels it is hugely important that service users and staff within the Trust see and feel the MNVP's presence in and around the community, so they know that the team is there for them to reach out to, when needed.

Ruth Fisk - Community Engagement Lead

As the Community Engagement Lead, Ruth is passionate about supporting families during one of the most significant times in their lives. Her role allows her to advocate for maternity and neonatal care by sharing the MNVP's work with the wider community through social media and outreach. Ruth is driven by a deep commitment to ensuring that families feel heard and empowered, and she believes in the importance of creating strong community connections to improve the care experiences for everyone involved. Through outreach, the MNVP aims to raise awareness of its efforts in enhancing maternity and neonatal services and fostering a supportive network for new and expectant parents.

Achievements this year include:

This year, we have moved from a team of two leads to a team of four which feels like a huge achievement. We have run our first on-site listening event and moved towards running a professionals' forum for the first time to bring together all agencies.

We have run several surveys over the past 12 months and we are currently working on another to support service user voice in targeted projects. We have been presenting on Midwifery Mandatory Day regularly and received good feedback. We have completed all our compliance for the Clinical Negligence Scheme for Trusts (CNST).

We have built and developed our relationship with Elita Mazzocchi, Head of Midwifery (HoM), Angela Sutton, Deputy Head of Midwifery and Jenny Keys, Consultant Midwife, and have worked with many other staff members on specific projects. We are proud of our strong connection with the Trust team and look forward to more collaborative working next year.



Communications and engagement

We have delivered a regular programme of events and communications using digital channels and face-to-face events. Some examples are included below.

Ruth continues to build our MNVP social media presence which is slowly rising across the area and posts now get more awareness with nearly 1,900 followers.

Our website is also back up and running www.birthvoiceseast.co.uk.



James Paget
Maternity & Neonatal
Voices

Find the Paypal link below...





Buy some biscuits for your Neonatal team...

Day of the Midwife 2024


Join us in celebrating our JPUH midwives by donating to our 'Buy a Midwife a Coffee'

We will be using funds to buy our midwives treats as a thank you



Please comment below with any feedback you would like to pass over to the team

Thank you JPUH Midwives



Listening Event

Antenatal Clinic
Tuesday 21st May
9:30am - 2pm
Antenatal Clinic at the James Paget University Hospital

Infant Feeding Survey

Please fill in our survey on infant feeding

Scan the QR code or click the link to access the survey






James Paget Maternity And Neonatal Voice Partnership

Are you a professional working with families?

We would like to invite you to attend our MNVP update session and professionals forum.

This session is for professionals working with families who have accessed the James Paget Maternity or Neonatal Services.

We want to hear your views on services and what impact this has on the families you are working with.

There will be an opportunity to network with all services in this session

When - Monday 23rd September 2024
Where - Louise Hamilton Centre, JPUH
Time - 10am-12pm



James Paget
University Hospitals
NHS Foundation Trust

Pop up events - Little Footprints and Waveney Gymnastics



Reflecting the diversity of our local population including seldom heard and vulnerable communities

Neonatal

We have a constantly running Neonatal Intensive Care Unit (NICU) survey and proactively seek out service user voice. We have found this harder than the maternity side and our objectives for the next year include working to strengthen relationships with NICU staff so that they have a clear understanding of the work we do and how we can support them to include service user voice.

Bereavement

This year we have been working with the bereavement team to film service user voice on bereavement care. Staff feedback was that the neurodivergent (ND) video was powerful and that they want to see that format of service user voice across other topics. With the bereavement team we worked collaboratively to find service users with a variety of experiences to begin the filming process. These videos are coming out shortly and we hope they will be as powerful as our ND offering.

Vulnerable communities

This is a focus running through all of our work as so many of our families live in areas of deprivation. Of particular note this year has been our outreach in the heart of our deprived communities with small pop-up listening events running in key areas such as Southtown and Kirkley.

To support families whose first language isn't English, we have translated surveys into the top languages available on the website: [Translated Surveys | Birth Voices East](#).

Our priorities moving forward are to move towards running events in collaboration with the Eden and Bluebell teams supporting our most vulnerable families.

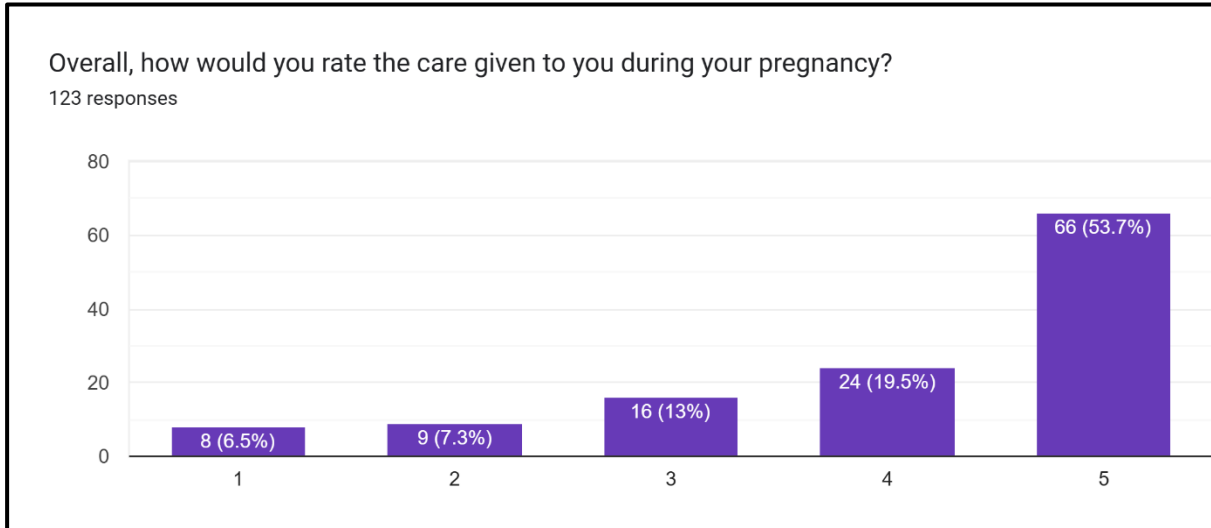
We will continue to explore ways we can support our non-English speaking families and hope to work with our maternity experience midwife and some external contacts to run an event for families who do not speak English as their first language.

Surveys and polls

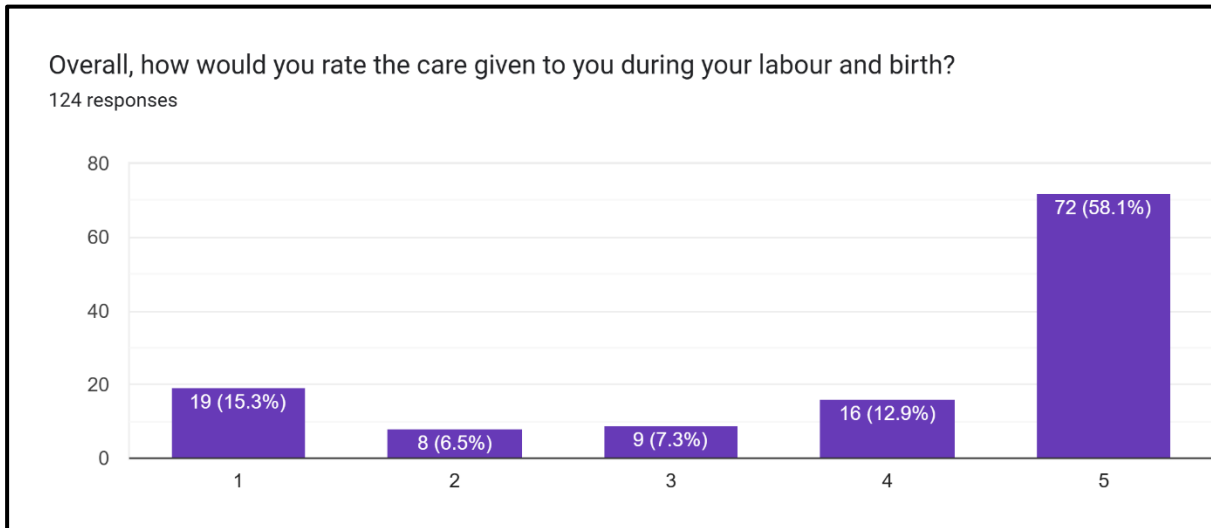
We run our surveys online and utilise our tablets in person. Services are rated between 1 - 5 with 1 being poor and 5 being excellent.

Maternity

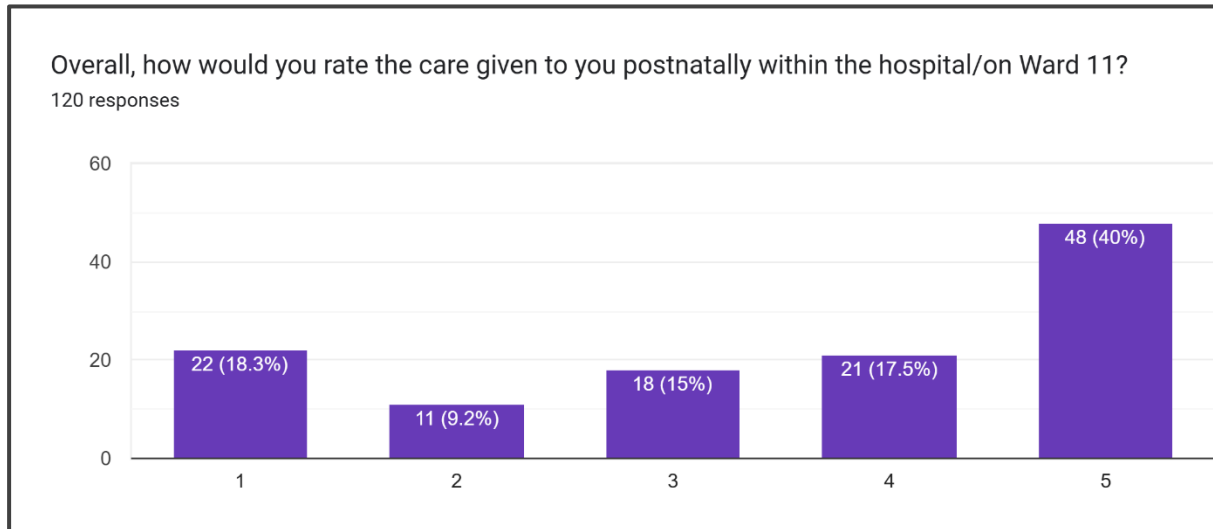
Antenatal Care



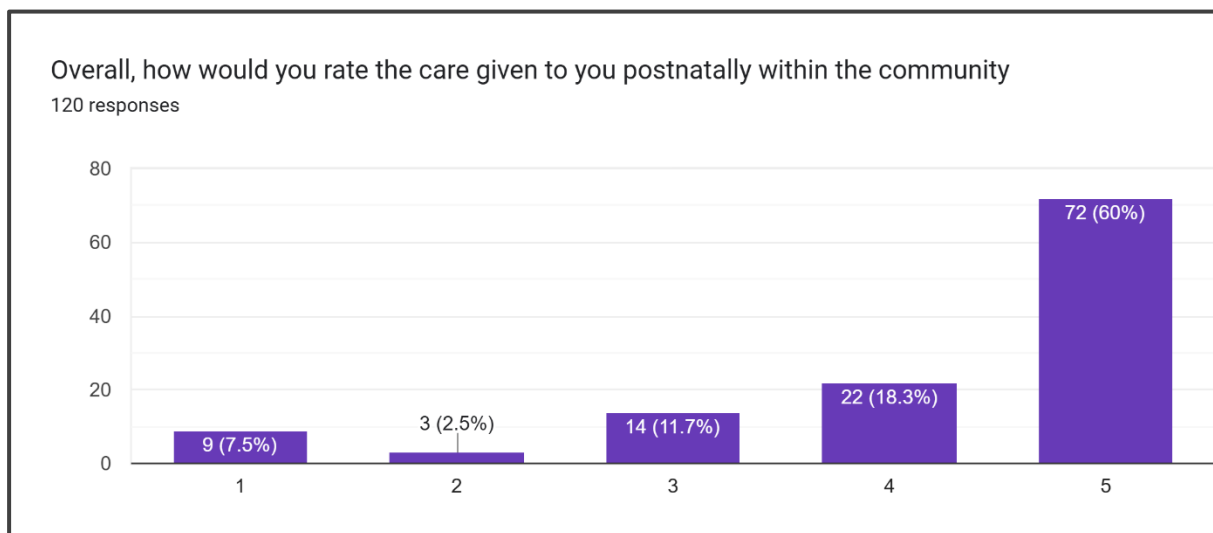
Labour and birth



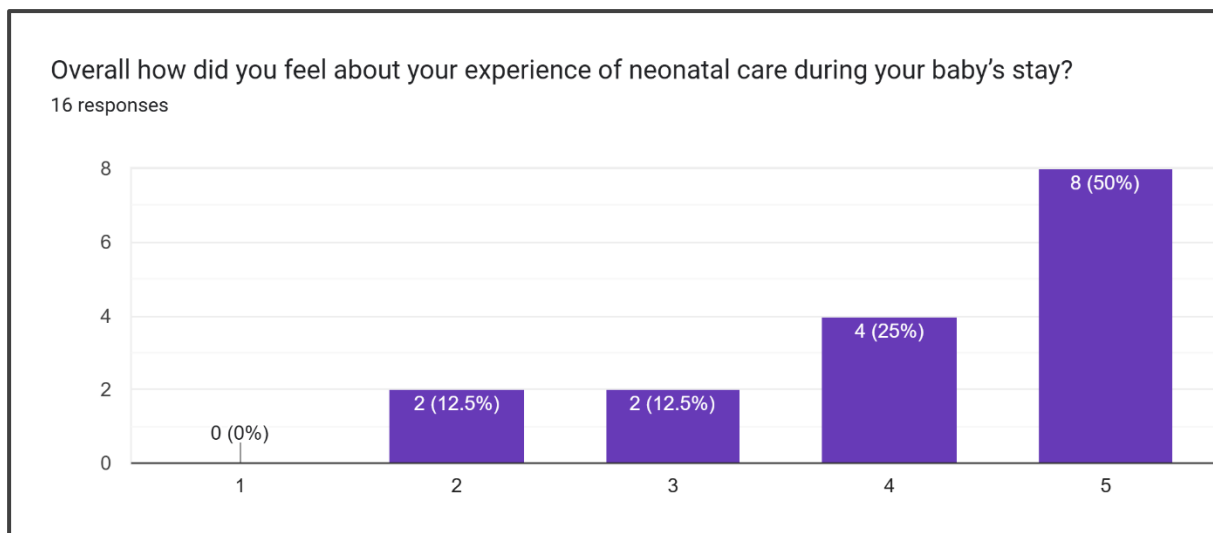
Postnatal in hospital



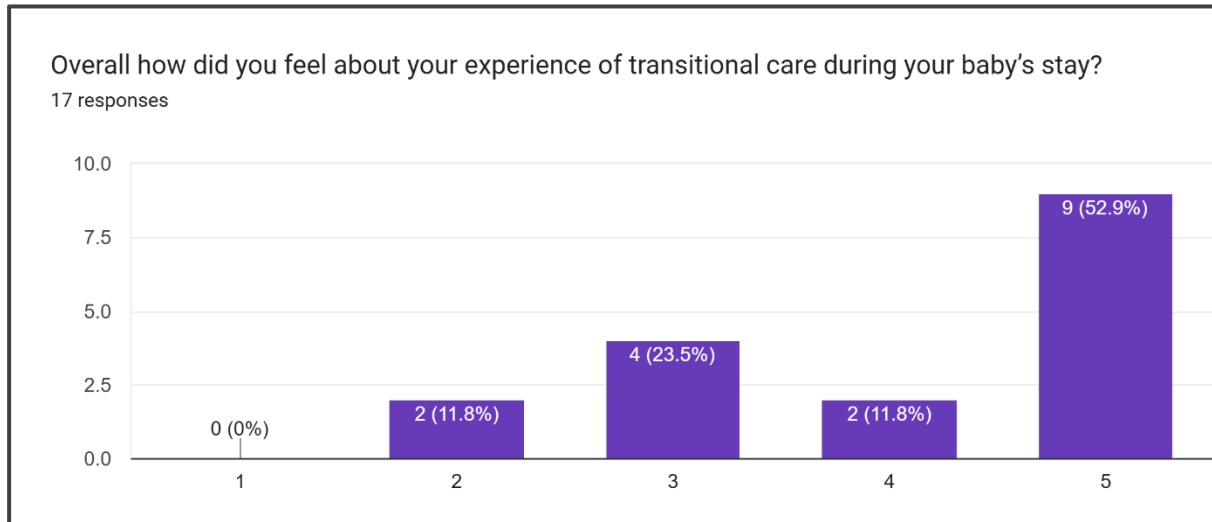
Postnatal in community



NICU Care



Transitional care



We are seeing an increase in positive feedback on the surveys. Identified trends include

- Families wanting more information at antenatal clinic
- Women who have traumatic births not feeling heard
- Not feeling informed choice given during birth
- Ward 11 flagging for more information needed for discharge and more infant feeding support
- Postnatal care scores have not changed with the removal of Continuity of Carer (CoC), however families were not feeling like they received CoC postnatally previously. Those who did receive it felt strongly about it continuing.
- More infant feeding support in community care
- Discharge packs for neonatal families are requested
- Families on transitional care are not always feeling that they are able to get others involved in decisions surrounding babies' care. However, yet to see the impact with 24 hour visiting.

We have also have an antenatal clinic survey and infant feeding survey.

We are working with the team on changing the information on the antenatal clinic screens, support with discharge information on Ward 11 and an induction of labour survey going forward.

What we have achieved this year

I have found this really hard to quantify what we have achieved. But we have achieved. It's been a challenging year with big changes in senior staffing and ongoing Care Quality Commission (CQC) work.

What we have succeeded in this year overall is being present, being part of the team and championing service user voice in everything we have done. We are confident we have supported our service users and the Trust.

We completed our neurodivergent project, through which we hope to improve care and experience for our families. We have been delivering our Midwife Mandatory Day sessions and received positive feedback. We have worked closely with the LMNS on the development of a new antenatal care offer and the roll out of Personalised Care and Support Plans (PCSP). We have managed to launch our successful Professionals forum.

We have been compliant for CNST and have worked on the CQC action plan alongside staff. We have been proactive as much as possible and tried to be as flexible as possible to encompass service user and staff needs.

We have launched several surveys and worked with staff to bring the feedback to them. We have a strong relationship with our Community Lead which has increased the breadth of feedback we receive and share with the Trust, for the benefit of our service users.

Some of our achievements this year:

- Facilitated first professionals' forum with focus on antenatal booking pack and accessibility
- Supported the trust with recruitment for key senior roles
- Co-production of CQC survey action plan
- Ongoing attendance and input at Safety Champions and Maternity Governance meetings
- Co-production of bereavement films for staff training
- Support with development of the Personalised Care and Support Plan (PCSP)
- Support with the development of antenatal education programme

- Delivering sessions on midwifery mandatory training day
- Facilitating the Antenatal Clinic on site-listening event
- Expansion of our team and our community work
- Working with the Infant Feeding Team with survey and feedback.

Future plans for 2025/26

- Outreach team to launch - This team will sit as volunteers placed within their local community to speak to families within local groups to gather feedback and raise the profile of the MNVP.
- Increase listening events running as pop ups
- Undertake an induction of labour patient survey
- Co-producing a discharge from ward leaflet
- Accessibility is a key area of focus and we will continue to progress the development of language and birth choices cards for service users and improved translation services
- Continue our work to grow our engagement with neonatal service users and strengthen our links with neonatal intensive care unit (NICU) staff
- Extend our focus on supporting neurodiverse service users by developing a suite of resources aimed at supporting the needs of this cohort, in collaboration with the Eden team
- Co-producing the Care Quality Commission (CQC) action plan in response to CQC survey
- Attending and input at quarterly feedback meeting with staff to develop workplans.
- Working with the infant feeding team on progression following survey
- Delivery of education to doctors around informed consent.

Budget 2025-26

Funding proposal for 2024-2025

This is what it has cost to run the MNVP this year - some additional funding was provided from JPUH to support our CQC focussed work which paid for Ruth and Natasha.

	Monthly	Annually
Maternity Lead (4 days PPV)	£600	£7200
Neonatal Lead (3 days PPV)	£450	£5400
Community Engagement Lead (1 day PPV)	£150	£1800
Volunteer Engagement Lead (1 day PPV)	£150	£1800
PPV Travel Expenses		£100
Listening Event Resources (4 events per year face to face)		£100
Subscription for Website		£122

Predicted total expenditure for financial year:	£16,522.00
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