

# NNUH MNVP Annual Report Year 2024

Norfolk & Norwich



Maternity & Neonatal  
Voices Partnership

Working in partnership to improve maternity & neonatal services.

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Maternity and Neonatal Voices Partnerships (MNVPs) are working groups made up of teams of women, birthing people and their families, commissioners and providers (midwives 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 our 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 partners.

## Our purpose:

1. 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.
2. To use service user experiences and insight to work creatively, respectfully and collaboratively towards solutions that are co-produced with service users and staff.

## Our values:

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

# Facts about Norfolk and Norwich University Hospital (NNUH)

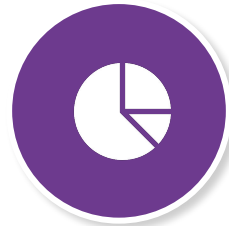


## Location

The Norfolk and Norwich University Hospital (NNUH) is one of the largest and busiest teaching hospitals in the country. Situated just outside Norwich, it provides care for communities spanning Central, South and North Norfolk.

The NNUH's maternity department has a consultant-led delivery suite and midwife-led birthing unit. Services include fetal medicine and rainbow clinic, early pregnancy and maternity assessment units, home birth, a regional maternal medicine centre, an abnormally invasive placenta center and a level three neonatal intensive care unit.

The Neonatal Intensive Care Unit (NICU) consists of 8 consultants, 20 doctors, 9 Advance Neonatal Nurse Practitioners (ANNP's), 115 nurses and 16 nursery nurses.



## Births

At the NNUH, in 2023-24, there were 4,833 births, averaging 402 births per month. This is slightly lower than the previous year, reflecting the national downward trend across England.

However, it is predicted that birth rates will increase in the next 10 years as the NNUH catchment area grows. Whilst the birth rate has reduced the hospital have noticed an increase in pregnant women/birthing people with complexities, requiring an increased level of specialist support.

During 2023- 24, there were 903 babies born at the NNUH that needed to be admitted to NICU. An additional 69 babies were transferred to the NNUH NICU, totalling 972.

*\* 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.*



## Demographics

Within the NNUH footprint, the most deprived neighbourhoods are clustered within inner-city Norwich, particularly Mile Cross, City Centre West and Lakenham which have 65% or more of the population is classed as Core20\*. There are pockets of deprivation in other areas including North Walsham, Cromer and Holt in North Norfolk, Thetford and Watton in South Norfolk.

The most ethnically diverse districts in Norfolk are within Norwich where 12.9% of the population is within Black, Asian and Mixed Ethnic groups.

For a more detailed description of the NNUH demographics please see the appendices.

## MNVP Service User Lead Team

Jenny Whatling - Co-Lead, Maternity Focus  
Catherine Rickman - Co-Lead, Neonatal Focus  
Victoria Kerslake - Community Engagement Lead

## MNVP Staff Leads

Lisa Mastrullo - Deputy Director of Midwifery  
Laura Allen - Quality Improvement Midwife  
Gemma Partridge - Consultant Obstetrician  
Paula Mellor - NICU Matron  
Kate McColl - NICU Family Care Matron  
Gaby Cawston - Ward Lead/Acting Matron  
Rosie Bloomfield - Patient Engagement & Experience Facilitator

## Partner Groups and Organisations

NNUH MNVP has developed links with a number of organisations who work directly with women, birthing people and families and are invited to collaborate towards shared aims.

Representatives from the groups might contribute feedback or suggestions via email or during in person meetings. We have also collaborated on focused projects such as 15 Steps Visits or targeted outreach.

## Community Engagement Volunteers

The team of volunteers attend groups and events in their local communities to raise awareness of the MNVP and how to share feedback. They gather feedback about service user experiences and promoting the online surveys.

The volunteers also attend meetings to represent service users and support with reviewing documents and providing feedback.

# About NNUH MNVP

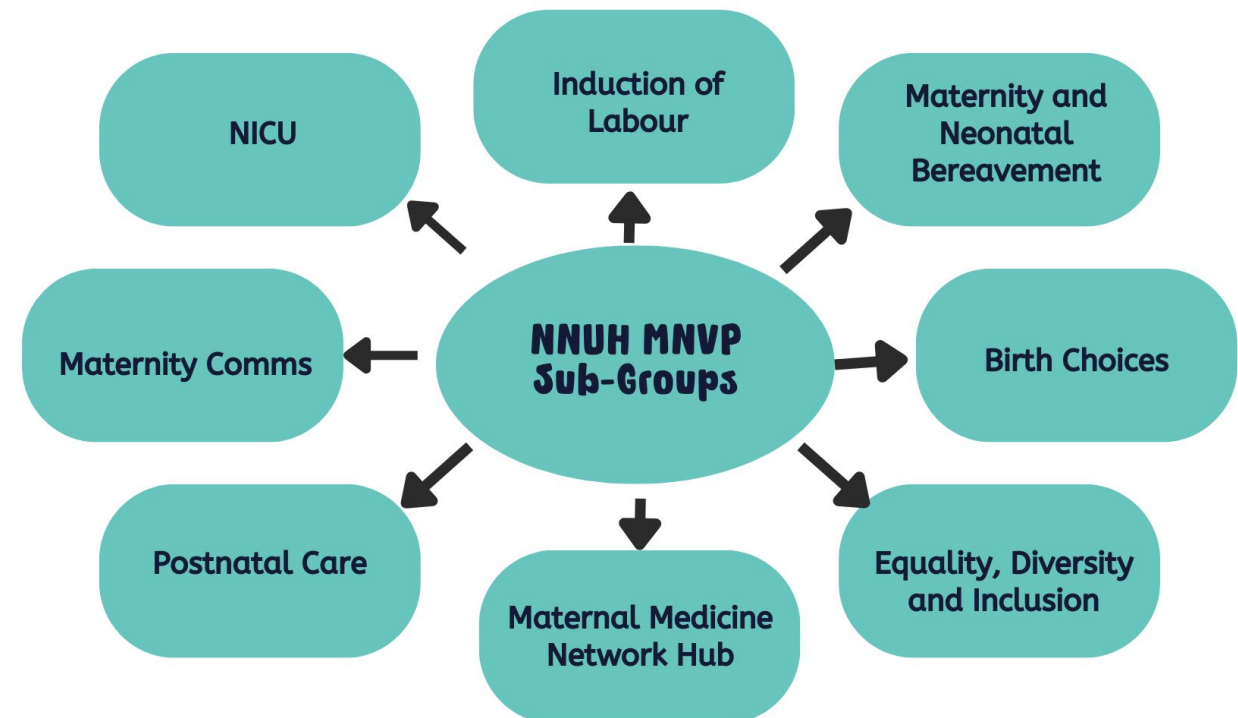
## Feedback Collection

- Surveys
- Social Media Post
- Engagement
- Patient Advice and Liaison Service (PALS)
- Feedback Complaints & Compliments
- Listening Events
- Visits
- Walk the Patch
- Care Quality Commission (CQC) Survey
- Inspections

## Feedback Action

- Monthly Feedback Meetings
- MNVP Sub-groups
- Project Specific Meetings
- Local Maternity and Neonatal System (LMNS) Workstreams
- Staff Training
- Information Sharing

The MNVP sub-groups form the basis of the work plan. The groups are based on service user feedback themes or NNUH priorities. Informed decision making and consent is a theme which weaves through all of the priorities. Each sub-group has a terms of reference and actions are recorded.



# Communication and Engagement

## Social media update

Correct as at November 2024:

Instagram - 1236 followers

Facebook - 2.8k likes / 3.1k followers

## Online Surveys

Friends and Family Test Survey (FFT)

Our Words Matter feedback

Maternal Medicine Survey

Smoking in Pregnancy survey

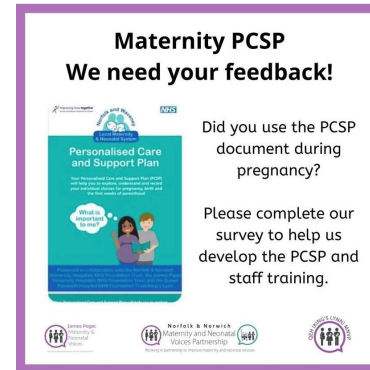
GP Breastfeeding advice feedback

CQC Survey

Nausea and Vomiting in Pregnancy survey

Neonatal Repatriation Survey

Operational Delivery Network (ODN)



**Maternity PCSP**  
**We need your feedback!**

Did you use the PCSP document during pregnancy?

Please complete our survey to help us develop the PCSP and staff training.

Personalised Care and Support Plan

www.eoematernityandneonatal.nhs.uk



**Has your baby moved between Neonatal Units?**

We want to hear your feedback!

Neonatal Unit

Scan for Parent/Carer Repatriation Feedback Form

<https://forms.office.com/e/HcWDUIauih>



**Footprints & Feedback**

An opportunity to share your feedback to improve maternity services and neonatal care and get a keepsake of your baby's footprints.

**Poringland Library Bounce & Rhyme Time**  
**Tuesday 2nd July**

We'll be there from 10am

Norfolk & Norwich Maternity and Neonatal Voices Partnership



**MINI FUTURES**  
**FREE Bump & Baby Group**

Last Wednesday of every month  
1-2:30  
Baseline Centre, NRS BYD

future projects

We can offer:

- Socialise and meet new people
- Weighing scales & maternity team advice
- Sensory toys
- Share your feedback
- Free refreshments

Speak to the NNUH about your bump or baby

Meet your MNVP & share your feedback



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



## Health Inequalities

With the MNVP guidance being clear about focusing on closing inequality gaps, listening to and seeking out the voices of ALL women, families and carers using maternity services, and enabling people from diverse communities to have a voice, expanding our community engagement was a 2024 priority. Furthermore, the LMNS equity and equality Needs Assessment highlighted the need to develop our feedback gathering beyond online surveys and listening events, so that women and birthing people from vulnerable and more hard to reach groups are actively encouraged to share their experiences and feedback.

The Community Engagement role has been instrumental in expanding our reach. Victoria has been able to develop the role of the MNVP Outreach Volunteers who attend local community groups to increase the MNVP's presence. Further efforts have taken place to forge connections with other local charities and organisations, such as with Family Hubs, Start for life, Norfolk Council etc. and seek opportunities for engagement and education. Attending their peer and volunteer meetings, spotlight speaking, and sharing information, educates and enables their staff and volunteers to promote MNVP and signpost their service users to our surveys etc.

## Growing the Community Outreach volunteer team:

- A volunteer framework, made in conjunction with the Patient Engagement and Experience team at NNUH, was created in Q1 of 2024
- A volunteer kit list was created, costed and procured
- A volunteer handbook, and training program, including videos, presentations and links to further resources, was created to assist volunteers in their onboarding
- Volunteers are recruited and onboarded by the NNUH Volunteer process and trained by the MNVP leads
- Recruitment launched in Q2 of 2024. To date, 7 volunteers have been successfully recruited and trained.
- Volunteers have an ongoing support system by way of monthly open calls, bitesize monthly training, a volunteer whatsapp group, quarterly socials, email and phone support with the MNVP core team

## Join Our Volunteer Team

We are recruiting volunteers to attend local baby groups and chat to parents about their experiences of maternity and neonatal care at NNUH

### Are you...

- Interested in improvements & developments in maternity and neonatal care?
- Good at chatting to people?
- Able to listen and give others a voice?
- Able to spare 3-4 hours a month?

### We Need You!

Email or DM to find out more

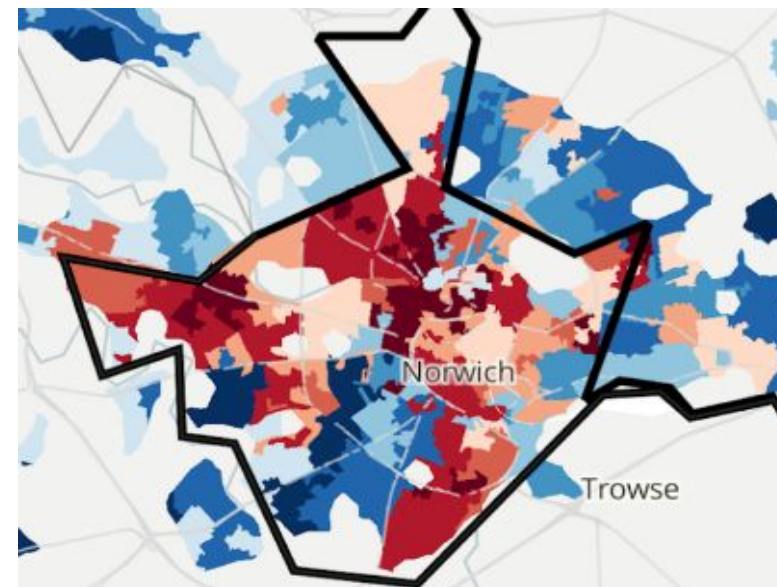
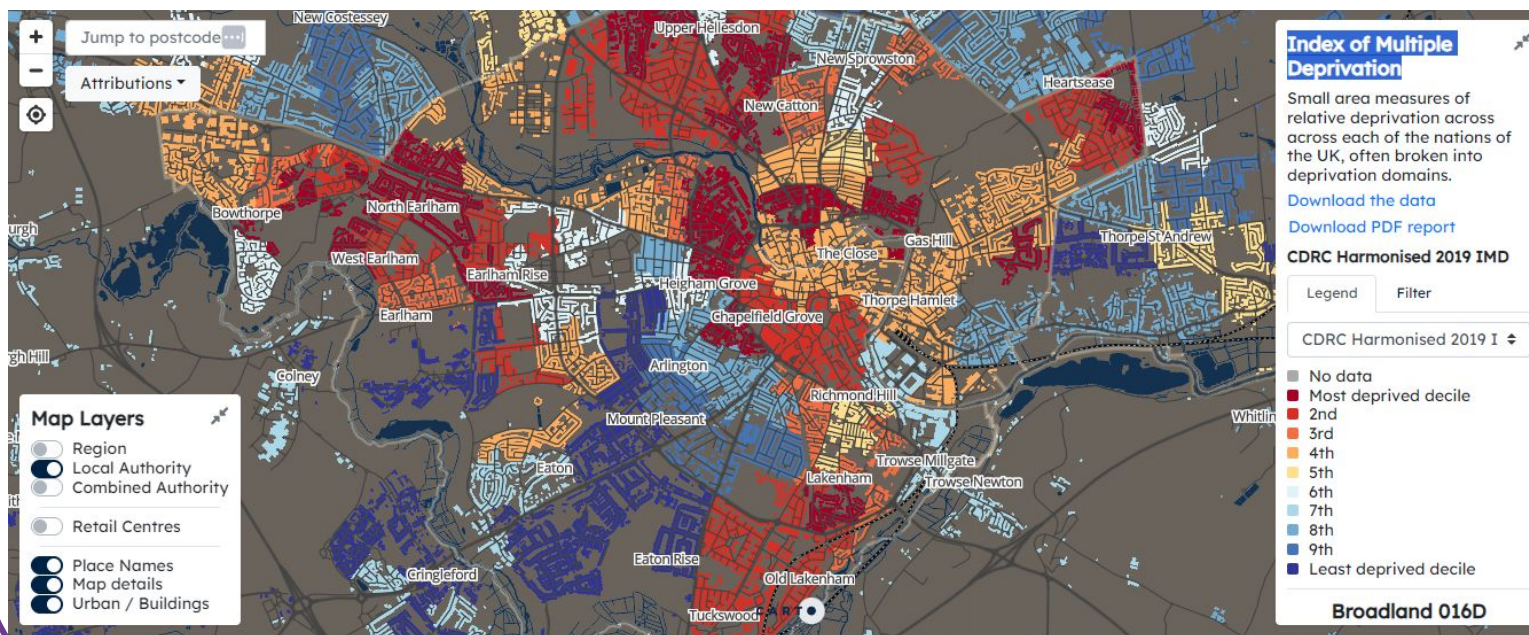
✉ [NorfolkNorwichMNVP@gmail.com](mailto:NorfolkNorwichMNVP@gmail.com)



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

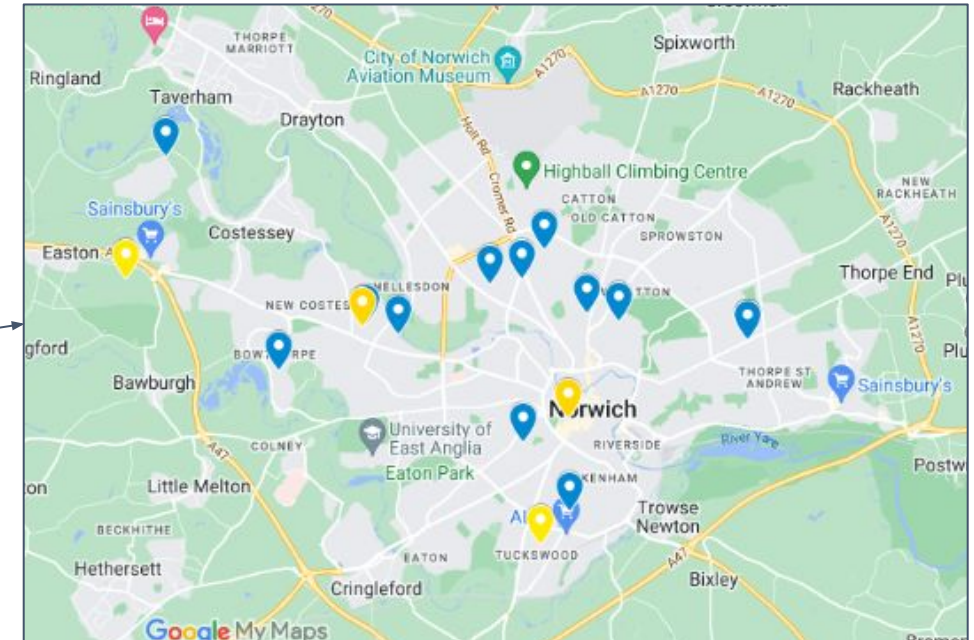
## Developing Community connections:



- Using information from the LMNS Equity and Equality Needs Assessment resources and other data sets, we identified some focus locations to prioritise for local community engagement. As our work over the last few years has shown that it is most valuable to meet people within the community at groups and events rather than plan stand alone MNVP only events, forging connections with existing groups was vital.
- The priority was to focus specifically on underrepresented demographics. These are typically populations most at risk of health inequalities, including those living in areas of deprivation, Black and Minority Ethnic women and birthing people and those with protected characteristics. The heat maps below influenced our strategy.
- There was also a focus on attending one off events, alongside regular community groups, as they are likely to attract further families. (However, feedback from all communities is still always welcomed.)



# Community Outreach

The below maps show the spread of groups attended by volunteers and the MNVP team this year.



-  One off community event
-  Regular group

# Community Outreach



Below is a list of groups who have agreed to host MNVP volunteers at their weekly meetups. Some groups meet multiple times a week, capturing different attendees each time. Others meet once a week.

Breastfeeding Support group - North Walsham library	St Matthews Church group - Thorpe Hamlet
Breastfeeding Support group - ECFS Catton	Cheeky Cherubs Baby/Toddler Group - Diss Methodist Church
Breastfeeding Support group - ECFS Stoke Holy Cross	Toddler group - Bowthorpe worship centre
Little Steps - Witard Road Baptist Church	Stay and Play - Poringland Library
Baby Steps - Witard Road Baptist Church	Bounce & Rhyme - Poringland Library
Stay & Play toddlers - Cambridge Street	Bounce & Rhyme - Loddon Library
Playgroup - St Thomas's Church, Earlham Rd	Stay and Play - Loddon Library
First Steps Stay & Play - Calvert Hall, Rosebery Road	Mini Movers - North Walsham Library
First Steps story cafe - Calvert Hall, Rosebery Road	Bounce & Rhyme - North Walsham Library
New life Church Tots group - North Walsham	Bounce & Rhyme - Stalham Library
YMCA Baby group - Aylsham Road	Mini Movers - Stalham Library
Tiny Tots - Phoenix Centre	Stay & Play - Queen's Hill Community Centre
Mini Futures - Baseline Centre, NR5	

## Community Outreach and Engagement Data

- 5 active outreach volunteers onboarded and attending monthly groups
- 2 volunteers being onboarded during November 2024
- 2 volunteers going through the NNUH trust volunteer process
- Agreements have been made with 30 community groups in the area who have agreed to host an MNVP volunteer at their regular meet up. Volunteers select which group they will attend on a monthly basis.
- MNVP staff and volunteers have attended 22 groups and 5 one off events in 2024.
- Attending these groups has led to an increase in anecdotal feedback, higher social media engagement and increased opportunities for signposting to the friends and family test survey. Other opportunities have come from group attendance, such as MNVP survey information being shared in closed group facebook groups, shared on monthly newsletters and other information sharing opportunities.



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

Further community engagement work to support the findings of the Health Inequalities Assessment:

## “Mini Futures”: a collaboration with Future Projects

As explained earlier in this report, we used the indices of multiple deprivation to identify key areas to focus on for outreach and feedback, where Service User voice may be seldom heard, and have thus invested MNVP lead time into meeting with other organisation coordinators, and developing opportunities within the communities.

As diversity and addressing inequalities was a key focus on our agenda for the year, it was important to proactively target specific demographics, thus geographical areas within the city. Therefore, alongside attending existing groups, we have developed relationships in key areas to lead with our own initiatives.

One example of this is the ‘Mini-Futures’ sessions at The Baseline Centre, located in the heart of the Marlpit Housing Estate. Future Support are an established organisation and the Baseline team provides vital support in one of the most disadvantaged areas in the UK. We promoted monthly stay and play sessions at the centre in partnership with NNUH Maternity a Midwife or Health Care Assistant who could offer support and signposting where needed. This relationship and group offering developed over time, and the MNVP also collaborated on a summer event at the Baseline Centre.



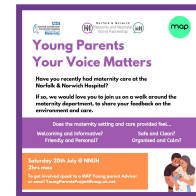
# Reflecting the diversity of our local population including seldom heard and vulnerable communities

## Further community engagement work to support the findings of the Health Inequalities Assessment:

### 15 Steps with MAP

We prioritised the voice of young parents by linking with local youth charity MAP and conducted a focused 15 Steps visit which is detailed further on in this report. By developing this relationship, not only have we been able to raise awareness and plan ways to address gaps and improve quality in areas identified in the young person's 15 Steps NNUH visit, but we have also received opportunities to attend further internal MAP events. This is a great way to reach further young parents.

Further details are shared further on in this report.



### Bengali Community

Connections were made through the NNUH community midwifery team, with recent parents within the Bengali Community. Our Community Engagement Facilitator met with and collected feedback from individual Service Users who have used the interpreter facility at the NNUH, and who were only comfortable giving feedback in person. This is a community which we are further developing links with, to encourage and offer opportunities for further Service User feedback.

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



## **Bereaved Families**

In order to prioritise representing the experiences of bereaved families the MNVP established a bereavement sub-group which includes representation from NNUH midwifery, gynae, NICU, LMNS and local baby loss charities. The group's standard agenda includes discussing feedback themes shared with the MNVP and feedback and complaints shared directly to NNUH. The bereavement midwives also share the family feedback from Perinatal Mortality Review Tool (PMRT). All actions are monitored via the group and reported to the quarterly update meetings.

To develop this further the group has started the process of The Maternity Bereavement Experience Measure (MBEM) which aims to enable parents whose baby has died the opportunity to feed back about the care they received. This feedback will be used to inform best practice and service improvements locally.

## **Neonatal Families**

We have a neonatal lead to ensure that the voices of neonatal families are heard and listened to. The neonatal lead holds monthly feedback review meetings with both representation from NNUH NICU team and Rosie Bloomfield (Patient and Engagement) to share feedback themes and to agree on any actions that needs to be taken. This ensures that feedback is shared between all and themes can be easily identified.

The neonatal lead visits the unit regularly to speak to families. Some families have given feedback whilst their baby is still on the unit but the aim is more to spread awareness of the MNVP so when families are ready they can reach out to us if they would like to. The NICU lead has also held some 'cake and chat' sessions on the unit.

Throughout the year, the neonatal lead has built a good relationship with the staff at the Hamlet Centre and has attended the NICU group regularly (every 4-6 weeks), however, unfortunately this group has now stopped. The lead still visits the sensory group there on a regular basis, however this is not solely for NICU families. We have also held events alongside the NNUH such as the 'Prematurity Awareness Walk'. This is all in addition to the other outreach we attend.

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



## Some examples of the feedback we have had from Neonatal Families this year

Families told us that the rooms parents can stay in on the unit are very clinical and were not a place that you could 'escape' and relax in. Some of the feedback we received included that there were no lamps so you had to get out of the bed to be able to turn the lights on/off (which many women who had had a c-section found very uncomfortable to do) and there was nowhere to sit comfortably whilst expressing. They also stated that the beds were creaky and uncomfortable and many parents stated that they would have liked a television in the room.

This feedback was gathered by the neonatal lead and discussed at the feedback meeting with NICU staff. Actions were then put in place to ensure the rooms were improved. Now, the rooms have lamps, artwork, sofas, new beds and televisions have been installed in four of the rooms. The staff are still looking to further improve the rooms to make them feel more homely.

McKee House, which provides further accommodation for NICU parents, has also had improvements made to it and is having new bathrooms installed.

Mental health has also been a feedback theme. One aspect of this was how families can access mental health support on the unit. There is a psychologist on the unit on a part-time basis but parents either did not know how to book to see her or did not feel comfortable asking in front of other parents/staff in order to do this. This was fed back in the monthly feedback meeting which the psychologist also attended. It was agreed that there would be a new QR code booking system. These would be located around the unit as well as in private areas such as the parent bathrooms, so service users could book discreetly if they wished to. Parents also stressed that they are unsure where to access psychological support when they leave the unit, therefore the neonatal lead and the unit's psychologist are currently working together to co-produce a leaflet to offer support and to signpost to other services.

Other work has included working with the NICU infant feeding team on their 'Baby Friendly Initiative (BFI)' and 'First drops' work and gathering feedback from 'Dad's' which has seen the unit hold a 'Dad's' pizza night each week on the unit.

# What we have achieved this year

## MNVP Quarterly Update Meetings

This year we reinstated our quarterly in person meetings. There is no requirement to hold quarterly meetings under the latest MNVP guidance however we decided that it was a beneficial way to bring together key stakeholders, review progress and discuss future collaboration. The meetings are attended by MNVP volunteers, NNUH maternity and NICU representatives and representatives from partner groups and organisations.

The standard agenda is:

- NNUH MNVP Updates
- Maternity and NICU Updates
- Sub-Group Updates

We also include specific focuses on some occasions such as reviewing patient information leaflets to inform work on a staff guide.

The meetings are very well received by all in attendance and a report is distributed to those who could not be there on the day.



# What we have achieved this year

## MNVP praised in the CQC report

Following the inspection, the maternity services rating at Norfolk and Norwich University Hospital improved from requires improvement to good overall. Its rating for being safe and well-led had also improved from requires improvement to good. Effective, caring and responsive were not included in this inspection.

*'The service had a well-established and valued Maternity and Neonatal Voices Partnership (MNVP) that helped to ensure the voices of women, birthing people and families were heard by the trust, and used to make meaningful improvements.'*

*The MNVP met every quarter and had good representation from maternity services, service users and the local community. They had monthly meetings with leaders and attended various other forums to help ensure maternity services were designed to meet local needs. They co-produced user information leaflets, videos, information packs, training, and guidelines.'*

Inspected and rated

Good

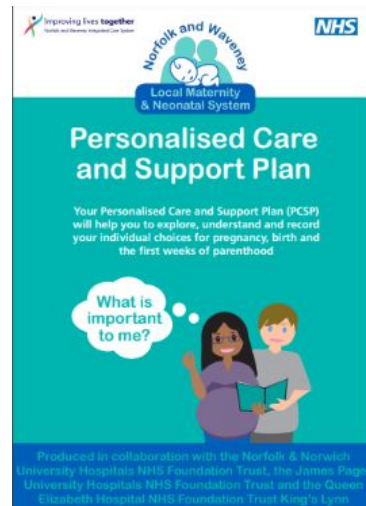


# What we have achieved this year

## System wide release of Personalised Care and Support Plans (PCSP)

The PCSP booklet has been developed with staff and MNVPs from all 3 trusts to ensure that service user experiences are at the heart of the plans. The booklet aims to support informed decision making and personalisation of care during pregnancy and planning for birth. It should help service users tell healthcare providers what is important to them and signpost them to information about pregnancy care and birth planning. The BRAIN acronym in the process to support service users to ask questions to inform decisions.

There is a feedback link on the PCSP and along with anecdotal feedback from listening events and staff feedback the PCSP document will be continually reviewed and developed.



The 'About Me' form is a light blue document with several sections for personal information. It includes fields for: 'My name is:', 'I would like to be called:', 'My previous name:', 'My due date is:', 'My named midwife/team is:', 'Other professionals involved in my care are:', and 'My midwife/team contact details are:'. A section titled 'These are the things that are important to me:' is followed by a note: 'Please tell us anything you would like the staff caring for you to know'. There are also checkboxes for 'I have additional needs' (Yes/No) and 'My first language is:'. A section for 'I need a translator' (Yes/No) and 'I have had a previous difficult experience I would like to share' (Yes/No) is also present. The form is numbered '2' at the bottom.



# What we have achieved this year



## Improving the Antenatal Education Offer across Norfolk and Waveney

Lack of antenatal education has been an MNVP feedback theme for several years. It has also been highlighted locally when exploring informed decision making and consent priorities at NNUH. We understand that in order for service users to make informed decisions they need all options shared with them in a way that is accessible for them. Nationally the need and benefits of high quality antenatal education has been identified in The Maternity and Neonatal 3-year delivery plan, the Birth Trauma Enquiry and by the World Health Organisation (2018).

Birth Trauma Inquiry Report (2024) recommendation to “Ensure better education for women on birth choices. All NHS Trusts should offer antenatal classes. Risks should be discussed during both antenatal classes and at the 34-week antenatal check with a midwife to ensure informed consent.”

The Norfolk and Waveney MNVP Leads worked with a multidisciplinary team from across the LMNS through a scoping process resulting in The Real Birth Company commissioned to be Norfolk and Waveney offer. This includes training and resources for midwife led sessions and online package including translated versions.

- Digitally accessible birth preparation Programme
- 9 hours over 11 Modules, including Caesarean and Pre-Term Birth
- 119 individual lessons on birth preparation
- Human translated into 9 languages
- Range of accessibility features, video content, audio guides in all
- RealBirth Teacher Training for 6 midwives each at James Paget University Hospital (JPUH) and Queen Elizabeth Hospital (QEH) and 10 midwives for NNUH
- RealBirth Teachers Hub Access for face-to-face provisioning and planning support



# What we have achieved this year

## Young Parents 15 Steps to Maternity Visit

The Service User and Staff leads of NNUH Maternity and Neonatal Voices Partnership (MNVP) identified the need to prioritise hearing from parents who have been historically underrepresented within local experience of care feedback. The MNVP leads reached out to the Young Parents advisors at MAP.

MAP is a youth charity based in Norfolk and their mission is to ensure young people (aged 11-25) have the access to quality information, advice, counselling and support they need for their holistic development. They have a team of Young Parent Advisors and offer a weekly Young Parent's Stay and Play Session. Nicole and Jamie, MAP Young Parent Advisors, offered advice to help us to tailor the 15 steps visit to be accessible for young parents and promoted the opportunity with the young people they meet with.

The 15 Steps challenge encourages small groups to use the toolkit as a guide while observing different areas of the hospital. Volunteers are asked to note their observations and evaluate them under four key themes: Welcoming & Informative, Safe & Clean, Friendly & Personal, Organized & Calm. We initially faced challenges with NNUH protocol suggesting the participants needed to be trust volunteers

The visit took place on a Saturday to enable attendance around work commitments and childcare. Jamie and Nicole from MAP liaised with the young people and Jenny (MNVP Lead) and Laura (Quality Improvement Lead Midwife) met them on the day. Usually a 15 steps visit would be larger groups of participants focusing on one or two specific areas. The young people were keen to take the opportunity to look round the whole department so we focused on communal areas.

This is just the start of our collaboration with MAP and our efforts to hear from young parents. We received fantastic feedback from the participants who are keen to be involved in future projects and have offered to support us to hear from their peers.

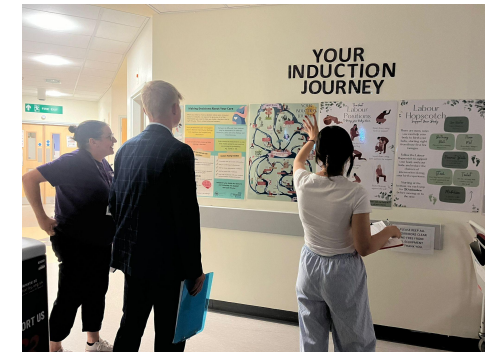
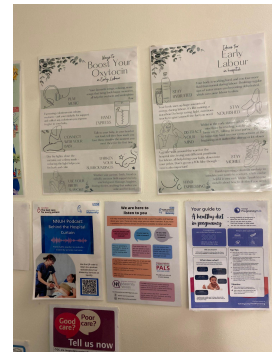
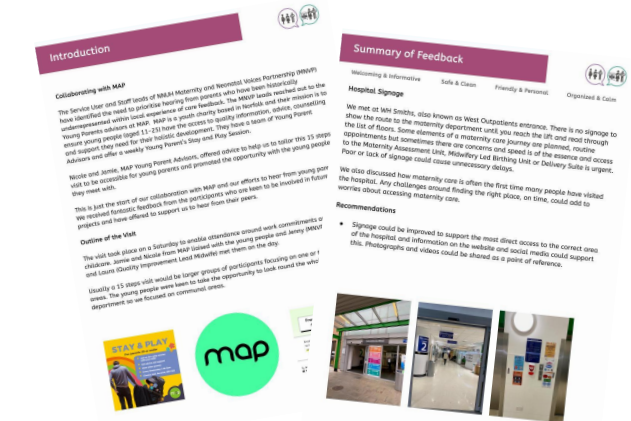


# What we have achieved this year

## Young Parents 15 Steps Feedback Themes Summary

A full report of the visit and feedback can be shared by contacting NNUH MNVP via email

- Cley and Midwifery Led Birthing Unit (MLBU) atmosphere and displays were praised
- Positive impact of continuity of community midwifery care
- Hospital Signage to find maternity could be improved
- Information on display in Antenatal Clinic (ANC) and communal areas is cluttered
- Dads were included and felt valued by midwives but not by all health care professionals
- When discussing the PCSP they felt that even more detail would be beneficial to young parents with specific information about where to go, what to do and what to expect at all key appointment and milestones.



## Induction of Labour Sub-Group

What is the **aim** of the group?

Work collaboratively to implement changes to improve experience of care during induction of labour at NNUH.

What is the **purpose** of the group?

- Analyse and review local and national data to inform NNUH strengths and weaknesses
- Represent Service User (SU) feedback regarding the induction of labour experience
- Represent staff feedback regarding induction of labour
- Develop the use of BRAIN to support informed consent and decision making
- Develop staff training around communication with staff and service users regarding Induction of Labour (IOL) choices and service user experience

Sub-Group Summary

- The Nest has been established as a breakout room on antenatal ward and is available for service users when there is no clinical priority.
- Comfort boxes are being trialed, providing service users on the antenatal ward with resources to support their stay
- Audit of induction of labour booking process has been started
- Plans to create an Induction of labour information video and considering a regular Q&A webinar for service users on the topic

## Bereavement Sub-Group

What is the **aim** of the group?

Represent the feedback of bereaved families and those who use the Rainbow pathway

What is the **purpose** of the group?

- Develop feedback opportunities and a pathway for actions
- Share and build on good practice
- Advise and support bereavement leads to support families with information and choice
- Work with NNUH Maternity to mark Baby Loss Awareness in a meaningful way

At a later date:

- Link with the LMNS bereavement task and finish group to share good practice across the system
- Support the Core Competency Framework bereavement training package

Sub-Group Summary

- Establishing feedback review process including PMRT themes
- Bereavement Champion training for delivery suite coordinators and some band 6 midwives
- Improving patient admission pack to include letter to parents, idea of what to bring, what to expect, Sands booklet, analgesia options, memory-making options, contact details of bereavement midwives and Maternity Assessment Unit (MAU) and lactation choices.
- Once admission pack completed, commence discharge pack to include info on PMRT, contact details (midwives, chaplains, mortuary), likely emotions and feelings, birth registration info, signposting to charities/support groups, pelvic floor etc
- Establishing the Maternity Bereavement Experience Measure survey as business as usual at NNUH
- Exploring bereavement counselling offers due to limitations of current offer

## Place of Birth Patient Information Leaflet


- Birth Choices Sub-Group priority
- Co-produced and shared with MNVP members for feedback
- Aiming to support informed decision making and consent along side the BRAIN resource
- Will also form the basis of website and social media content

## Place of Birth Meet

- Birth Choices Sub-Group suggestion
- Community midwives host a drop in session for service users to meet with them to ask questions and receive support in addition to routine appointments.
- Aiming to support informed decision making and consent for all
- Now happening in Norwich and Dereham on a monthly basis

### Midwife Led Birthing Unit


The Midwife Led Birthing Unit (MLBU) provides a less clinical environment whilst being close to all the facilities offered by Delivery Suite. Care is provided by midwives who focus on maximising the chances of a straightforward birth.



The MLBU has four birth rooms with en suite bathrooms and three birthing pools. Rooms have light projectors, bean bags and birthing mattresses.

### Considerations

- You will receive 1-to-1 support from a midwife in established labour.
- There is an aromatherapy service.
- There is specialist equipment for active birth such as mats, beanbags, birth balls and birthing stools.
- You can have two adult birth partners with you.
- Your birth partners have access to hot drink making facilities.
- You will have a private room and bathroom.
- There are three birthing pool rooms and midwives are experienced in supporting waterbirth regularly.
- You will be offered intermittent monitoring of your baby's heart beat.
- You are more likely to have a straightforward birth without interventions than on a Delivery Suite.
- The team of doctors are a short distance away if required.
- If complications arise you may be recommended to transfer to the Delivery Suite.



### Recommended for:

- Planning a vaginal birth
- Labour between 37 and 42 weeks.
- Maximum of three previous births.
- Singleton pregnancy.
- BMI under 35 at start of pregnancy.
- Baby is in the 'head down' position.
- If waters have broken, the water is clear and broken less than 24hrs ago.
- No complications likely to affect labour or baby at birth.
- Normal iron levels (Hb over 95g/l).

### Coping Methods and Pain Relief


	Home Birth	MLBU	Delivery Suite	Operating Theatre
Massage	✓	✓	✓	✓
Acupressure/comb	✓	✓	✓	✓
TENS	✓	✓	✓	✓
Birth Pool	✓	✓	✓	
Breathing Techniques	✓	✓	✓	
Hypnobirthing (Self-directed)	✓	✓	✓	✓
Paracetamol	✓	✓	✓	✓
Oral Morphine (Dramorph)	✓	✓	✓	
Pethidine Injection		✓	✓	
Remifentanyl			✓	
Epidural			✓	
Spinal Block			✓	✓
General Anaesthetic (GA)				✓

There are many options for coping with labour and birth, including medication that is safe in pregnancy.


This chart shows what is available in each place of birth.

You are also able to bring in 'home comforts' such as a pillow, a music player and your favourite snacks and drinks if birthing in the hospital.


### More useful info...



**NNUH Maternity Department Webpages**  
The NNUH website provides information on services available at the Norfolk and Norwich Hospital Maternity Unit.



**Personalised Care and Support Plan**  
Your Personalised Care and Support Plan will help you to explore, understand and record your individual choices for pregnancy, birth and the first weeks of parenthood.



Patient Information Leaflet for Place of Birth  
Author's title: Victoria Hastings- Home Birth Team Leader  
Review date: Available via Trust Docs

Version: 1  
Trust Docs ID: Approved by: PIF Page

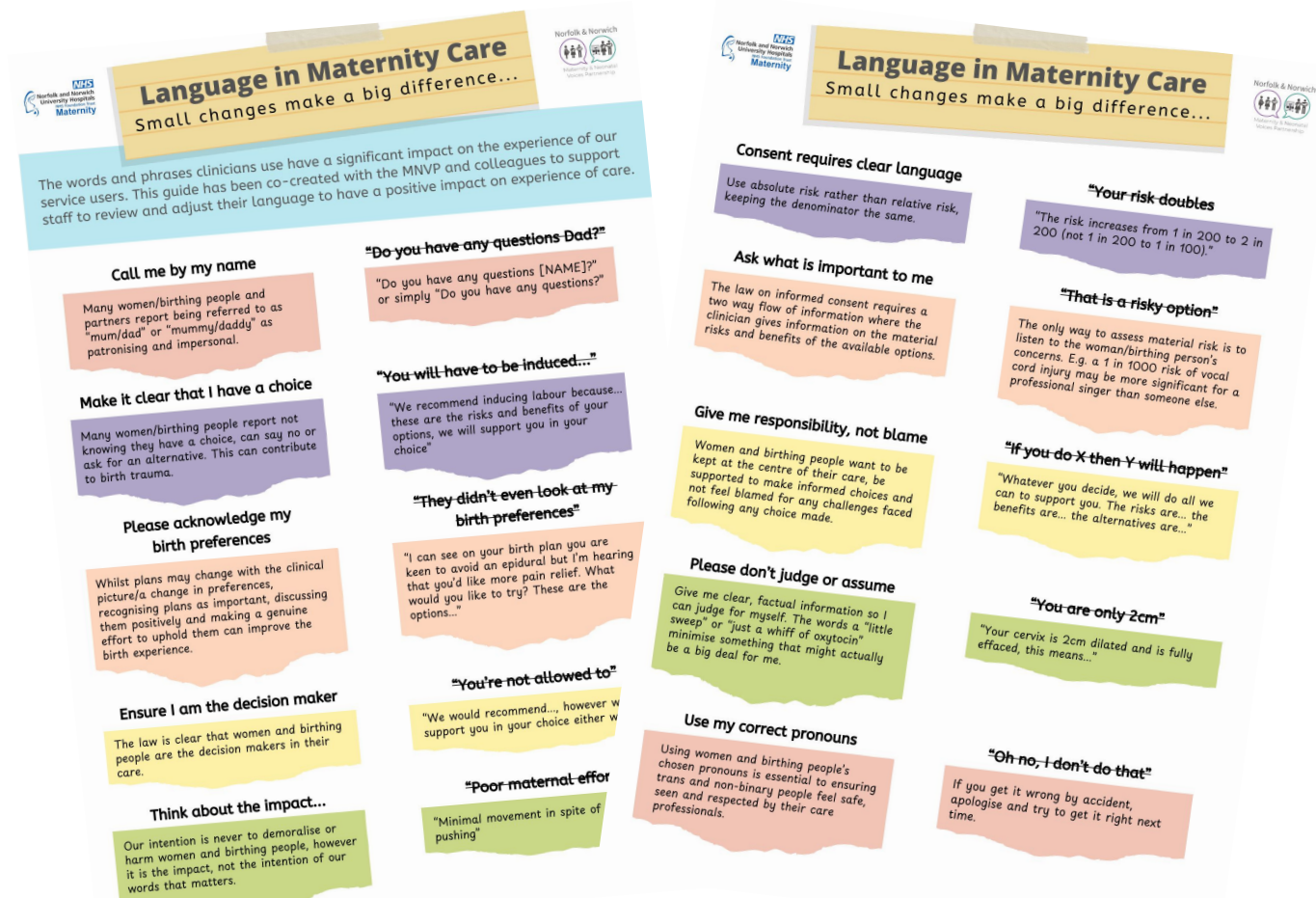
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Date approved:

## Communication Guide for Staff

- Birth Choices Sub-Group priority
- Communication has been a long standing feedback theme, service users tell us the way they are spoken to has a significant impact on how they feel and their experience of care.
- We identified examples from historical feedback and worked together to create a very specific guide of what not to say and how to reframe the communication.
- Aiming to support informed decision making and consent along side the BRAIN resource



**Language in Maternity Care**  
Small changes make a big difference...

The words and phrases clinicians use have a significant impact on the experience of our service users. This guide has been co-created with the MNVP and colleagues to support staff to review and adjust their language to have a positive impact on experience of care.

**Call me by my name**  
Many women/birthing people and partners report being referred to as "mum/dad" or "mummy/daddy" as patronising and impersonal.

**Make it clear that I have a choice**  
Many women/birthing people report not knowing they have a choice, can say no or ask for an alternative. This can contribute to birth trauma.

**Please acknowledge my birth preferences**  
Whilst plans may change with the clinical picture/a change in preferences, recognising plans as important, discussing them positively and making a genuine effort to uphold them can improve the birth experience.

**Ensure I am the decision maker**  
The law is clear that women and birthing people are the decision makers in their care.

**Think about the impact...**  
Our intention is never to demoralise or harm women and birthing people, however it is the impact, not the intention of our words that matters.

**"Do you have any questions Dad?"**  
"Do you have any questions [NAME]?" or simply "Do you have any questions?"

**"You will have to be induced..."**  
"We recommend inducing labour because... these are the risks and benefits of your options, we will support you in your choice"

**"They didn't even look at my birth preferences"**  
"I can see on your birth plan you are keen to avoid an epidural but I'm hearing that you'd like more pain relief. What would you like to try? These are the options..."

**"You're not allowed to"**  
"We would recommend... however we support you in your choice either way"

**"Poor maternal effort"**  
"Minimal movement in spite of pushing"

**Consent requires clear language**  
Use absolute risk rather than relative risk, keeping the denominator the same.

**Ask what is important to me**  
The law on informed consent requires a two way flow of information where the clinician gives information on the material risks and benefits of the available options.

**Give me responsibility, not blame**  
Women and birthing people want to be kept at the centre of their care, be supported to make informed choices and not feel blamed for any challenges faced following any choice made.

**Please don't judge or assume**  
Give me clear, factual information so I can judge for myself. The words a "little sweep" or "just a whiff of oxytocin" minimise something that might actually be a big deal for me.

**Use my correct pronouns**  
Using women and birthing people's chosen pronouns is essential to ensuring trans and non-binary people feel safe, seen and respected by their care professionals.

**"Your risk doubles"**  
"The risk increases from 1 in 200 to 2 in 200 (not 1 in 200 to 1 in 100)."

**"That is a risky option"**  
The only way to assess material risk is to listen to the woman/birthing person's concerns. E.g. a 1 in 1000 risk of vocal cord injury may be more significant for a professional singer than someone else.

**"If you do X then Y will happen"**  
"Whatever you decide, we will do all we can to support you. The risks are... the benefits are... the alternatives are..."

**"You are only 2cm"**  
"Your cervix is 2cm dilated and is fully effaced, this means..."

**"Oh no, I don't do that"**  
If you get it wrong by accident, apologise and try to get it right next time.

## Postnatal Care and Infant Feeding Sub-Group

What is the **aim** of the group?

Work collaboratively to improve experience of postnatal care in hospital and in the community.

What is the **purpose** of the group?

- Review current information available for SU (Website, social media, patient information leaflets)
- Represent SU feedback regarding the postnatal care
- Represent staff feedback regarding postnatal care
- Develop and implement actions to improve postnatal care experience

Sub-Group Summary

- Infant Feeding Peer supporters recruited to provide more help for service users on the postnatal ward,
- Reviewing processes for babies attending Children's Assessment Unit (CAU) for weight loss, jaundice and feeding issues, discussions continue. Space has been agreed but staffing remains an issue due to workload of Infant Feeding Team.
- Developed videos on infant feeding topics which are common areas of service user feedback including antenatal expressing and bottle feeding guidance.
- Service user feedback regarding hands on breastfeeding support and continued consent was represented at mandatory training for midwives and Maternity Care Assistants (MCAs)

## **MNVP**

- Health inequalities
- Develop a consistent approach to promoting feedback routes across MNVP, NNUH, maternity and NICU
- Developing service user representation in the neonatal workstream
- Explore opportunities for targeted outreach with more existing community groups and develop volunteer outreach
- 2023 CQC Maternity Survey Results Review and new action plan

## **NNUH**

- Military Families
- Patient information leaflet review process
- Launch Maternity Bereavement Experience of Care Survey
- Green Maternity Challenge - improving experience of care for service users with Hyperemesis Gravidarum or Nausea and Vomiting in Pregnancy
- Support NICU website improvements

## **LMNS**

- Developing and embedding neonatal service user voice across the LMNS
- Explore how MNVP leads are involved in Quality and Safety workstream including the review of deaths and incidents
- Translation services quality improvement project
- Smoking in pregnancy quality improvement project
- Pelvic health work including a patient facing information review and feedback on the Squeezy App

## Health inequalities

Significant health inequalities exist in England. More than 164,000 people in Norfolk and Waveney live in areas classed as within the 20% most deprived in England. Around 19% (more than 32,000) women aged 15–44 live in these most deprived communities. Evidence shows that women and babies living in the most deprived areas and those from minority ethnic groups experience worse health outcomes (MBBRACE-UK). Evidence suggests that factors such as ethnicity, deprivation, neurodiversity, sexuality and sexual identity can result in a poorer experience of maternity care. (The Birth Trauma Report, May 2024).

We will continue to base our 2025 goals and foci on the existing Health Inequalities within our communities.

Explore further opportunities for targeted outreach with more existing community groups	<ul style="list-style-type: none"><li>- LGBTQ+</li><li>- Local Mosques / Bengali Community</li><li>- Gypsy Roma community</li><li>- MAP - continue to strengthen the relationship</li><li>- Dad's groups</li></ul>
Develop volunteer outreach	<ul style="list-style-type: none"><li>- Continue recruitment, working to streamline the onboarding process, growing a team to 20 active volunteers</li><li>- Upskill existing volunteers to enable them to collect more in person feedback at monthly groups</li><li>- Data tracking - better monitor the impact of Outreach Volunteers, and continue to train and develop in required areas to ensure maximum effect and impact.</li></ul>

# Budget 2025-26



Item	Details	Amount
<b>MNVP Core Leadership</b>	8 days per month PPV 4	£14400
<b>Community Engagement Facilitator</b>	3 days per month PPV 4	£5400
<b>Additional Lead days for outreach and projects as required</b>	10 days across the year	£1500
<b>Canva Pro Subscription</b>	£10.99 per month	£131.88
<b>Travel Expenses for MNVP Service User Leads</b>	E.g. 4 x £20 per month	£960
<b>Listening Event Resources</b> - Outreach volunteer kit bags with resources to attend events to gather feedback - Start up £30 per volunteer (12 new volunteers = £360 start up costs) - Costs associated with hosting targeted listening events and contributing to events we attend		£1750
<b>MNVP Meeting Hosting</b>	E.g. £200 x 4 times a year	£800
	<b>Total</b>	<b>£24941.88</b>

# Appendices



The Norfolk & Norwich University Teaching Hospital is one of the largest and busiest teaching hospitals in the country. Situated just outside Norwich, it provides care for communities across Central, South and North Norfolk.



Maternity and neonatal services were rated as **“Good”** by the CQC in 2023.

- Consultant-led delivery suite
- Midwife-led birthing unit
- Level 3 neonatal intensive care unit
- Fetal medicine
- Rainbow clinic
- Early pregnancy and maternity assessment units
- Home birth
- Regional maternal medicine centre
- Specialist complex feeding team

### NNUH maternity statistics<sup>1</sup>:



There were 4,870 births at the NNUH. This is just under 60% of all births within Norfolk and Waveney.



Birth levels at NNUH continue to follow a downward trend, reflecting the national picture.



3,470 babies received breast milk as their first feed.



In Norfolk & Waveney, 11.6% of mothers/ birthing people smoked at time of delivery - this is the lowest yearly rate since 2010/11 but remains higher than the national rate of 8.8%.



The most common languages spoken at the NNUH after English are Polish, Romanian, Lithuanian, Arabic.



Ethnicity of women/ birthing people was 90% White - this includes non-British - 3% Asian, 2% Black, 1.5% Mixed Ethnicity

<sup>1</sup> [NHS England MSDS data 2022-23](#)



The Trust footprint spans areas of deprivation and high wealth, inner-city and urban areas, and coastal and isolated rural settings.

Part of the MNVP's remit is to reflect the breadth and diversity of the local population as well as engaging with seldom heard or vulnerable communities.



NHS England<sup>2</sup> defines vulnerable communities within its Core20PLUS work to reduce healthcare inequalities, as follows:

#### Core20

- The most deprived 20% of the population as identified by the national Index of Multiple Deprivation (IMD).

#### PLUS population groups

- Ethnic minority communities
- People with a learning disability or autism
- People with multiple long-term conditions
- Protected characteristics as defined by the Equality Act 2010

#### PLUS inclusion health groups

- Coastal communities with pockets of deprivation hidden amongst relative affluence
- Homeless
- Drug and alcohol dependence
- Vulnerable migrants
- Asylum seekers
- Gypsy, Roma and Traveller communities
- Sex workers
- People in contact with the justice system
- Armed Forces

<sup>2</sup> [NHS England Core20PLUS](#)

## Core20 - deprived communities <sup>1, 2</sup>



Women living in the most deprived areas are more than twice as likely to die during pregnancy and in the year after birth due to increased inequalities and social complexities.



Stillbirth and neonatal death rates for babies born to mothers from the most deprived areas are almost double that of babies born to mothers in the least deprived areas.

Women and birthing people living in the most deprived communities are more likely to:

Be subject to multiple disadvantages such as poor mental health, substance misuse or domestic abuse.



Feed their babies with formula milk



Be hesitant to engage with health professionals due to mistrust and fears of social care involvement.



Find health services harder to access.



Take more health risks by smoking, drinking or eating less healthily.



Live in poor quality housing.

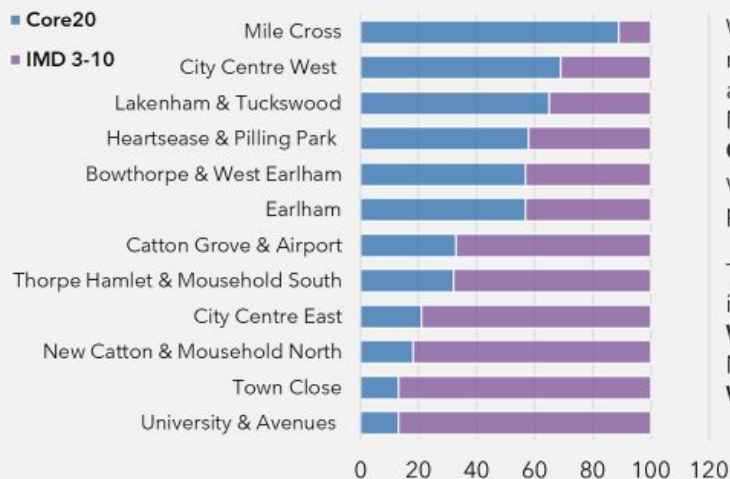


<sup>1</sup> [MBBRACE-UK 2023](#)

<sup>2</sup> [RCOG National Maternity & Perinatal Audit](#)

## Deprivation within the NNUH footprint

### Core20 population in Norwich by district <sup>3</sup>



Within the NNUH footprint, the most deprived neighbourhoods are clustered within inner-city Norwich, particularly **Mile Cross**, **City Centre West** and **Lakenham** which have 65% or more of the population is classed as Core20.

There are pockets of deprivation in other areas including **North Walsham**, **Cromer** and **Holt** in North Norfolk, **Thetford** and **Watton** in South Norfolk.

In 2022-23, **720 (15%)** of people who gave birth at the NNUH lived in Core20 postcodes <sup>4</sup>



### How we measure deprivation

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.

<sup>3</sup> [ONS indices of deprivation 2019](#)

<sup>4</sup> [NHS England MSDS data 2022-23](#)

## Core20PLUS communities<sup>1</sup>

Women and birthing people belonging to inclusion health groups tend to have very poor maternal and neonatal outcomes such as miscarriage, stillbirth, pre-term birth, neonatal death, maternal death and low birth weight.



## Core20PLUS communities at the NNUH <sup>2</sup>

## Health inequalities and barriers to care<sup>1</sup>

Evidence shows that women, birthing people and babies from inclusion health groups experience increased health inequalities including language and communication barriers, trauma, poor mental health, social isolation, poverty, poor housing, mistrust, fear or lack of understanding of UK health services.

### Teenage pregnancy <sup>3, 4</sup>

In 2022-23, 140 women and birthing people who gave birth at the NNUH were under the age of 20. While teenage pregnancy rates continue to decrease overall, in 2021 Norwich had the highest rate at 24.2 per 1,000. Infant mortality rates for babies born to teenage mothers are around 60% higher than babies born to older mothers. Teenage pregnancy is linked to deprivation with 40 births per 1,000 in the most deprived areas compared to 6 per 1,000 in the most affluent areas.

### Neurodiversity and learning disabilities <sup>2</sup>

In Norfolk and Waveney, 20,836 people aged 15+ are estimated to have a learning disability and 8,935 people are estimated to have autism. Maternity teams report increasing families with at least one parent identifying as neurodiverse, although data is not routinely collected. Neurodiverse women and birthing people may have sensory issues and struggle to communicate. 60% of autistic women develop postnatal depression.

### Coastal communities <sup>2</sup>

Around 171,000 people live in the "hidden" higher deprivation coastal towns such as Cromer. There are also pockets of deprivation in rural areas typically viewed as affluent. Evidence shows these communities are subject to poorer mental health and higher smoking prevalence. Lack of public transport and digital services can be a barrier to accessing health services.

### Asylum seekers and refugees <sup>2</sup>

There are around 670 asylum seekers in Norfolk, but this fluctuates frequently. While the majority are men, **women and families seeking asylum** are housed in a contingency hotel in central Norwich. **Since 2017, 501 refugees have been resettled in Norfolk** - the majority of whom come from Afghanistan and Syria. Barriers to care include language, FGM complications, trauma, trust/ understanding of health services.

The most ethnically diverse districts in Norfolk are within Norwich where 12.9% of the population is within **Black, Asian and Mixed Ethnic groups**. Women and birthing people from these groups are more likely to have increased BMI, high blood pressure and gestational diabetes during pregnancy and require birth intervention. Babies have a greater risk of low birthweight, lower Apgar scores and admission to neonatal care.

### Black, Asian and Minority Ethnic communities <sup>2, 6</sup>

It's estimated the Gypsy, Roma and Traveller community is around 4,000 in Norfolk with several sites within the NNUH footprint at Mile Cross, Costessey, Swaffham and Brooks Green. There are taboos regarding prenatal, maternity, gynaecological and mental health and a sense of mistrust amongst the community towards health professionals which can impact on access to healthcare services and poor birth outcomes.

### Gypsy, Roma and Traveller communities <sup>2</sup>

Norfolk has a large armed forces community with around 2,140 serving personnel and families based in Norfolk, largely at RAF Mareham. An additional 80,000 serving personnel use the Stanford Training Area (STANTA) in South Norfolk each year. Challenges for this community include poor mental health, frequent relocations and social isolation.

### Armed forces families <sup>2</sup>

**We know there are communities of vulnerable EU and non-EU migrants** working in settings such as factories, agriculture and social care. It is difficult to collect accurate data due to fluctuations in numbers and undocumented migrants. Issues facing these communities in pregnancy include poor housing, poverty, language barriers, difficulties accessing, or fear/ misunderstanding of, health services.

### Vulnerable migrants <sup>5</sup>

<sup>1</sup> MBBRACE-UK state of the nation report 2024

<sup>2</sup> Norfolk County Council Core20 groups

<sup>3</sup> NHS England MSDS data 2022-23

<sup>4</sup> Norfolk JSNA briefing - teenage pregnancy

<sup>5</sup> Low-paid migrant workers

<sup>6</sup> RCOG National Maternity & Perinatal Audit

MNVPs	Maternity and Neonatal Voices Partnerships
NNUH	Norfolk and Norwich University Hospital
NICU	Neonatal Intensive Care Unit
PALS	Patient Advice and Liaison Service
CQC	Care Quality Commission
LMNS	Local Maternity and Neonatal Systems
ODN	Operational Delivery Network
FFT	Friends and Family Test Survey
PMRT	Perinatal Mortality Review Tool
MBEM	The Maternity Bereavement Experience Measure
BFI	Baby Friendly Initiative
PCSP	Personalised Care and Support Plans
JPUH	James Paget University Hospital
QEH	Queen Elizabeth Hospital
MLBU	Midwifery Led Birthing Unit
ANC	Antenatal Clinic
SU	Service User
IOL	Induction of Labour
MAU	Maternity Assessment Unit
CAU	Children's Assessment Unit
MCAAs	Maternity Care Assistants