

## **Tower Hamlets, Waltham Forest, Newham Maternity and Neonatal Voices Partnership Quarter 4 Report (January – March 2025)**

### **Who We Are, and What We Do**

The Maternity and Neonatal Voices Partnership (MNVP) is a collaborative team dedicated to gathering and reflecting the experiences of women, birthing people, and families accessing maternity and neonatal services across Tower Hamlets, Waltham Forest, and Newham. We cover the whole maternity journey — from the first appointment with a midwife, through pregnancy, birth, and into postnatal care provided by midwives, health visitors, GPs, and infant feeding services.

We capture service users' feedback through a range of activities, including surveys, Walk the Patch and 15 Steps for Maternity visits, community engagement sessions, online outreach via platforms such as Peanut and local Facebook groups, and dedicated focus groups. We also represent service users' voices in meetings with organisations such as Barts Health NHS Trust and the Local Maternity and Neonatal System (LMNS).

Although we operate independently of the NHS, we work in close partnership with healthcare services to inform, challenge, and support improvements, as well as to celebrate examples of good practice. By amplifying the voices of our diverse communities and co-producing initiatives alongside Barts Health NHS Trust, we aim to enhance maternity and neonatal care while addressing health inequalities. This report details the activities and contributions of MNVP Chairs across the three boroughs during Quarter Four (January to March 2025).

### **Our Collaborations and Impact this Quarter**

#### **Walk the Patch, Clinic Outreach, and Co-Production of the CQC Action Plan**

During this quarter, each of our Chairs spent time speaking with women and birthing people across Royal London Hospital (January and March), Newham University Hospital (January, February, and March), and Whipps Cross Hospital (February and March) as part of our Walk the Patch visits. Walk the Patch gives us the opportunity to hear first-hand about people's experiences — from antenatal appointments and scans, through labour and birth, to postnatal care, mental health support, and breastfeeding services.

We worked alongside midwives and hospital staff throughout these visits. Feedback from our engagement was incorporated into hospital decision-making by the Patient Experience Midwives and the Associate Directors of Midwifery (AdOM).

Using questionnaires, our MNVP Chairs gathered feedback, identifying areas where improvements had been made and highlighting where further work is still needed. A summary of the findings from this quarter's Walk the Patch visits can be found in the appendix of this report.

In Waltham Forest, the MNVP Chair also supported a service user in reporting an incident to the Patient Safety Midwife and followed up with both the midwife and the individual concerned. This is part of our commitment to helping service users raise concerns through the right channels.

The MNVP Chair for Newham carried out further outreach in the discharge lounge and Antenatal Gestational Diabetes clinic at Newham University Hospital. Feedback from service users was largely positive, with many commenting on the quality of care and professionalism of staff. Some suggestions for improvement were passed directly to the relevant teams. The next planned outreach session, linked to the CQC action plan, will take place in the antenatal clinic.

In addition, all three Chairs have worked together with Patient Experience Midwives to co-produce an action plan, based on the five lowest-scoring areas from the 2024 CQC Maternity Survey. This action plan will be reviewed on a quarterly basis, and MNVP is committed to continuing to work closely with the Trust to support ongoing improvements.

## **Working Together on Local Hospital Initiatives**

Over the past few months, our Chairs have been involved in a number of co-productions, helping to review guidelines, scripts, and questionnaires to ensure women's voices are at the heart of service improvements. The Chairs have also committed to supporting a new piece of research on Personalised Midwifery Care, with a particular focus on the experiences of Black women. This work is being carried out alongside the Associate Director for Maternity Education at Barts Health NHS Trust and will also link into our upcoming thematic focus groups during our coffee mornings.

In Whipp Cross Hospital, the MNVP Chair has supported the review of scripts for educational videos on mental health and emotional wellbeing during pregnancy, anaemia in pregnancy, and maternity triage — bringing the patient perspective to Whipps Cross Hospital's resources.

Meanwhile, in Newham, the MNVP Chair has been involved in developing a *Birthing Outside of Guidance* resource, especially for women who may wish to decline

induction of labour. By speaking directly with women, the Chair gathered insights into how choice and consent are discussed, and where improvements are needed. Similar experiences were also shared by service users in Waltham Forest and Tower Hamlets. As a result, MNVP and Barts Health NHS Trust are now working together to create a clear, easy-to-understand *Induction of Labour* information sheet. This will give service users a single, accessible resource to help them make informed choices and feel better supported throughout their pregnancy journey.

In Royal London Hospital, the MNVP Chair has also taken part in the Care Outside Guidance working group, offering feedback on proposed changes, as well as helping to co-produce a new infographic and review postnatal information packs for families.

Alongside this, our Chairs have contributed to the redesign of outpatient appointment letters as part of a quality improvement project. This work will ensure that appointment letters across all sites are clearer, more welcoming, and better reflect the needs of women and families using maternity services.

### **Community Outreach through Our Monthly Coffee Mornings**

This quarter, we visited a range of community locations as part of our Coffee Mornings and Outreach sessions, where we had the opportunity to engage in person with service users about their experiences and needs throughout their maternity journey. The locations we visited included:

- Oliver Thomas Children's Centre, Newham
- Altmore Children's Centre, Newham
- Meath Gardens Family Hub, Tower Hamlets
- Lea Bridge Library, Waltham Forest
- Chingford Family Hub (alongside the Infant Feeding Support Session), Waltham Forest

One of the highlights this quarter was a joint focus group session with NSPCC Parents in Mind at Oliver Thomas Children's Centre, which marked the beginning of a new collaboration with mental health and parenting peer support groups.

All feedback and comments gathered during our Coffee Mornings have been summarised and included in the appendix section of this report.

### **Being Part of the Family Hub – Strengthening Our Presence with Local Families**

From May 2025, we have secured a regular space on the Tower Hamlets Family Hub timetable. Our Coffee Mornings, now rebranded as "*MNVP – Pregnant and New*

*Parents Meet Up,"* will take place on the first Wednesday of every month, from 10:00 am to 12:00 pm, at John Smith Children's Centre.

We hope that by offering a regular session, we will attract more pregnant women and new parents, providing them with a welcoming and safe space to share their thoughts, experiences, and feedback about maternity and neonatal services.

We have also become regular attendees at the Southwest Locality Family Hub Partner Meetings, which marks a big step forward in building collaborations with like-minded organisations across Tower Hamlets.

Looking ahead, we aim to secure fixed slots on the Newham and Waltham Forest Family Hub timetables during the next quarter.

### **Advocating the Voice of Service Users at Barts Health NHS Trust Meetings**

Our MNVP Chairs have actively participated in the following meetings with Barts Health NHS Trust this quarter:

- Newham University Hospital (NUH) – Maternity and Neonatal Committee
- Royal London Hospital (RLH) – Maternity and Neonatal Committee
- NUH – Failed IUT Cases Thematic Review Meeting
- NUH – Perinatal Improvement Steering Group
- NUH – Quality Improvement (Postnatal Flow Meeting)
- RLH – Safety Champions Meeting
- NUH – Maternity Guidelines Meeting
- NUH – Baby Steps Project
- MNVP Work Plan and Benchmarking Self-Assessment Meeting with LMNS and Barts Health NHS Trust
- MNVP and Barts Health NHS Trust Quarterly Meeting
- Cross-Site Meeting between MNVP and Barts Health NHS Trust
- RLH – Maternity and Neonatal Extraordinary Board Meeting

At each meeting, our MNVP Chairs bring forward the voices and experiences shared by service users, ensuring that discussions remain grounded in what matters most to women, birthing people, and families. These meetings also help us stay informed and actively involved in developments and changes within maternity and neonatal services across the Trust. In addition, we now regularly attend LMNS meetings, including the MNVP Leads/Chairs Calls and the North East London (NEL) LMNS Board meetings.

## Expanding Our Relationship with Local Partners and the Community

We recognise the importance of working closely with local authorities and the voluntary and community sector (CVS), especially organisations that share our goal of improving the overall pregnancy journey. Strengthening these partnerships helps us reach targeted and marginalised groups of service users, ensuring their voices are heard and that they have equal access to services.

To achieve this, we are currently mapping VCSE (Voluntary, Community and Social Enterprise) organisations that work with young parents, Black, Asian and minority ethnic (BAME) communities, pregnant women, and new parents living with chronic medical conditions or disabilities.

Through our collaboration with the Deaf Community Worker from Healthwatch Newham, we have been able to make initial contact with Deafroot and other local Deaf community groups across the three boroughs. We plan to gather and share feedback from these communities in our next quarterly report.

To help address concerns around mental health services — an area identified for improvement in the recent CQC survey — we have also been working with NSPCC *Parents in Mind* in Newham and *Tower Hamlets Talking Therapies*. These services provide preventative mental health support for parents-to-be who are at risk of, or currently experiencing, mild to moderate anxiety or depression during pregnancy and in the postnatal period. We are supporting them in promoting their services and distributing information to service users.

In addition, we have connected with the Health Visitor teams from all three boroughs, Newham Infant Feeding Peer Support team and the Waltham Forest Infant Feeding Peer Support team by sharing our Quarterly report findings that related to post-natal services and breastfeeding support.

Furthermore, we have also shared our work and reports with the Public Health teams in Newham and Waltham Forest. As a result, we are now committed to being part of the Waltham Forest Maternity and Early Years Council Steering Group.

Finally, our MNVP Chair in Tower Hamlets participated in the *Flourishing Communities Women's Health Event* in February, hosting an information stall and speaking directly with local women to gather feedback about maternity services.

## Closing the Loop

We are committed to closing the loop by ensuring that when women share their experiences with us, they are heard, their feedback is valued, and meaningful actions are taken as a result.

We have proposed a coproduction of *You Said, We Did* posters in collaboration with each hospital, where the Trust will highlight improvements based on the top three issues identified in recent quarterly reports.

In addition to featuring updates through the ICB People Panel Newsletter, Barts Health NHS Trust Newsletter, and Newham Inclusive Matters Newsletter, we are now also part of the Tower Hamlets Family Hub Newsletter.

These platforms serve as important channels for sharing progress and keeping service users informed about how their feedback is making a real difference.

### **Muslim Mama Memo Card**

With many service users from Muslim backgrounds regularly attending our outreach sessions — and representing a significant part of the service user population across the three boroughs — we want to support them by helping to communicate their religious customs to healthcare staff and improve their pregnancy journey.

This card was originally initiated by the Chelsea and Westminster MNVP, who kindly gave us permission to adapt it to better reflect the needs of our local women. Please see the card below. If you have any suggestions or feedback, please send them to [mnvptwn@healthwatchnewham.co.uk](mailto:mnvptwn@healthwatchnewham.co.uk). We are also open to discussions about creating similar cards for other service user groups to support their specific needs.

# Muslim Mama Memo Card

Assalam Alaykum (Peace be upon you) and hello,  
I am the mother you will be supporting today. I am a Muslim, and I would like to share a little about my religion so that you can better support me.

*(I will tick all that apply to me.)*

## Modesty

Covering my body is a very important aspect of my religion. I would like to request the following:

- ☐ My hair and body to be covered from head to ankle as much as possible .
- ☐ If I observe the Niqab (face covering), I would like to have it kept next to me.
- ☐ Full control over my clothing, including when and if I choose to be covered or uncovered.

## Qur'an and Prayer

- ☐ My partner and I would like to be able to recite the Holy Qur'an or listen to an audio recording during labour and birth.
- ☐ Please do not play any music or ask for permission to do so.
- ☐ I would like my partner to be able to perform his prayers quietly in the corner of the room without being disturbed, unless an emergency occurs. This will take up to five minutes.

## Male Presence

- ☐ I would feel more comfortable being cared for by female healthcare practitioners.
- ☐ I would like to limit the number of people entering my birthing room in order to protect my modesty.
- ☐ Please warn me in advance if a man will be entering the room.

## Rituals Following the Birth

- ☐ My partner and I would like to recite the Call to Prayer (Adhan) at the ear of the baby. Please do not interrupt us.
- ☐ We might ask you to record this special moment on camera for us.
- ☐ We would like to rub a tiny bit of date extract onto our baby's palate. This is harmless for our child, and we would love for you to support this.

## Your Language

- ☐ Please treat me as an individual who has planned a beautiful birth for my baby adhering to my religious practices.
- ☐ If you don't know how to pronounce my name, please do ask me.

*I will be very happy to answer any question you might have after my baby is born. Thanks for respecting my choices and making sure we can work together for the wellbeing of my baby and myself.*

 **Contact us : [mnvptwn@healthwatchnewham.co.uk](mailto:mnvptwn@healthwatchnewham.co.uk)**

*Originally created by Chelsea and Westminster MNVP, adapted by MNVP Tower Hamlets, Waltham Forest, and Newham.*

## Improving MNVP Chairs' Skills and Knowledge through Webinars



To strengthen the capacity of our MNVP Chairs, several webinars sessions were attended this quarter to support a better understanding of our roles and responsibilities as service user representatives.

The sessions attended included:

- Bereavement Training (hosted by LMNS)
- Birth Trauma Webinar (hosted by NHS)
- CQC Maternity Survey Webinar (hosted by LMNS)
- PSIRF (Patient Safety Incident Response Framework) Maternity Webinar
- Choice and Personalised Care Webinar (hosted by LMNS)
- 15 Steps for Maternity and Neonatal (hosted by LMNS)

### **Securing Funding for the Neonatal Lead Role**

To address the gap in our work around neonatal services, we are grateful to have received additional funding from the NHS ICB and LMNS to recruit a dedicated Neonatal Lead who will work across all three boroughs.

The recruitment process is currently ongoing, and we are hopeful that someone will be appointed to the role by mid-July.

We have already been in contact with the Neonatal Matrons from all three hospitals, who have welcomed the introduction of this role. A neonatal work plan has also been embedded into the MNVP Work Plan for 2025/2026 (see appendix).

### **Co-producing the MNVP 2025/2026 Work Plan**

We have now signed off the work plan covering the MNVP programme period from 2025 to mid-2026. This plan was co-produced with Patient Experience Midwives, Barts Health NHS Trust, and the LMNS — and most importantly, it incorporates the voices of women and birthing people, reflecting their suggestions and priorities.

The work plan has been shaped by feedback gathered through our community outreach, online feedback platforms, and discussions at our last two Quarterly Meetings held in December and April.

Please see the appendix for the complete Tower Hamlets, Waltham Forest, and Newham (TWN) MNVP Work Plan for 2025/2026.

### **Our Focus for the Next Quarter**



Our priorities for the next quarter (April to June 2025) include:

- Securing regular sessions on the Waltham Forest and Newham Family Hub timetables.
- Reviewing and translating postnatal information packs into second spoken languages across all hospitals.
- Translating MNVP information into British Sign Language and the most commonly spoken community languages (Urdu, Bengali, Hindi, Romanian, and Lithuanian).
- Reaching out to organisations that represent often underheard service users, including young parents and the BAME community.
- Co-producing the *Induction of Labour* information sheets with pregnant women and new parents.
- Launching the *Muslim Mama Memo Card*.

At the time of publishing this report, we have also held our MNVP Quarterly Meeting with service users at Leytonstone Library on 24th April. The meeting report will be published on Quarter 1 (April – June 2025) Report.

Our next Quarterly Meeting will be held in July Tower Hamlets. Full details will be shared soon via our Instagram page (@mnvp\_twn) and our mailing list.

## Appendix

### Summary of Feedback - Newham

No.	Area to Discuss	Comments from Service Users
1.	Waiting Times upon Arrival	<ul style="list-style-type: none"><li>• Antenatal appointments were generally on time, although there were still reports of 1–3 hour waiting times, particularly at the gestational diabetes clinic.</li><li>• One service user reported having to wait for 5 to 6 hours in triage.</li><li>• No other concerns were raised regarding waiting times for antenatal appointments, planned caesarean sections, or triage.</li></ul>
2.	Gestational Diabetes Clinic	<ul style="list-style-type: none"><li>• Most women said the overall service was very good, with positive experiences and care. Midwives monitored their diabetes and the baby's growth effectively.</li><li>• The information provided was very clear, and follow-up phone calls were made to check on the women's condition.</li><li>• Staff were described as very helpful and caring.</li></ul>

		<ul style="list-style-type: none"> <li>Some service users reported that waiting times could vary and were sometimes long, ranging from 2 to 3 hours at the clinic depending on the reason for the visit.</li> <li>The full report has been discussed with the Gestational Diabetes Midwife Team.</li> <li></li> </ul>
3.	Antenatal appointment	<ul style="list-style-type: none"> <li>Most service users commented that the community midwives and the midwifery team at the hospital antenatal clinic were very good.</li> <li>Most service users said that, overall, their hospital appointments were a positive experience.</li> <li>One service user mentioned that the waiting time for a scan appointment was quite long, around 2 to 3 hours.</li> <li>Another service user mentioned that her appointment overlapped with school pick-up time for her children, and there was a lack of communication or issues with rescheduling the appointment.</li> <li>One service user expressed particular appreciation for the Barking Birth Centre, describing it as an amazing experience where she was kept well informed, supported in creating a birth plan, and everything was explained clearly.</li> <li>One service user reported a negative experience at her last antenatal appointment, stating that the staff were rude and repeatedly told her the baby would die if she didn't agree to an induction, which left her feeling distressed.</li> <li>Some users reported difficulty in securing appointments with their GP.</li> </ul>
4.	Service Users with Specific Needs (e.g. translation, chronic illness, disabilities, etc.)	<ul style="list-style-type: none"> <li>Some service users did not speak English as their main language and required translation support, primarily in Bengali (Sylheti dialect). Translation services were provided during both antenatal care and on the postnatal ward.</li> <li>One woman had a history of mental health issues, and her previous baby had been in social care for a short period. Staff at Postnatal ward had not reviewed her medical notes, so her husband had to inform them of her history. Once staff became aware, they were more attentive and provided extra care; however, prior to this, the woman experienced rude behaviour and delays in her discharge.</li> <li>One woman reported having Graves' disease and asthma, and was being well taken care of.</li> </ul>
5.	Induction ward	<ul style="list-style-type: none"> <li>Overall, waiting times have improved, particularly for those scheduled for induction. However, one service user reported waiting for two days in Zone 4 before being moved to a labour room.</li> <li>Another service user reported staying on the ward for five days before being induced.</li> </ul>

		<ul style="list-style-type: none"> <li>One woman said that when she came in for her induction, she felt there was a lack of experience among staff and that her pain was not taken seriously.</li> </ul>
6.	During Labour and at Labour Ward	<ul style="list-style-type: none"> <li>Most women reported being attended to and supported by midwives throughout the birth of their babies. However, one woman said the midwives disappeared without informing her.</li> <li>Many service users appreciated the quick response when calling for assistance and reported receiving regular check-ups from midwives. However, one woman reported slow service, irregular check-ups, and not being informed about what was happening during her care.</li> <li>Staff were described as very good, caring, and supportive. Several women expressed appreciation for specific staff members, including Nadija, Saira, Precilla, Shona, Jessica, and Rose. The epidural and emergency services were also praised.</li> <li>One service user said the midwives offered a variety of pain relief options, provided pain relief regularly, and ensured medication was given on time. However, another woman reported that she requested pain relief during contractions, but it was not provided. Another woman said her concerns about pain were dismissed, and medications were given late at times.</li> </ul>
7.	Post Natal Ward	<ul style="list-style-type: none"> <li>Most women said the service was good and that there was a strong sense of teamwork among staff.</li> <li>However, one service user reported a bad experience. She said the procedure was not properly explained, and she developed an infection after surgery. Her concerns were dismissed on the postnatal ward, and she had to be re-admitted after discharge.</li> <li>Food: One woman said the food was not great. Another mentioned that breakfast was served late, and one service user was unable to get lunch because she was transferred to the postnatal ward after meal orders had been taken.</li> <li>Two service users reported being left without answers after requesting medication or pain relief, which was not delivered. They said call bells were not answered promptly, responses took a long time, and pain relief was not given regularly—they had to follow up multiple times.</li> <li>Two service users mentioned that the room or ward was very noisy.</li> <li>Issues were reported with toilet facilities: some toilets were blocked, and partner toilets were located outside the ward.</li> <li>Feedback about postnatal staff was mixed—some were described as friendly, kind, and attentive, while others were seen as rude and dismissive of women's concerns. One woman reported being spoken to rudely because she was not an English speaker. Another woman shared a particularly negative experience with a postnatal midwife, whose initials were "NA."</li> </ul>

6.	Breastfeeding Support	<ul style="list-style-type: none"> <li>• Most women reported being offered breastfeeding support after labour; however, two women said they were not offered any support.</li> <li>• A few women felt that the support provided was very generalised and not tailored to their individual needs.</li> <li>• Some women felt pressured to exclusively breastfeed, even when they preferred to use mixed feeding.</li> <li>• A few service users said the Newham Infant Feeding Team had been very helpful.</li> </ul>
7.	Why would you recommend/not recommend this hospital?	<ul style="list-style-type: none"> <li>• Most service users said they would recommend the hospital.</li> <li>• However, five service users said they would not recommend it. Their reasons included the hospital being very busy, a lack of support for their birth plans, and requests for a pool birth not being accommodated, as the pool was consistently unavailable.</li> </ul>
8.	Suggestions	<ul style="list-style-type: none"> <li>• Improve waiting times in antenatal care and triage, and ensure documents are properly checked. One service user reported a document mix-up with her antenatal appointment.</li> <li>• Staff should take the time to explain treatments clearly and thoroughly to patients.</li> <li>• Provide staff training focused on empathy and active listening.</li> <li>• Improve noise control in shared wards and postnatal areas.</li> <li>• As the hospital is very busy, more staff recruitment is needed.</li> <li>• Increase cleaning frequency in labour and postnatal rooms, particularly to address recurring issues such as toilet blockages.</li> <li>• Improve the responsiveness of the Zone 12 hotline, as a service user reported that the phone is never reachable.</li> <li>• Offer local eczema specialist services for babies, as one woman noted she had to be referred to the Royal London Hospital, which was too far for her.</li> </ul>

### Summary of Feedback - Tower Hamlets

No.	Area to Discuss	Comments from Service Users
1.	Waiting Times upon Arrival	<ul style="list-style-type: none"> <li>• Most women who had a planned induction or elective caesarean section reported no delays.</li> <li>• One service user shared that she had to come in and out of the hospital over three days. Each time, she was checked but told she was not in active labour. She was eventually admitted when she arrived in severe pain and was found to be 8 cm dilated.</li> <li>• Induction: one woman said she was given an induction tablet, but then had to wait five days in induction ward,</li> </ul>

		<p>repeatedly being told that no labour room was available. Another service user reported a three-day wait for induction in hospital, though she added that everything was clearly explained to her during the process.</p> <ul style="list-style-type: none"> <li>• Triage: In emergency cases, some women reported long waits. One mentioned a 7–8 hour wait, while another experienced a 4-hour wait to be seen at 34 weeks after noticing reduced baby movements and being rushed in. Another woman, whose waters had broken, was planned to be induced but there was no bed available. She was given a triage room and later asked to wait outside for 3–4 hours. One woman reported waiting 13 hours for a labour room, spending that time in a triage room or an interim space.</li> <li>• A mother with diabetes reported waiting 12 hours due to lack of bed availability.</li> </ul>
2.	Service Users with Specific Needs (e.g. translation, chronic illness, disabilities, etc.)	<ul style="list-style-type: none"> <li>• Some service users did not speak English as their main language, with most speaking Bengali (Sylheti dialect). Translation services were provided where needed.</li> <li>• There were three service users with gestational diabetes, one with hypertension, and one who was a carrier of haemophilia. Staff were aware of these conditions and appropriate care was provided.</li> </ul>
3.	Antenatal	<ul style="list-style-type: none"> <li>• Most service users said the midwives on antenatal and scan appointments were amazing, with clear explanations provided especially during scans.</li> <li>• Most service users felt that issues were appropriately addressed, everything was well monitored, and they were offered induction of labour (IOL) with informed choices.</li> <li>• One women mentioned the midwife staff took the time to explain the reasons behind early planned caesarean sections.</li> <li>• One women mentioned that, at a 32-week scan, her liver issues were flagged. The mother reported itching and was diagnosed with a related condition, which was then monitored. However, one staff member was described as rude and impatient when the mother arrived late due to traffic. The mother felt the staff member was dismissive and unprofessional, especially as she was high-risk and expecting twins at her final appointment.</li> <li>• At antenatal appointments in Barkantine, routine blood pressure checks were not carried out properly, and staff appeared unable to interpret results. The mother felt she was not adequately checked or supported, and had no opportunity to ask questions. She believed this reflected a systemic issue, as the staff did not demonstrate a sufficient level of care and acted unprofessionally.</li> <li>• One mother reported being repeatedly sent between departments, with no proper checks carried out despite her requests. Over three days, she asked for a scan but felt her concerns were dismissed. She noted that only</li> </ul>

		<p>after saying she would file a complaint did action occur—and this happened on the day she went into labour.</p> <ul style="list-style-type: none"> <li>• Another mother reported being given incorrect information. She repeatedly asked for a membrane sweep, but her request was denied. When the sweep was finally attempted, it was not performed properly, causing her significant pain and emotional distress. She was nearly 42 weeks pregnant and had been calling daily after 40 weeks to request a sweep, which was never offered.</li> </ul>
4.	Induction, Triage and Labour	<ul style="list-style-type: none"> <li>• Most service users said midwives during labour generally good and supportive. They were also available throughout labour. Special mention was made of Beatta and Davina for their care and support.</li> <li>• Although different midwives were involved during induction, labour, and postnatal care, users noted that the handover process between triage and labour midwives was smooth.</li> <li>• One service user reported that a midwife with initial “S”, the triage midwife, did not acknowledge or respond to her labour pain. While waiting in pain, she found another staff member, initial “SA”, to be rude.</li> <li>• One service user mentioned a amazing and prompt delivery experience with home birth, were paramedics were present.</li> <li>• Service users appreciated that their labour issues were flagged early and clearly explained. Overall, they felt well-informed and happy with the care they received. Informed choice was emphasised.</li> <li>• Two women who received epidurals reported they were administered promptly, and the doctors were responsive. In one case, the epidural was only effective on one side, but the doctor quickly identified and managed the issue.</li> <li>• One mother felt the delay in induction contributed to her needing a caesarean section. She had been told for five consecutive days that a labour room was unavailable and had only received an induction tablet during that time.</li> <li>• Pain relief was offered, although in one case the epidural did not work effectively.</li> <li>• Most women theatre, and caesarean sections was good and that midwifery care was consistent.</li> <li>• One woman experienced profuse bleeding post labour and another woman mentioned bladder issue, but the midwife team responded quickly and effectively to resolve it.</li> <li>• One mother reported that her emergency caesarean was a result of delays, and she developed an infection due to a retained piece of placenta. She felt her fever was dismissed by staff, who claimed it was normal, and said she had to complain in order to be taken seriously.</li> <li>• Another mother felt the induction and labour process was rushed. She wished the baby’s heart rate had been monitored more closely before induction began.</li> </ul>

		<ul style="list-style-type: none"> <li>Concerns were raised about the transition between the labour room and the theatre. One mother described careless handling of her bed, including it being crashed into a pole. She felt the staff were rough and inattentive. In another case, a midwife in the induction room was observed directing the baby's father where to stand during the caesarean.</li> <li>One service user described her triage experience as "inhumane."</li> </ul>
5.	Post Natal	<ul style="list-style-type: none"> <li>Most service users described the postnatal ward environment as relaxing, calming, and peaceful, with attentive care. Only two women mentioned that a staff member spoke to them roughly. Special praise was given to Naima and Sumai, the diabetic midwife.</li> <li>The majority of women said that postnatal midwives were caring, supportive, and encouraging, and that they explained everything clearly. Staff checked in regularly on both mother and baby and maintained clear communication throughout.</li> <li>One mother experienced several complications after birth but appreciated that everything was clearly explained and that an interpreter was provided during labour.</li> <li>A mother who underwent an emergency caesarean section felt well-informed and said all procedures were clearly explained to her.</li> <li>Pain relief was provided on time, and the care was described as appropriate and not overly invasive.</li> <li>One mother reported that her concerns were dismissed. She felt that her fever and suspected infection were not taken seriously, despite her insistence that something was wrong.</li> <li>Another mother described her experience as "okay," but noted that her pain in the postnatal ward was often brushed off. She felt pressured to walk despite being in discomfort and was later diagnosed with sepsis.</li> <li>A healthcare assistant (HCA) who took blood pressure readings was reported as rude by two service users. Some mothers also mentioned that night-time staff were occasionally rude or unsympathetic when they asked for help, often questioning why support was needed.</li> <li>Some users noted that service could be slow at times, and shared wards were often noisy, particularly during the night.</li> <li>One service user felt that the mental health staff were not helpful during her stay.</li> <li>Another mother, who was in pain, said she was unable to visit her baby in the NICU, which caused her significant distress.</li> </ul>
6.	Breastfeeding Support	<ul style="list-style-type: none"> <li>Most women said they were offered breastfeeding support both in the hospital and in the community.</li> <li>Two women said they did not require breastfeeding support.</li> </ul>



		<ul style="list-style-type: none"> <li>Two women reported that they were neither informed about nor offered any breastfeeding support.</li> </ul>
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## Summary of Feedback - Waltham Forest

No.	Area to Discuss	Comments from Service Users
1.	Waiting Times upon Arrival	One service user Had induction as IVF and baby was 1 week past estimated due date Initially elective CS - then unplanned
2,	Service Users with Specific Needs (e.g. translation, chronic illness, disabilities, etc.)	<ul style="list-style-type: none"> <li>Two service users did not speak English as their main language—one spoke Urdu and the other Albanian. Translation services were provided for both.</li> </ul>
3.	Antenatal	<ul style="list-style-type: none"> <li>Most service users mentioned that antenatal staff—including both community midwives and hospital-based midwives—were amazing, kind, and supportive. Overall, they reported positive experiences with their appointments.</li> <li>Workshops provided by the hospital, including the induction and elective caesarean sessions, were found to be informative and helpful.</li> <li>One service user noted that she was primarily seen by the same midwife (Chloe at Wood Street), which provided her with continuity of care and reassurance.</li> <li>Another woman, who had frequent antenatal appointments and fortnightly scans, felt well cared for throughout her pregnancy.</li> <li>A service user with limited English, expecting her fifth baby, also shared a positive experience with the care she received.</li> <li>One woman reported that her baby's anomaly was detected early at the 20-week scan. From that point, she was under the care of the Fetal Medicine Team, whom she found to be excellent and informative. She also received support from the perinatal mental health team, which she described as "super supportive and kind."</li> <li>A woman whose waters broke three weeks early required regular monitoring and described the staff as brilliant during that time.</li> <li>Some concerns were raised about long waiting times and limited parking near the maternity unit. It was also noted that hand wash was often unavailable in the antenatal clinic toilets, which was concerning given the need to provide urine samples.</li> </ul>

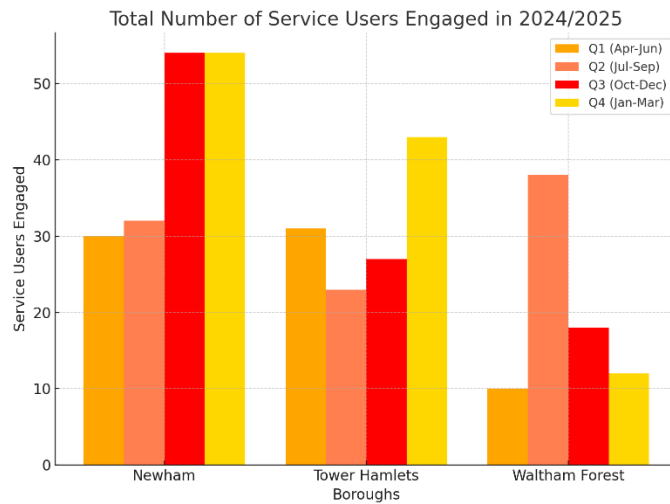
		<ul style="list-style-type: none"> <li>• One service user felt that community midwife appointments were not very useful and preferred consultant-led appointments, which she found to be more informative.</li> <li>• On a few occasions, a woman was seen by a new midwife who appeared to be in training, as she often had to consult with senior staff.</li> </ul>
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4.	Triage and Labour	<ul style="list-style-type: none"> <li>• Triage: One woman reported being seen quickly upon arrival and felt that staff listened to her concerns. However, others described long waiting times and a lack of privacy, which was particularly distressing for those arriving in active labour.</li> <li>• Triage: Another woman felt the triage process could have been faster. Her baby had turned, so the planned elective caesarean no longer applicable. When labour began, she was in significant pain and felt that pain management in triage was inadequate.</li> <li>• Labour: Most service users said they had continuous support from a midwife throughout the birth of their baby. Staff were described as informed, supportive, and attentive. While some women felt the standard of care in triage was lacking, they noted a marked improvement once admitted to the labour ward.</li> <li>• Labour: One mother, who gave birth at 35 weeks, reported that her waters broke and she was 5cm dilated when a scan revealed her baby was in breech position. Attempts to turn the baby were unsuccessful, and she underwent a caesarean section. She found the staff very supportive and described her overall experience as positive.</li> <li>• Planned Caesarean: A first-time mother who had a planned caesarean said she didn't know what to expect, but the staff answered her questions and explained the procedure well.</li> <li>• Another woman had an unplanned elective caesarean due to a breech presentation. While the experience was calm, she noted significant delays. She was called to theatre twice but postponed due to emergencies. As she had been unable to eat or drink from 7am and did not undergo surgery until 2:20pm, she became extremely dehydrated.</li> <li>• Birth Plan &amp; Communication: One woman reported being left from 10:00pm to 1:30am, during which time her partner had to advocate on her behalf. She felt her notes were not properly read, and key request on her birth plan were ignored.</li> <li>• Pain Management: Several women reported delays in receiving pain relief. One mother who had requested an epidural had to wait due to there being only one anaesthetist available. In the end, she gave birth without the epidural.</li> </ul>
5.	Post Natal	<ul style="list-style-type: none"> <li>• Most service users mentioned that the staff on the Mulberry Ward were great—helpful, attentive, and regularly checking in to monitor pain management and overall wellbeing. They generally felt the level of service provided was good. However, two women reported being unimpressed with the care they received.</li> <li>• One woman said she arrived on the Mulberry Ward during daytime hours but was not checked on for about an hour. She noted inconsistency between night and day</li> </ul>

		<p>staff and mentioned one midwife (initial “P”) who was described as inattentive, even walking out of the room while the mother was vomiting.</p> <ul style="list-style-type: none"> <li>• In the recovery ward, two women reported staying for four to six hours after surgery and described the staff as unhelpful, highlighting long waits—up to two hours—for pain relief.</li> <li>• Several service users said the postnatal ward felt like a different hospital altogether—describing it as dirty, hot, and poorly ventilated. The toilet and shower area reportedly smelled of urine, and the bays were noisy, making it difficult to rest.</li> <li>• Pain Management: Some service users reported inconsistencies. One mentioned missing a dose of pain relief and having to remind a midwife about her blood thinner injection. Another said she waited 45 minutes to receive pain medication.</li> <li>• One woman described the postnatal ward as “okay,” but noted that some staff were rude at times, particularly during her stay following a triage visit.</li> </ul>
6.	Breastfeeding Support	<ul style="list-style-type: none"> <li>• Most service users said they were offered support with breastfeeding, and found the infant feeding support staff to be helpful.</li> <li>• Another mother whose baby was born with jaundice said she received conflicting advice from different midwives regarding feeding, and felt that her concerns were not taken seriously. However, she found the HENRY team to be very supportive.</li> </ul>
7.	Why would you recommend/not recommend this hospital?	<p>Some women chose not to give birth at Whipps Cross Hospital for various reasons:</p> <ul style="list-style-type: none"> <li>• One woman opted for a home birth, but Whipps Cross was unable to offer this at the time due to staffing shortages, so she chose Homerton instead.</li> <li>• Another gave birth at Queen’s Hospital in Romford as she was living outside the area at the time.</li> <li>• One local resident chose Homerton because of its better reputation and because two family members had previously had negative experiences at Whipps Cross.</li> <li>• Another chose Homerton for convenience, as she worked there.</li> </ul>

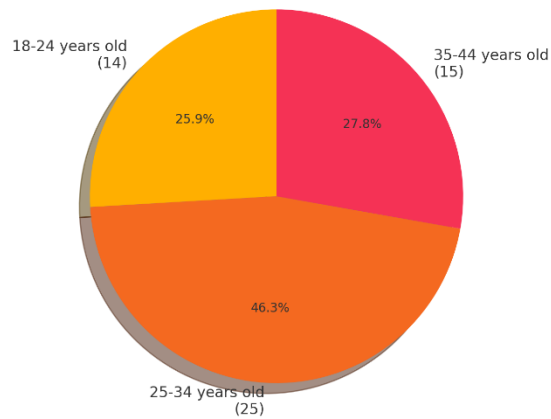
## Current Trends

### Number of Service Users Engaged Across Three Boroughs

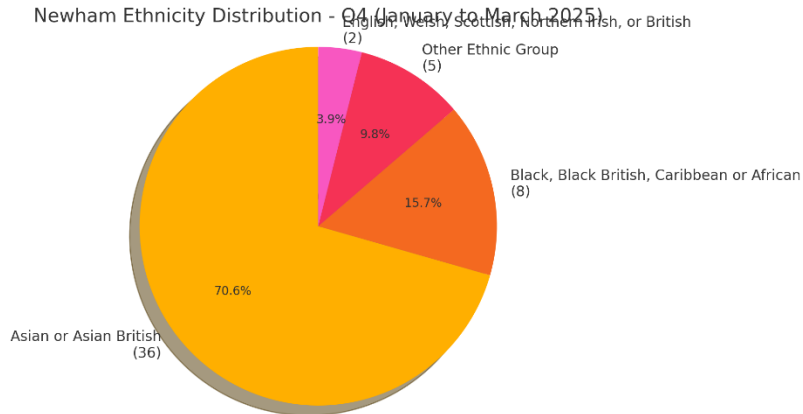


## Demographic of Service Users Engaged in Newham

Newham Age Group Distribution - Q4 (January to March 2025)



Newham Ethnicity Distribution - Q4 (January to March 2025)



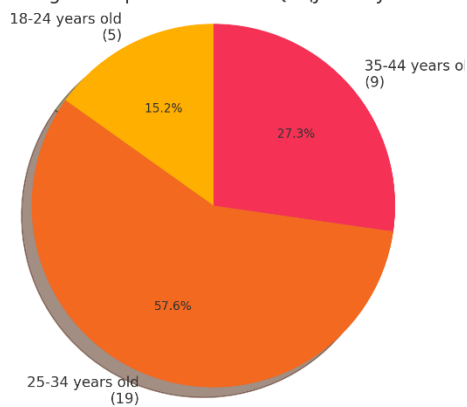
## Languages Spoken other than English:

Language	No. of Service User
Romanian	1
Punjabi	2

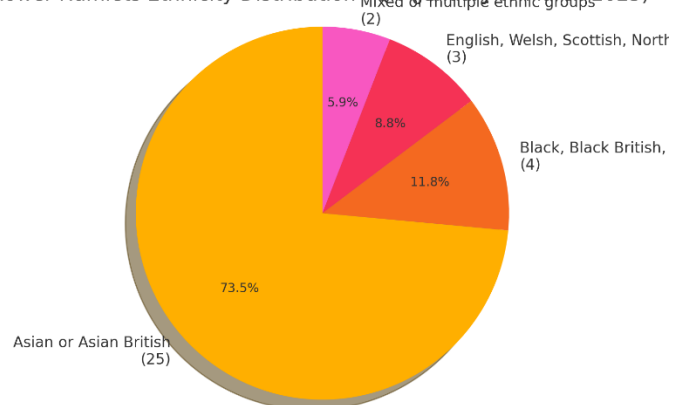
Bengali	5
Urdu	4
Hindi	5
Turkish	1
Ghanian	1
Igbo	2
Arabic	1
Italian	2
Pashto	2
Polish	1
Farsi	1
Tamil	2
Portuguese	1
Somalian	2

## Demographic of Service Users Engaged in Tower Hamlets

Hamlets Age Group Distribution - Q4 (January to March)



Tower Hamlets Ethnicity Distribution - Q4 (January to March 2025)

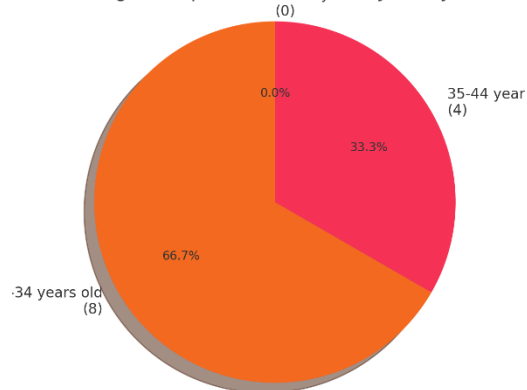


## Languages Spoken Other Than English:

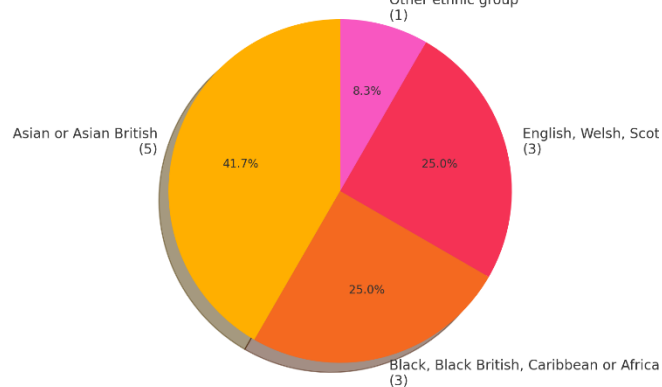
Language	No. of Service Users
Bengali (Sylheti dialect included)	8
Urdu	1
Hindi	1
Bulgarian	1

## Demographic of Service Users Engaged in Waltham Forest

Waltham Forest Age Group Distribution - Q4 (January to March 2025)



Waltham Forest Ethnicity Distribution - Q4 (January to March 2025)



## Languages Spoken Other Than English:

Language	No. of Service User
Urdu	1
Albanian	1



## Social Media Engagement Metrics

We launched our Instagram account at the end of March 2024 to share information, announce upcoming MNVP regular events, reshare peer support group activities across the three boroughs, raise awareness, and promote survey opportunities for service users.

Our Instagram handle is: **TWN Maternity and Neonatal Voices (@twm\_mvnp)**.

We also launched our mailing list, which can be subscribed to via <http://eepurl.com/iyqIT2>. As of 30 March 2025, we have 42 subscribers.

### Instagram Post Insight – Q4 Period (as of 30 March 2025)

1. **Post Content:** The posts focused on promoting Coffee Morning events, the Quarterly Meeting for Service Users, upcoming events and activities organised by our partner organisations, and maternity surveys conducted within Barts Health NHS Trust.

2. **Metrics:**

Likes: 74

Comments: 3

Shares: 18

Saves: 6

Reach: 712 unique users

Engagement Rate: 8%

Follower Growth: 5 new followers during this quarter

3. **Audience Insights**

Demographics: 82% women, 18% men. The majority are aged 25-34 and based mainly in East London.

Engagement: Most users interacted through likes (68%), while 12% shared the content.

4. **Analysis and Takeaways**

What Worked: Posts featuring upcoming events (Coffee Mornings, Quarterly Meetings, and Family Hub activities).

Challenges: Posting frequency was irregular. Content mainly focused on event promotion, and there was less interactive content (e.g polls, QnA, reels).

Improvements:

- Future posts will include regular updates even outside events, such as service user feedback highlights, positive birth story, and co-produced resources.
- Use of story features (polls, quizzes) to engage the audience in a two-way conversation.
- Tagging partner organisations (e.g., LMNS, Barts Health NHS Trust, Healthwatch branches, Sister Circle, Serene Beginnings, etc) and using more relevant hashtags.

**Tower Hamlets, Waltham Forest, and Newham**

**Maternity and Neonatal Voices Partnership**

**Work Plan – 2025/2026**

Key Action Steps	Owner	Objective	Method and Activities	Timeline
<b>Listening to Services User Voices</b>				
Service User Meetings/ Coffee Morning	<ul style="list-style-type: none"> <li>MNVP Chairs</li> <li>Neonatal Lead</li> </ul>	<ul style="list-style-type: none"> <li>Gain services user feedback using MNVP own questionnaire and review of leaflets /information relating to maternity and neonatal for feedback.</li> <li>Listening event between service users and the maternity/neonatal staffs.</li> <li>Report findings to be sent to MNVP Project Manager, main meetings and/or appropriate NHS staff.</li> </ul>	Visit children's centres and community playgroups to meet new mums/birthing people to hear their experiences. One coffee morning for each borough monthly for both maternity and neonatal.	Monthly
Community Outreach	<ul style="list-style-type: none"> <li>MNVP Chairs</li> <li>Neonatal Lead</li> </ul>	Reaching out to BAME groups, young parent support groups, faith groups, children's centres, etc to encourage women to share their maternity/neonatal experiences and ensure their voices are heard. Aim to reach 1 new community group per month for each borough.	Collaboration work with stakeholders within the community to reach women and babies within Barts Health NHS Trust. It could be done through a joint session or online listening session.	Monthly
MNVP Quarterly Meeting with Service Users	<ul style="list-style-type: none"> <li>MNVP Chairs</li> <li>Neonatal Lead</li> <li>MNVP Project Manager</li> </ul>	<ul style="list-style-type: none"> <li>A quarterly listening event for service users to share their experience at Barts Health NHS Trust, an opportunity for learning and to share what has gone well and where the Trust can improve.</li> <li>Report findings to be sent to MNVP Project Manager, main meetings and/or appropriate NHS staff.</li> </ul>	Working in collaboration with the Patient Experience Midwives and relevant Barts NHS Trust Representatives to hold a Q&A panel session and a focus group discussion during the event.	Quarterly: April, July, December

Digital Engagement via Peanuts, MNVP social media, and Mailing List	<ul style="list-style-type: none"> <li>• MNVP Chairs</li> <li>• Neonatal Lead</li> <li>• MNVP Project Manager</li> </ul>	Share upcoming outreach/coffee mornings, service user surveys/questionnaire, other upcoming partners/stakeholders' activities. An increase in service user feedback from digital platforms	Reach out to service users, informal introduction and invite them to join TWN MNVP mailing list, social media platform, and MNVP meetings. Peanuts platform also a good platform to interact with service users.	Continuous
Walk the Patch	<ul style="list-style-type: none"> <li>• MNVP Chairs</li> <li>• Neonatal Lead</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback from service users on the antenatal and postnatal wards and those users who attend the walk.</li> <li>• Report findings to be sent to MNVP Project Manager, main meetings and/or appropriate NHS staff.</li> </ul>	Accompanying service users to the Maternity and Neonatal unit, revisiting their journey during childbirth, and providing a fresh service users perspective for other service users to review their experiences through appointments, scans, birth, and discharge.	Monthly
15-Steps	<ul style="list-style-type: none"> <li>• MNVP Chairs</li> <li>• Neonatal Lead</li> </ul>	<ul style="list-style-type: none"> <li>• To observe Barts Health maternity and neonatal services with a pair of fresh eyes and from a service user's perspective. This includes Health and safety around wards and in bays, Staff engagement/ warm interactions, Cleanliness of surroundings and equipment.</li> <li>• Report findings to be sent to MNVP Project Manager, main meetings and/or appropriate NHS staff.</li> </ul>	Planned 15 steps to be undertaken with Patient Experience Midwives and Neonatal Staff.	Twice a year
Parents Support Group for Neonatal and Bereaved Families	<ul style="list-style-type: none"> <li>• Neonatal Lead</li> </ul>	<ul style="list-style-type: none"> <li>• Gain service user feedback - To ensure neonatal family voices are heard and action taken.</li> <li>• Report findings to be sent to MNVP Project Manager, main meetings and/or appropriate staff</li> </ul>	<p>Host regular sessions for neonatal families to feedback in collaboration with Neonatal Units.</p> <p>One session for each borough monthly.</p>	Monthly

Awareness of MNVP in community	<ul style="list-style-type: none"> <li>• MNVP Chairs</li> <li>• Neonatal Lead</li> <li>• MNVP Project Manager</li> </ul>	Increase MNVP's engagement and presence among families across the borough, while strengthening networks with other service providers and the local council.	Attend family events across three boroughs twice a year, with an information stall or presentation — for example: the Listening Event (Newham), Bump to Baby (Waltham Forest), and Barnardo's/Family Hub (Tower Hamlets).	Twice a year
<b>Maternity Focused Projects for the Year</b>				
Co-production of Annual CQC Maternity Survey - Action Plan	<ul style="list-style-type: none"> <li>• MNVP Chairs</li> </ul>	Co-production to review the CQC surveys and action plan from the CQC reports	Reviewed the CQC survey document and report for 24/25.	Yearly, to be reviewed quarterly
Induction Information Sheet	<ul style="list-style-type: none"> <li>• MNVP Chairs</li> </ul>	Provide service users with clear and comprehensive information on induction process.	Co-design leaflet and poster to be used by service users as part of their care package and to be displayed on antenatal ward, postnatal ward, labour and induction wards, GP, community midwives. It will be translated to common second languages used.	Yearly, to be reviewed quarterly
Muslim Momma Card	<ul style="list-style-type: none"> <li>• MNVP Chairs</li> <li>• Neonatal Lead</li> </ul>	Provide service users from a Muslim background with the necessary information to effectively communicate with maternity staff, helping them feel heard, respected, and more comfortable throughout their birth journey	Adapt the Muslim Momma Card developed by Chelsea and Westminster MNVP, adjusting it to reflect the needs of service users within Barts Health NHS Trust.	Yearly, to be reviewed quarterly
Maternity Patient Information	<ul style="list-style-type: none"> <li>• MNVP Chairs</li> </ul>	Co-production for patient information sheets	Co-write, review and approve new/updated patient information that is produced for publication on the website/mum and baby app/maternity notes or leaflets. It will be translated to common second languages used.	Yearly, to be reviewed quarterly
You Said, We Did	<ul style="list-style-type: none"> <li>• MNVP Chairs</li> </ul>	Provide service users with information on how their feedback has been incorporated	Co-design a statement outlining the improvements made by	Quarterly

		into Barts Health NHS Trust's action plan to improve maternity services	Barts Health NHS Trust in response to key issues raised through service user feedback in the published report. This will be shared via social media, the website, and displayed as posters.	
Incidents and Complaints	• MNVP Chairs	Improve quality and safety	MNVP chairs to see complaints received and help review draft responses	As per need
Other co-production initiatives	• MNVP Chairs	As requested or based on the needs identified by Barts Health NHS Trust.	As requested or based on the needs identified by Barts Health NHS Trust.	As per need
<b>Neonatal Focused Projects for the Year</b>				
Building a Neonatal community	• Neonatal Lead	Provide an avenue to gather feedback but also provide moral support to parents post discharge Increase the membership of MNVP.	Call mums/ parents post discharge, invite them to join parent support group.	Continuous
Neonatal 15 Steps (additional to general 15 steps)	• Neonatal Lead	In-depth 15 steps style project.	In depth walk around of the unit to establish any improvements and changes from birthing people / parents perspective. Provide report of observations to management team.	Twice a year
Neonatal Patient Information	• Neonatal Lead	Co-production for patient information	Co-write, review and approve new/updated patient information that is produced for publication on the website/mum and baby app/maternity notes or leaflets/posters.	Yearly, to be reviewed quarterly

Special Events	<ul style="list-style-type: none"> <li>• Neonatal Lead</li> <li>• MNVP Project Manager</li> </ul>	Support the organisation and awareness of Neonatal events, celebration days (i.e. Mothers Day) and festivals.	Support the unit with events e.g Kangaroo care week, World Prematurity day, celebration days and festivals. Co-produce a calendar of events which will also serve as a means to gain funding for the unit.	Twice a year
Other co-production initiatives	<ul style="list-style-type: none"> <li>• Neonatal Lead</li> </ul>	As requested or based on the needs identified by Barts Health NHS Trust.	As requested or based on the needs identified by Barts Health NHS Trust.	As per need
<b>Meetings</b>				
Cross-Site Meeting MNVP and Barts Health Quarterly Meeting	<ul style="list-style-type: none"> <li>• MNVP Chairs</li> <li>• Neonatal Lead</li> <li>• MNVP Project Manager</li> </ul>	Maintain engagement, co-production and support on changes or new initiatives.	Quarterly internal meetings of MNVP - open to staff and other stakeholders , lead by MNVP Project Manager.	Quarterly
Maternity and Neonatal Meeting	<ul style="list-style-type: none"> <li>• MNVP Chairs</li> <li>• Neonatal Lead</li> </ul>	Input to strategic discussions about maternity and neonatal care. Attendance provides MNVP with access to the Board and enhances visibility of MNVP's ongoing work to senior trust staff.	Attend meetings - continue provide updates of MNVP activity to the group, Ensure the voice of women and birthing people is considered and reflected upon within any strategic discussions and decisions about the maternity and neonatal department.	Monthly
Patient Advisory Group Meeting	<ul style="list-style-type: none"> <li>• MNVP Chairs</li> <li>• Neonatal Lead</li> </ul>	Stay in the loop of PAG activities and see where our projects can be supported or feedback obtained.	Attend PAG meetings to enhance visibility of maternity and Neonatal work within the trust and gain understanding of issues being addressed or raised in PAG as there will be some cross over, help to avoid duplicate efforts.	Monthly
Safety Champions Meetings	<ul style="list-style-type: none"> <li>• MNVP Chairs</li> <li>• Neonatal Lead</li> </ul>	Awareness of issues being raised and coproduce solutions.	Attend Bi-Monthly Safety Champions meeting attended by Chief Nurse. Attend clinical	Bimonthly



			governance meetings when needed.	
Maternity Guideline Meetings	<ul style="list-style-type: none"> <li>• MNVP Chairs</li> <li>• Neonatal Lead</li> </ul>	Co-production of internal guidelines.	Review draft guidelines and ensure that proposals will not have a negative impact on the experiences for users	
Weekly Morning Call with Neonatal Matron	<ul style="list-style-type: none"> <li>• Neonatal Lead</li> </ul>	Maintain engagement, co-production and support on changes or new initiatives	Join meeting with neonatal midwives across three boroughs, provide updates of MNVP activity to the group.	Weekly
MNVP Benchmarking / Self-Assessment Meeting	<ul style="list-style-type: none"> <li>• MNVP Chairs</li> <li>• Neonatal Lead</li> <li>• MNVP Project Manager</li> </ul>	Evaluate the TWN MNVP advocacy process, work plan, and infrastructure to ensure alignment with the latest guidance and standards.	Attend the meeting and co-produce the self-assessment in line with the latest benchmarking standards, in collaboration with Barts Health NHS Trust, commissioners, and the LMNS.	Twice a year
LMNS Chairs/Leads Meetings	<ul style="list-style-type: none"> <li>• MNVP Chairs</li> <li>• Neonatal Lead</li> <li>• MNVP Project Manager</li> </ul>	Regular updates with pan London MNVP's.	Attend monthly meetings with pan London MNVP chairs.	Monthly
North East London LMNS Board Meeting	<ul style="list-style-type: none"> <li>• MNVP Project Manager</li> </ul>	Regular updates with NEL LMNS Board Meeting.	Attend monthly meetings with NEL LMNS Board.	Monthly
Meetings with Stakeholders	<ul style="list-style-type: none"> <li>• MNVP Project Manager</li> </ul>	Increase awareness of MNVP's work among local service providers, with the aim of fostering collaboration and co-design of service improvements.	Attend meetings with local Public Health teams, Family Hubs, Infant Feeding Teams, and Health Visitors.	As per need
<b>Running of MNVP</b>				
MNVP Chairs and Neonatal Lead Check In Meeting	<ul style="list-style-type: none"> <li>• MNVP Chairs</li> <li>• Neonatal Lead</li> <li>• MNVP Project Manager</li> </ul>	All four MNVP Chairs and Neonatal Lead connect to share ideas, work and planning weeks ahead with MNVP Project Manager.	Stay connected between both maternity and neonatal projects, share the workload and ensure we are aligned.	Biweekly

Social Media	<ul style="list-style-type: none"> <li>• MNVP Project Manager</li> </ul>	Enhance engagement and promote MNVP activities.	Update social media channels regularly with MNVP activities and articles, promote the trust and share positive birthing experiences in conjunction with Barts Health NHS Trust comms team.	Continue
Quarterly MNVP Reports	<ul style="list-style-type: none"> <li>• MNVP Project Manager</li> </ul>	A main advocacy resource of MNVP containing service user feedback, used to communicate with service providers such as Barts Health NHS Trust, the Infant Feeding Team, Health Visitors, and others.	Co-produce the report using the latest template, to be shared with service users, Barts Health NHS Trust, and other stakeholders listed in the database.	Quarterly
Write up impact section as part of MNVP Quarterly Reports	<ul style="list-style-type: none"> <li>• MNVP Chairs</li> <li>• Neonatal Lead</li> </ul>	MNVP Chair and Neonatal Lead communicate their contributions and the impact they make as representatives of service users' voices.	Co-produce report with the MNVP Project Manager.	Quarterly
Access to shared calendar and network drives	<ul style="list-style-type: none"> <li>• MNVP Project Manager</li> </ul>	Enable easier sharing of reports.	MNVP Project Manager to allow MNVP Chairs and Neonatal Lead to access shared data drives for easier sharing of reports within MNVP, with trust (and vice versa) allowing easier collation of evidence as required.	Continues
Trainings	<ul style="list-style-type: none"> <li>• MNVP Project Manager</li> <li>• MNVP Chairs (as attendee)</li> <li>• Neonatal Lead (as attendee)</li> </ul>	Improve the capacity of MNVP Chairs and the Neonatal Lead, ensuring they stay up to date with the latest guidance and skills that support them effectively in their roles.	MNVP Project Manager identifies and supports the training needs of the Chairs and Neonatal Lead, and co-produces the training in collaboration with Barts Health NHS Trust, the National MNVP, or the LMNS.	Twice a Year