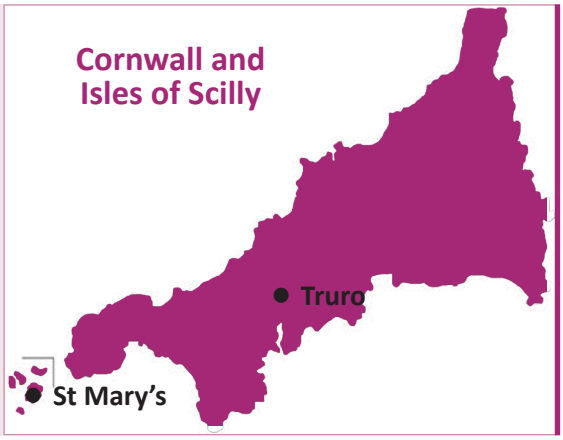
KERNOW
Maternity & Neonatal voices
Working in partnership to improve services for all

Annual report 2024/25

Contents

Working together to improve maternity and neonatal care for everyone in Cornwall and Isles of Scilly.



Any enquiries regarding this publication should be sent to us at: info@kernowmnvp.co.uk

You can download this publication from evolvingcommunities.co.uk/kernow-mnvp

The Kernow Maternity and Neonatal Voices Partnership is hosted by Evolving Communities CIC, a community interest company limited by guarantee and registered in England and Wales with company number 08464602. The registered office is at Unit 2, Hampton Park West, Melksham, SN12 6LH.

Message from our Senior Lead

Welcome to our 2024/25 annual report, this year has been huge for Kernow Maternity and Neonatal Voices Partnership (MNVP). Our team has grown, developed and led the way for MNVPs around the country.

As we take some time to reflect, we must acknowledge the current uncertainty across the NHS landscape which of course has an impact on everyone working within health and care services. However, in this time of change, one thing remains clear - to make sustainable, meaningful improvements to maternity and neonatal services, you must centre the voices of service users. You must invest in coproduction, coleadership and trauma informed engagement. You must recognise the power of challenge and advice through the lens of the service user voice.

Doing things differently in Cornwall and Isles of Scilly has led to many wonderful things this year and this report will share just a few highlights of the things we have achieved as a system over the last 12 months. Hopefully this report will also show how we engage with our communities and how we use that voice and intelligence to influence and steer change across the system.

Nicki Burnett (she/her)
Senior Lead, Kernow Maternity and Neonatal Voices Partnership

"I am so proud of the work we have done this year and so grateful to the leaders across Royal Cornwall Hospital Trust (RCHT)and Cornwall and Isles of Scilly Integrated Care Board (ICB) who have consciously made the decision to invest and support, meaningful and sustainable service user voice even when it is challenging. We hold the voices of our communities at the heart of everything we do."

About us

Kernow MNVP is commissioned by the Cornwall and Isles of Scilly ICB to fulfil its responsibility to involve service users and communities in maternity and neonatal services.

Our vision

Inclusive, safe, personal and kind maternity care for everyone in Cornwall and Isles of Scilly; designed, implemented and evaluated in partnership with the communities that receive the care.

Our purpose

To ensure service user voice is at the centre of decisions and to provide insight and oversight to improvements, quality and safety of services. We also provide strategic critical friendship to the Local Maternity and Neonatal System (LMNS).

Our approach

People's views come first – especially those who are often marginalised or ignored by institutions and systems. We believe in transparency, openness and coproduction. We positively challenge, question and support the development and oversight of maternity and neonatal services by raising the voices of service users and supporting them to be involved.

How we find out what matters to you

We are always listening. We want to involve as many people as possible in our work and to hear from a wide range of voices and communities from across Cornwall and Isles of Scilly. Our team uses many ways to raise awareness of our work and to find out what matters most to you, including:

- Going out into the community - attending events and visiting groups
- Running surveys and focus groups
- Working with other organisations such as Wild Young Parents and Homestart Kernow.
- Visiting services to see how they work
- Using social media.

Find out more and get involved

evolvingcommunities.co.uk/kernow-mnvp

info@kernowmnvp.co.uk

Or find us on social media

@KernowMNVP

Volunteers

Kernow MNVP is run by a team of dedicated staff and we are supported in our work by volunteers. We work together with people who use, commission and deliver maternity and neonatal services to support the improvement of services for all.

Our Volunteer and Project Officer Kathryn outlines below our volunteer development and plans for 2025/26.

"I joined Kernow MNVP as Volunteer and Project Officer in June 2024. Since then, I have been exploring how volunteers can help us amplify service user voices as well as developing the paperwork and support processes that their involvement requires.

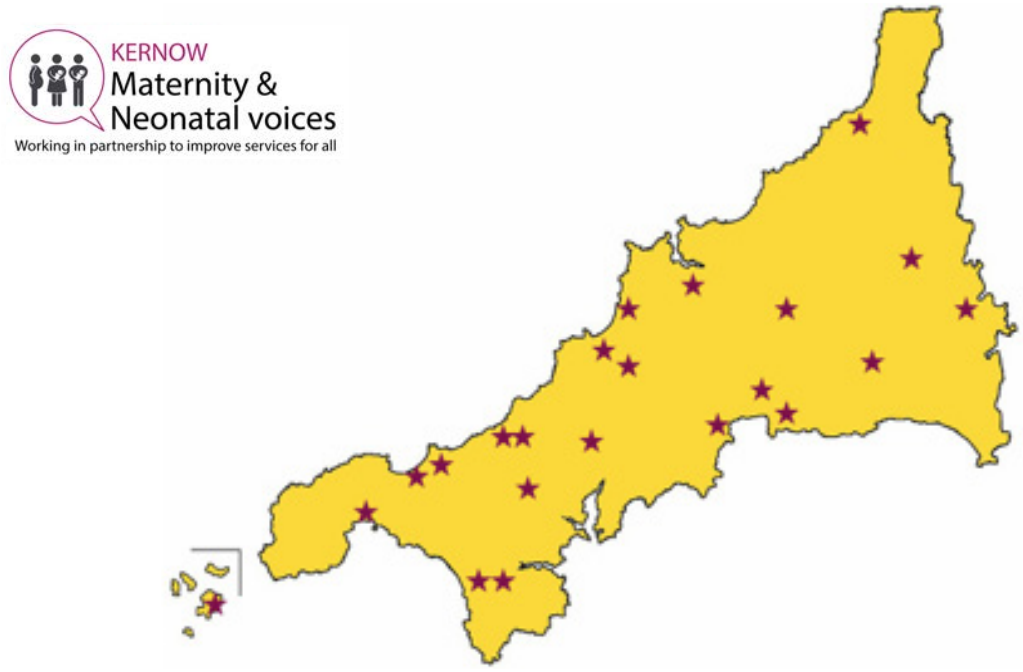
"In September we launched the first stage of our volunteer offer. Participant Voice (PV) volunteers review draft documents and leaflets put forward by maternity colleagues and partners; providing a service user perspective from the outset. PV volunteers were involved in our 15 Steps event, held at three community maternity venues across the county. We produce a monthly newsletter for our volunteers. At the end of March 2025, we had 16 PV volunteers.

"The plan for 2025/26 is to develop an engagement volunteer offer, looking at ways volunteers can enhance our work out in the community. Also to look at ways we can link with new partners to help us ensure we reach a diverse range of service users."

Engaging with our communities

We recruited our wonderful engagement and volunteer staff in the summer of 2024 and since then they have been working hard to grow our engagement. This section highlights some of their amazing work!

We engage with our communities in a variety of ways and strive to provide opportunities across Cornwall and Isles of Scilly for people to feedback about their experience. This map that shows everywhere we have been during 2024/25!



Building connections

We have been working hard during the year to reach a range of communities across Cornwall and Isles of Scilly, attending over **45** engagement events across **40** different locations. We've been warmly welcomed into amazing community projects, baby weighing clinics, breastfeeding peer support groups, postnatal groups and stay-and-plays. We've joined in with summer picnics, wellbeing events, and conferences.

Along the way, we've handed out over **1,000** 'Have Your Say' leaflets, encouraging people to share their experiences. The response has been amazing with **94** completed 'Have Your Say' forms, each offering invaluable insights into maternity care and community needs.

We've had the privilege of speaking with hundreds of families, listening to their personal feedback and experiences with maternity care across Cornwall and Isles of Scilly. From the joys to the challenges, each conversation has deepened our understanding of what truly matters to parents. Their voices are shaping the future of maternity care, helping us advocate for meaningful improvements and celebrate the successes within our communities. We're grateful for everyone who has shared their journey with us and we look forward to hopefully seeing you at an event soon and continuing these vital conversations.


Royal Navy Family & People Support


Maternity Voices
Your voice matters


voice matters


Volunteer
with us.

Isles of Scilly

Kernow MNVP was invited to attend the Isles of Scilly ICB's winter wellbeing and NHS 10 Year Plan engagement event at the Old Town Inn, St Mary's on 20 February 2025.

Service users were offered the chance to chat about pregnancy with Royal Cornwall Hospital and Kernow MNVP, speak with Healthwatch Isles of Scilly and to take part/ give feedback to shape the NHS 10 Year Health Plan.

We were able to have deep discussions around the guidance for birthing on the island and challenge some 'common myths' around island birthing. We shared the Personalised Care and Support Plan with partner organisations, made important contacts with voluntary sector organisations working on the island and continued to strengthen our partnership with Healthwatch Isles of Scilly.

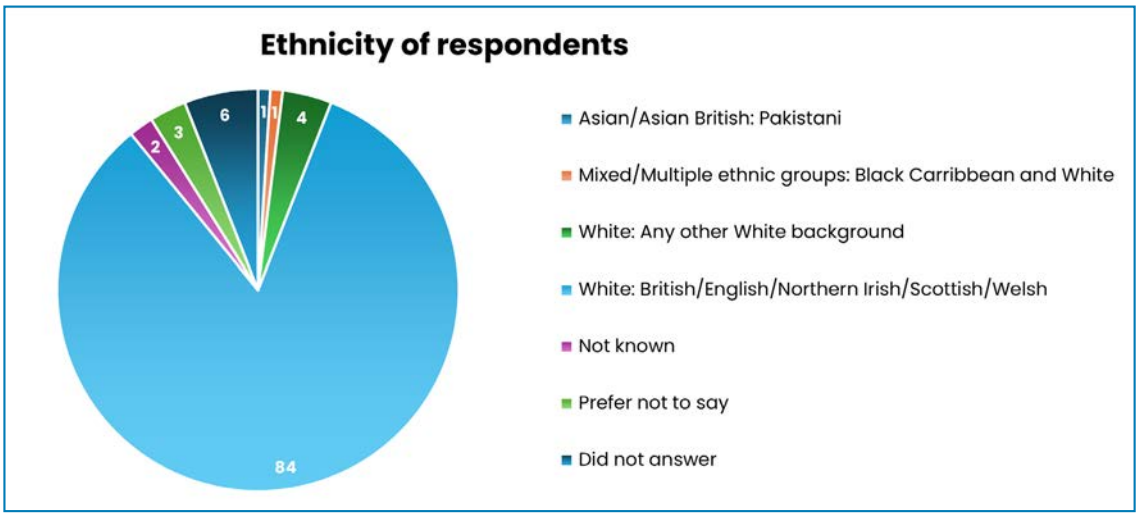
While on the island we also held a multidisciplinary team meeting to connect with colleagues and share updates. It was a great chance for Kernow MNVP and partners from midwifery, general practice, ambulance service and social work to exchange information and enhance teamworking. We covered a range of important topics, including emergency transfers, staff shortages, mental health, financial challenges and pregnancy circles. These discussions helped highlight key issues and explore ways to improve support and better service delivery.

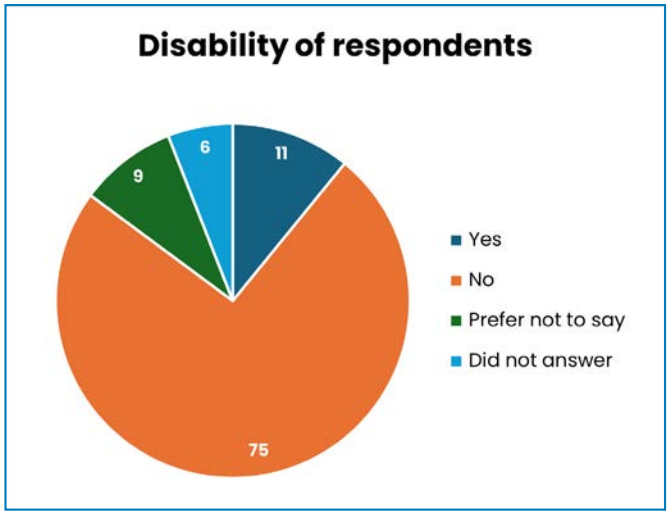
Additionally, we experienced first-hand how weather conditions impact daily life when unexpected fog delayed our departure, requiring an additional overnight stay.

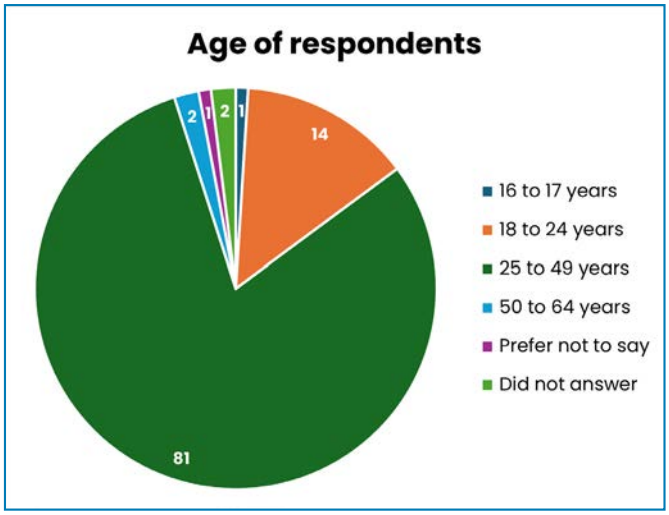
Kernow MNVP is committed to supporting families on the islands and we will continue to be part of the ongoing conversations to ensure the voices of service users and families are central to discussions.

Engagement and feedback analysis

During the year we relaunched our online Have Your Say form. This is accessible to the public via our website and is also used by our engagement team to record conversations they have in the community. This section of the report will look in more detail at the responses we have received during 2024/25. For this we analysed the 101 responses we received up to 31st March 2025. The response demographics for three key areas are shown below.







The Kernow MNVP team have spent some time analysing the data contained within these forms and have identified five overarching themes of feedback. We have further broken these down and highlighted some recommendations within each theme. We have also included some direct quotes to support the understanding of each theme.

1. Staff attitude and compassion

Issue

Inconsistent experiences with staff. Some parents felt extremely well cared for, listened to and safe, while others reported feeling neglected or dismissed. The attitude of staff had a huge impact on the individual's experience.

Recommendations

- **Enhanced staff training:** Regular, scenario-based training on compassionate care, cultural sensitivity, and trauma-informed approaches.
- **Peer review and mentorship:** Introduce peer observation and mentoring systems to support continuous improvement in bedside manner and communication.
- **Recognition programmes:** Celebrate and reward staff who consistently receive positive feedback to reinforce good practice.
- **Staff engagement:** Anonymous review and engagement to reveal barriers around giving personalised care.

"The atmosphere is so relaxed and the midwife team are so encouraging no matter what."

"My postnatal care on the ward was particularly good, the midwives were all lovely and supportive. They were really attentive when I pressed the buzzer, and really knowledgeable."

"The hospital was very busy and it felt like no one had the time to talk to me or even give me decent pain relief. I was upset and in pain and some staff were unkind and rude."

2. Trauma informed care and feeling safe

Issue

Parents reported feeling emotionally unsupported, especially during high stress or traumatic events like emergency procedures or complications. When accessed, debriefing and postnatal emotional support was well received but equity of access and accessibility was an issue. Some parents reported feeling unsafe or physically uncared for causing further trauma.

Recommendations

- **Consistent and seamless emotional support:** Explore the possibility of peer supporters or support workers to provide informal emotional support post birth and to support the transition to parenthood. Establish clear signposting to peer support and digital resources and continue to develop birth reflections service.
- **Back to basics care refresher:** Scope opportunity to offer some focused reflective sessions on remembering the impact of the basics even during high stress experiences. Listening, acknowledging fear and providing basic physical care can make a big difference to a person's experience.
- **Empathy and trauma aware training:** Include modules on emotional intelligence and active listening in staff development programs.

"I felt unprepared, scared and unheard. I was left in the pool, the midwife checked on another lady but didn't examine me before I was crowning and she left me to see another woman."

"Once the 10 days were up and I had my final check I felt quite alone as I didn't know who to contact for advice or help. Health Visitor was not helpful and my GP service were unable to check stitches when I had a concern. I feel the support after is very bad and not enough for mothers."

3. Continuity and communication

Issue

There was a clear correlation between continuity/consistency and positive experiences of care. When consistency of information and staff were absent the experience was more likely to be fragmented, frustrating and a cause of anxiety.

Recommendations

- **Prioritise continuity:** Wherever possible, prioritise continuity during pregnancy. Building trust and relationships during this time is critical to feeling safe. Where not possible, support staff to have time and access to notes and information so people do not have to tell their story multiple times. Pregnancy Circles will become a strong vehicle to support this and develop connections.
- **Unified communication tools:** Use shared digital notes and communication platforms accessible to all care providers and the parent. Explore possibility of more decision support tools to be used by all staff, to support consistency of information.
- **Clear information pathways:** Utilise the Personalised Care and Support Plans to provide written and verbal summaries after key appointments or decisions to ensure understanding. Where personalised care plans were used well, feedback was much more positive.

"I get told one thing from one midwife, another thing from another. Rude and unprofessional behaviour from midwives and support workers left me feeling upset."

"I had two different community midwives; they both said different things. It didn't go to plan, I didn't have a clue what was going on."

"She felt so well supported and looked after by both the midwifery team and the mental health team, and speaks incredibly highly of the care she received all through her maternity journey. She felt like the professionals were looking out for her and were invested in her care."

4. Birth and delivery

Issue

Feedback around labour and birth contained excellent examples of incredibly positive experiences and conversely some very difficult feedback. When women and people felt listened to, cared for and safe their experiences were transformational. When they felt overruled, uninformed or unheard it could be traumatising and have a life-long traumatic impact.

Recommendations

- **Birth plan education:** Offer the birth planning group session at 36 weeks to all parents or one-on-one sessions to help parents create flexible, informed birth plans. Continue to promote Natters Bitesize videos.
- **Informed consent protocols:** Ensure all interventions are explained clearly, utilising the BRAIN acronym to frame conversations, with risks and alternatives, and that consent is documented appropriately.

- **Share best practice:** Learn from what is going well. Use best practice examples and local feedback in training. Refocus on language and why it matters with medical staff.

"Midwives were fantastic during the birth (hormone drip induction 2 weeks early). They were both warm and welcoming and allowed for the whole experience to be positive. I understood all of the processes in a non clinical, warm manner and felt safe. This was a truly magical experience and I'm so grateful that they were with me. I'm so happy and would 100% go back to Treliske for another baby!"

"Our labour didn't go as planned and we had a lot of intervention but we felt informed and supported throughout and like the decisions we made were ours. At times we felt scared but always safe and cared for."

"She felt there was immense pressure to have her next baby by caesarean and felt worried and fearful. Consultant did not give all the options, she did not understand all the choices and was unable to advocate for herself in that situation. Has no positive memories of this experience and just remembers it as a difficult and traumatic time."

5. Postnatal support and environment

Issue

Postnatal care was frequently described as under-resourced, with limited breastfeeding support, poor ward conditions and emotional isolation.

Recommendations

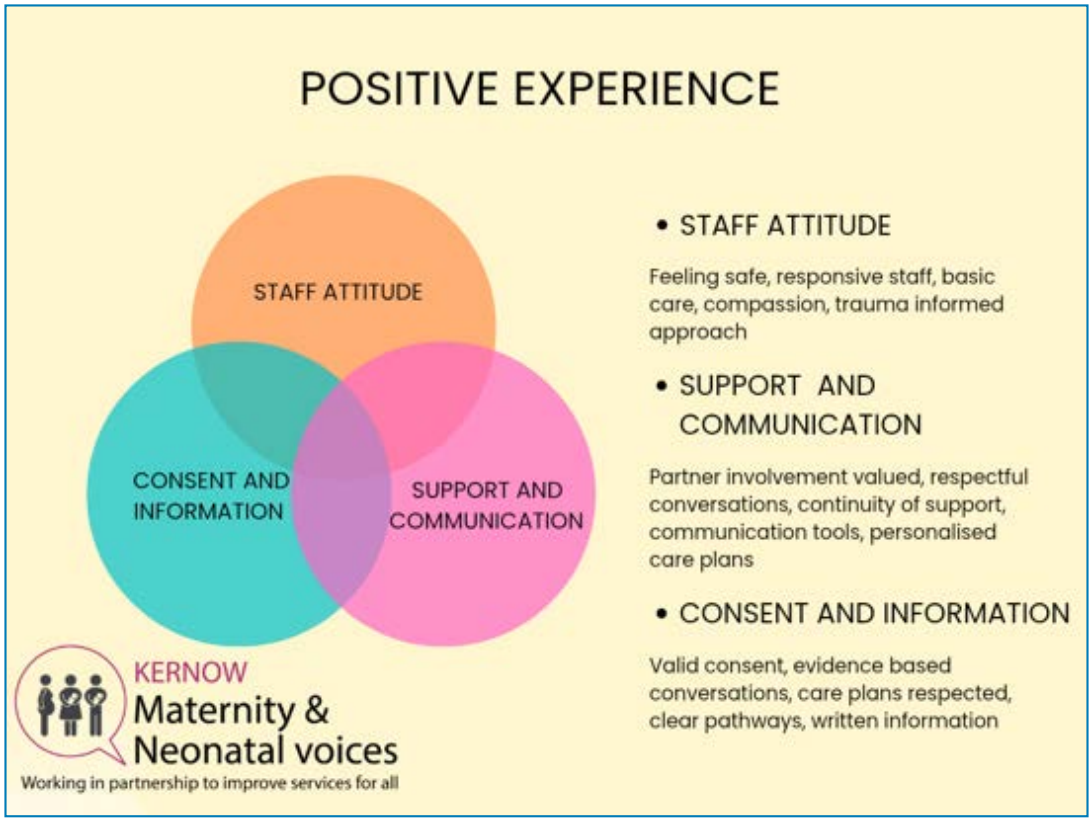
- **24/7 infant feeding support:** Explore options for consistent feeding support. Many parents reported feeling unsupported on the wards overnight or at weekends. Ensure staff training is consistent and up-to-date.
- **Improve community postnatal support:** Families report consistently poor experiences with support in the community and specifically primary care. Review training offer and commissioning contracts for GPs to ensure clarity and expectation of 6-8 week review, explore opportunities for postnatal continuation of group care models through the Kernow Parenting Journey to provide continuity and ongoing support.
- **Ward environment enhancements:** Improve lighting, noise control, and privacy on postnatal wards to support rest and bonding. Also scope opportunities for improved and flexible lighting and floor improvements on these wards.

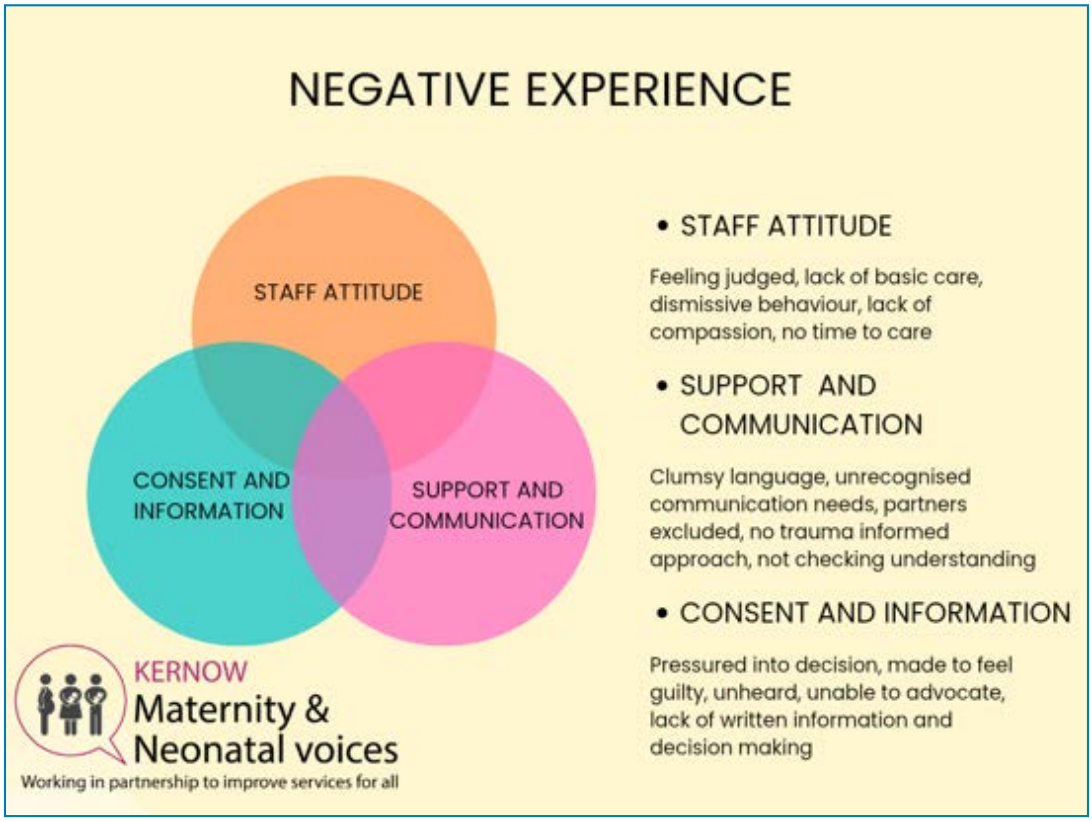
"I feel the support after is very bad and there is not enough support for mothers, even with just getting some advice to know how to feel or what to look out for. My eight week check up was for my son and no one checked on my mental health which was disappointing. Luckily I felt fine in myself but others may not and they need support."

"The day after birth, I had two different experiences with midwives who were advising me on breastfeeding. One in the day and then different on the night shift, no discussion on my thoughts about it. I remember being really shocked by this, and felt so awful, especially after my breastfeeding experience previous to this. Feeling low and confused."

"She also wanted to note that at her 6/52 week with the GP, her stitches were not checked even thought she suffered a pretty bad second degree tear. She felt her appointment was just tagged onto her baby's, she wasn't prioritised! The GP actually said: 'What do you want to talk about, I haven't done many of these'."

A comparison of experiences

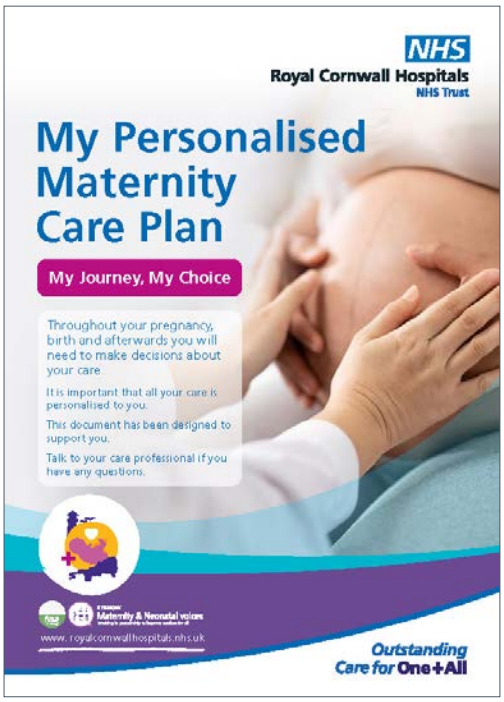




Coproduction and collaboration

Kernow Parenting Journey – Pregnancy circles

In 2024/25, the Kernow Parenting Journey (KPJ) advanced its Pregnancy Circles initiative with notable developments, including launches in Penrice and Isles of Scilly, and a countywide rollout of the Silver Offer by community teams through face-to-face sessions. The program's accessibility was enhanced with the launch of the Personalised Care and Support Plans. This document provides an educational and resource focused link between conversation and digital support. All information is evidence based and localised where appropriate. There has been significant efforts to ensure quality and relevance including a survey to review the Circles, a new debrief and coaching model for facilitators, and a review of group delivery spaces under the 15 Steps West framework. KPJ also revisited its commissioned parenting support offers — DadPad, Solihull, and Circle of Security — to ensure alignment with family needs, and expanded digital resources through new videos and podcasts.



Maternity Natters Bitesize

In 2024/25, the Maternity Natters initiative made significant progress in enhancing communication and personalised care through the development of a formal governance process, involving both maternity and community governance meetings. Key achievements included the creation and approval of filming scripts, the establishment of comprehensive filming guidelines, and collaborative work with the Cornwall IT Services team and healthcare providers to support website development aligned with Personalised Care and Support Plans. Service users played a crucial role in shaping the content by advising on relevant topics, appropriate language, and film delivery methods. Strategic planning also focused on the best platform for hosting — comparing YouTube and Vimeo — while next steps involve integrating feedback, refining content and producing additional films. The end result of this work is an accessible online library of videos, delivering consistent and evidence based information to families.

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Your voice matters!

Complete our online Have Your Say form to share your experience.

15 Steps

In the autumn of 2024 we conducted our annual 15 Steps visits. For 2024/25 we did things a bit differently and focused on venues out in the community. We visited Penrice Birth Centre in St Austell, Helston Birth Centre and Newquay Community Clinic. The report contained some recommendations for improvement and also highlighting some wonderful areas of good practice.

Our recommendations were focused on improving communication, access and information. Some of these recommendations have already been implemented, with others being included in ongoing improvement plans. For 2025/26 we are planning a dedicated neonatal 15 Steps visit so do get in touch if you are interested in being involved!

Overnight support pilot

In early 2025 we supported RCHT to develop and launch a pilot of overnight support on the postnatal ward. This was informed by feedback consistently showing how much women and birthing people missed the support of their partner or support person overnight and the impact this had on their experience on the ward.

We supported the team to develop a pilot including information booklets and then carried out some evaluation via a survey at the end of the pilot. The feedback showed overwhelming positive experience for those that stayed on the ward during the pilot, and 100% of respondents agreed it should be made permanent. It has been agreed to make this a permanent change and the pilot will be extended to Wheal Rose antenatal ward.

Strategic leadership and influence

This section of the report outlines how we use all the rich intelligence gained by our engagement team to provide the oversight and critical friendship to the system through the lens of service user voice and how the intelligence shared by families across Cornwall and Isles of Scilly influences change within the system.

Local Maternity and Neonatal System Board

The LMNS is the formal perinatal arm of the local ICB. It has responsibility for commissioning, overseeing and improving services across Cornwall and Isles of Scilly. The MNVP are members of the LMNS team and are supported to influence decisions around commissioning as well as provide a service user voice lens for oversight through the perinatal quality surveillance model.

Maternity and obstetric business and governance

This meeting meets monthly and receives governance and business reports from across the maternity services. This includes services such as the infant feeding team and specialist pelvic health team as well as clinical audits, training reports and financial reports. This group also reviews the data dashboard, the patient safety report and the MNVP reports here every other month.

Maternity and neonatal safety champions

This is a monthly meeting between the designated safety champions for RCHT maternity and neonatal services. There are two members of the trust board designated as safety champions; one executive and one non executive. There are then midwifery, obstetric, neonatal and operational safety champions who form the leadership quad. This meeting enables discussions and escalation of any concerns or requests for support from the trust board. It allows the board to have direct sight over developments within perinatal services. The MNVP are always present and able to feed into conversations from the beginning. We can bring knowledge and intelligence from out in the community and we can provide strategic advice when decisions are being made.

Triangulation meeting

This meeting is a regular place for the MNVP to come together with ward managers, specialist staff, patient engagement team and leaders to triangulate all the information, feedback and intelligence we have to coproduce actions and improvements. We use data such as complaints, MNVP engagement, incidents, friends and family test results and the Care Quality Commission (CQC) maternity survey to inform discussions and highlight themes. Some actions to come out of this meeting include a change in induction of labour process around when to offer mechanical method, extended pilots for overnight support on postnatal and antenatal wards and developing a collection of online bitesize information videos.

Quality surveillance and oversight

Perinatal mortality review

A monthly multidisciplinary team (MDT) panel meets to review qualifying cases for PMRT (perinatal mortality review tool). The panel reviews all the care provided to the family and uses the national tool to review and grade care, identifying learning points and agreeing safety actions. The MNVP is part of all the reviews to bring a holistic approach to the learning and ensure all care is considered and reviewed through the lens of service user experience. The MNVP is also able to provide advice and challenge to the actions to ensure learning is embedded and sustainable.

Perinatal patient safety

This is a monthly meeting between obstetric, midwifery and neonatal teams to review and discuss services. It includes things like data review for admissions to the neonatal unit, audit results of interventions designed to improve neonatal optimisation, such as the PeriPrem package, and a chance to discuss any actions or learning from throughout the month. The MNVP is always present and a quorate member of this group.

Audit review meeting

This meeting happens every other month and where we review the results of all the clinical audits that happen across maternity services. This could be around documentation, following guidelines or audits for a particular clinic. This meeting provides a space for questions and challenge, understanding the current practice and discussing actions if needed to improve audit compliance.

Regional quality oversight

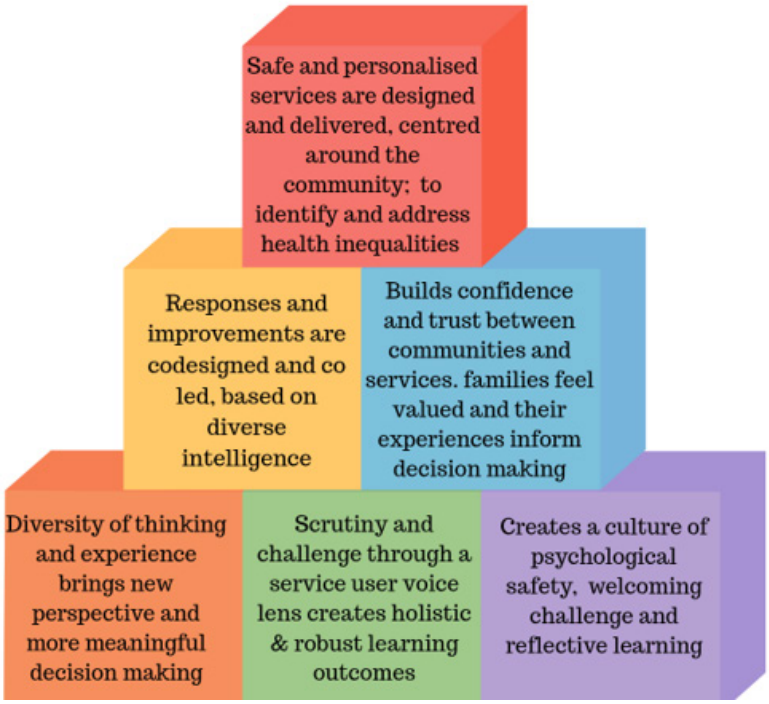
Every three months the Cornwall and Isles of Scilly LMNS team meet with NHS England's South West regional team to discuss quality and safety oversight for the system. This meeting supports the regional team to understand what is working well in Cornwall and Isles of Scilly and what, if anything, needs further support. The MNVP is part of this meeting as well as the regional service user voice lead and together we are able to ensure the voice of service users is central to these discussions and are able to escalate any concerns we may have.

Clinical guidelines committee

All maternity and obstetric clinical guidelines for RCHT are presented and agreed at this monthly committee. All guidelines are regularly updated and are also reviewed when any new national guidance is published. The MNVP is able to influence and provide advice on how guidelines are written, ensuring personalised care is embedded throughout.

Building blocks of MNVP influence

This graphic shows the outcomes and impact of all the experiences and information shared with Kernow MNVP by the communities we engage with. Without the families of Cornwall and Isles of Scilly sharing their experiences with us, we would not be able to achieve this impact.



Thank you

We want to take this opportunity to thank everyone who has been involved or supported our work this year including:

- All the families, people and community members who have shared their experience, volunteered their time and gave their opinion on things.
- All the leaders and staff at RCHTrust, for listening and responding in positive ways.
- Cornwall and Isles of Scilly ICB for valuing the service user voice.
- To the Evolving Communities team for all the support behind the scenes.

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Share your views with us

Tell us about your experience with a maternity service, good or bad, and share your feedback. Kernow MNVP is here for you.

Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch.

Contact us

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Find out more online

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