



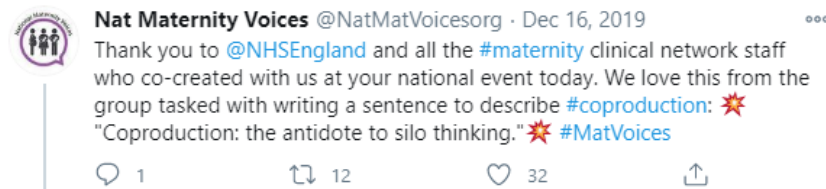
NATIONAL

Maternity Voices

Networking Maternity Voices Partnerships in England



National Maternity Voices CIC Report for April 2019 - March 2020



What a great sentence I love it! #MatExp #MatVoices

4:19 PM · Dec 16, 2019 · Twitter for iPhone

1 Retweet 4 Likes

Welcome to National Maternity Voices' (NMV's) Annual Report for 2019-20. With global events unfolding so quickly, it's easy to forget where we were a year ago and how far we've come together, as the association of MVP service user chairs. Key steps have included:

- Establishing NMV as a Community Interest Company, so that we can hold funds and remunerate the MVP chairs and former chairs who deliver our work programme.
- Establishing a mentoring programme so that experienced MVP chairs can pass on their learning to new chairs and reps.
- Our webinar on [ensuring MVPs are safe spaces for all ethnicities](#), which led to further work including the creation of the [Nova Network](#) peer support group by NMV Committee Member, Toyin Adeyinka.
- Successfully advocating for more national leverage to ensure MVPs receive the funding they need - specifically ensuring this is included in the NHS Resolution Clinical Negligence Scheme for Trusts (CNST).
- Holding our first national [service user voice unconference](#), in partnership with NHS England.

While we can be proud of these steps we've taken together to help strengthen the network of MVPs across England, we know that much more needs to be done, and soon. We welcome the increasing recognition of MVPs as the key mechanism through which service users and staff come together to cocreate improvements to maternity services. With this recognition comes greater expectation and there's an urgent need to ensure this work is adequately resourced as too many MVP chairs are currently stretched to breaking point by the gap between expectations and reality.

It is vital that every parent in England can access their MVP. MVPs particularly welcome representation from individuals, community groups and organisations who work with underserved communities. We'll continue to advocate for sufficient resources in the system, both to support outreach by MVPs and to enable community groups to get involved, because women and families are best supported by MVPs and community groups working well together.

As we'll soon be holding our first elections for the roles of Chair and Council, I will be stepping down from my role as Acting Chair. I remain committed to the vision of universal effective co-production in maternity services and will continue as a Director of NMV to help this become reality. I have been fortunate to work with so many creative and dynamic people including the NMV Committee, the wider community of MVP Chairs and our colleagues in NHS England and on the Maternity Transformation Programme Stakeholder Council. I've learnt so much from all of you and I'm in awe of the huge personal commitment by so many to ensuring personal and safe care for women and families.

Hannah Lynes

Acting Chair, National Maternity Voices, October 2020



Lisa Ramsey  @Doula_Lisa · Nov 23, 2019

...

@NatMatVoicesorg are doing amazing work supporting Maternity Voices Partnerships across England, this week with a webinar on Participatory Appraisal: a community research method

nationalmaternityvoices.org.uk/toolkit-for-mv... #MatVoices #BetterBirths

@EmilyAhmed_ @HannahLynes @AygulOzdemir4 @Jameslaja1



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History of the organisation

National Maternity Voices (NMV) was founded in 2017 by a group of Maternity Voices Partnership ¹ chairs and former chairs. They wanted to ensure that local multidisciplinary collaboration led by service users was protected and enhanced. A committee was formed and met monthly, publicising the previously co-produced [‘toolkit’](#) for MVPs. Some members undertook work on the website and social media and representing MVPs and service users nationally. Terms of Reference were drawn up for NMV’s operation as an association of MVP chairs. Initially an entirely voluntary effort, in 2018/19 a small budget was provided by the Maternity Transformation Programme in NHS England to pay key committee members at standard Patient & Public Voice (PPV) rates.

In April 2019 it was agreed we should operate as a separate organisation and were given a grant to cover a specified list of ‘deliverables’ (see Appendix 1). This funding, together with other support and collaboration from NHSE/I over the year enabled us to develop significantly as an organisation. In October 2019 a community interest company was formed in order to hold public money securely and appropriately, and reduce personal liability of committee members. 5 core committee members including the acting chair, previous acting chair and secretary volunteered to be directors. Information on the current structure of National Maternity Voices CIC can be found on our [website](#).

1. A Maternity Voices Partnership is an NHS working group of women, birthing people and their families, commissioners and maternity service staff collaborating to review and develop local maternity care. It is led by an independent lay chair who ensures service users are represented.

People

The main workforce of NMV this year was Hannah as acting Chair, Louise as Secretary/Administrator and Cathy as Communications Lead. Cathy was one of the founder members of NMV and is gradually handing over to others. We would like to place on record our appreciation of her brilliant design work and the impressive website she created as a volunteer. Another founder member who has contributed enormously is Catherine Williams. Her clarity of vision of what National Maternity Voices is and could be, together with her insistence on doing things properly, has given us a secure foundation on which to build.

A full list of our committee members is given in Appendix 2. We are hugely grateful to them for their insight and enthusiasm in committee meetings throughout the year. A large number of them also contributed unpaid time to develop MVP resources, represent MVPs at national events, and to organise our fantastic service user event.

We are also grateful to the members of the MSLC and MVP Chairs and Service User Reps Facebook group who can be relied on to ask interesting questions, comment, support each other and share good practice every day. A couple of people from that group represented



NMV at national events this year when no-one from our committee was available. We also appreciate the invaluable volunteer effort to moderate the group - particularly during the period of increased activity and pressure at the start of the pandemic.

Our key contact at NHSE/I is Lisa Ramsey, the Service User Voice Policy Manager for the Maternity Transformation Programme. Lisa was Chair of Reading MVP prior to her current role and is an enthusiastic advocate of co-production with service users in the NHS. We thank her and Chief Midwife Jacqui Dunkley Bent amongst others for championing MVPs within NHS England.

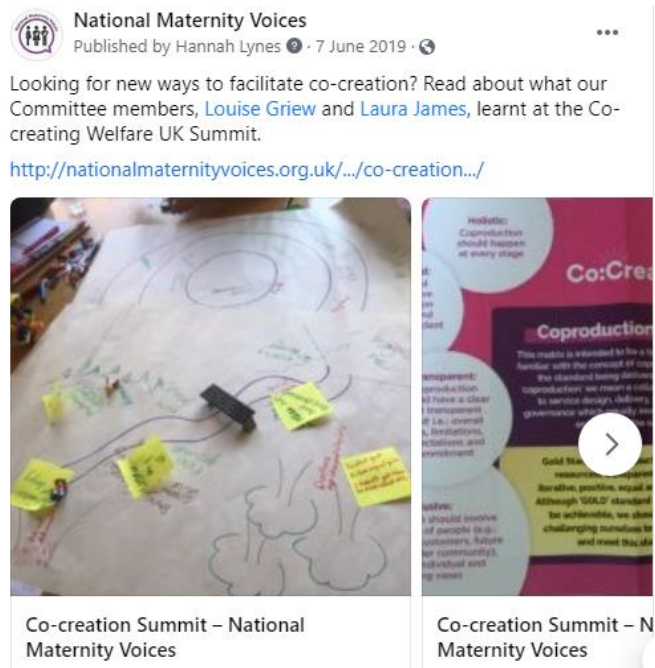
Representing MVPs

Our chair was an active member of NHS England's Maternity Transformation Stakeholder Council and Safety Workstream Stakeholder Group. During the year we were represented and sometimes consulted at events organised by NHS England, the Nursing and Midwifery Council, the Royal College of Obstetrics and Gynaecology, the Royal College of Midwives and the Twins Trust. We also presented about MVPs at the International Maternity Expo. A few of us participated in a [co-creation](#) summit at Coventry University in May. We contributed to a review of NHS England's Patient and Public Voice Partner Policy.

Tackling inequality has been a key priority with representation at the National Voices Inequalities Network, the Disadvantaged Mothers report launch, The Colour of Birth Conference and the 'Improving Black Women's Care' conference. We attended a focus group hosted by NHS England to hear experiences of parents with learning disabilities.

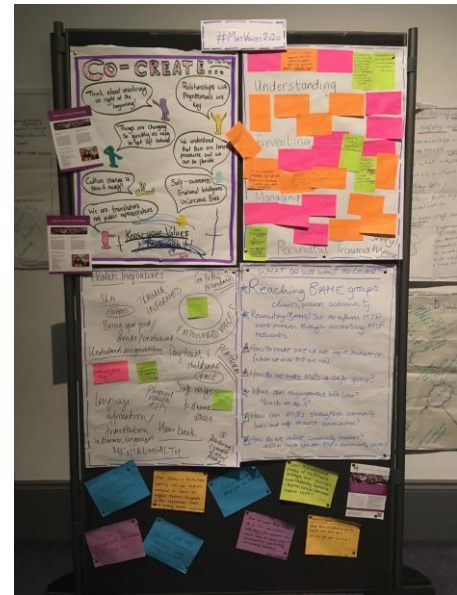
We contributed MVP service user reps' comments at the "Better Births - but worse postnatal care?" symposium. We were represented on the iDecide Steering Group, supporting the development of a new tool to help healthcare professionals to support women to make informed decisions in labour.

We contributed to the CQC National Maternity Survey Advisory Group to co-design the 2020 survey and supported the NHSE/I webinar on using the data from the 2019 CQC National Maternity Survey. We worked with the Chief Midwifery Officer, Professor Jacqueline Dunkley-Bent, to strengthen the wording for the NHS Resolution Maternity Incentive Scheme, ensuring that it requires NHS Trusts to engage in co-production with a properly-resourced MVP.



The culmination of our year was 'Better Births 4 Years On' at which we shared the outputs from our innovative service user unconference of the day before. It was notable that Maternity Voices Partnerships were mentioned much more frequently than they had been the year before. Just after that came MatNeoSIP (Maternity and Neonatal Safety Improvement Conference) at which one of our committee presented.

Also at the end of the year, we supported NHSE's strategic planning for supporting maternity services during COVID-19: contributing to a discussion about the role of voluntary organisations led by the Deputy Chief Midwifery Officer, commenting on guidance about how MVPs can support maternity services during the pandemic, and working in partnership with NHSE to initiate weekly calls for MVP Chairs.



Service User Unconference - 4th March

National Maternity Voices and NHS England and Improvement co-hosted a dynamic learning event for service users involved in improving maternity services in England. It took place in Manchester at the same time and in the same venue as the first Chief Midwifery Officer's Summit.



HeatherG RM RN @GallyHJ · Mar 4

Lovely ❤️ message to Midwifery leaders at [#TeamCMido](#) summit from MVP members at the national [#MatVoices2020](#) conference. Sharing the Love. Midwifery message back 🌻

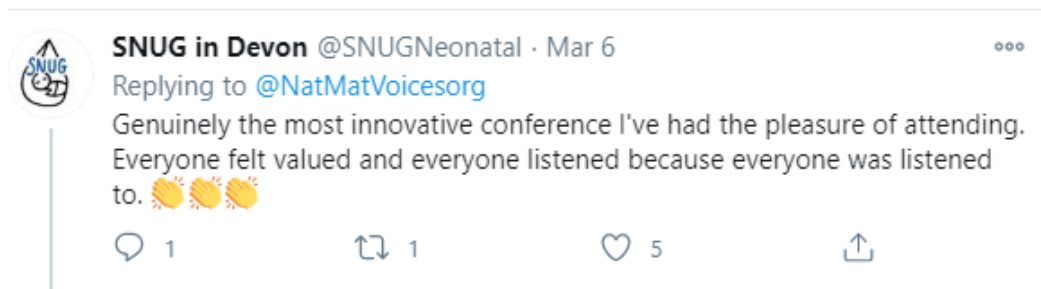
Laura James and 2 others

1 12 31

This gave us the opportunity to write personal messages of thanks to the midwives on red hearts and leave them on their conference tables. Sometimes tensions can arise between staff and service users and we wanted to show we really appreciate what midwives and their leaders do.

The event followed an “unconference” format. This meant the agenda was set by the participants on the day. All participants were encouraged to bring ideas for sessions that they’d like to facilitate or co-facilitate. This unleashed a torrent of ideas and similar ideas were put together on the timetable. Participants were able to select the sessions they most wanted to join throughout the day. The energy and enthusiasm displayed from 10 until 5 was quite amazing. Not quite everything went smoothly and we would do some things differently, but co-creating the agenda was so good we would never go back!

Some sessions focused on learning new skills, whilst others addressed understanding policy or planning action. A short [film](#) and notes from all 24 sessions of the event are available on [our website](#).



Connecting & Supporting MVPs

National Maternity Voices grew from the [MSLC and MVP Chairs and Service User reps](#) Facebook group, and that group with hundreds of people on it is at the core of our peer support. In the group we ask for feedback to national groups and bodies, recruit help for projects and encourage the sharing of good practice in MVPs. We also have a multidisciplinary group for all members of MVPs and groups such as charities and researchers who may want to connect with them ([National Maternity Voices](#)). We use our Twitter account to promote examples of interesting work being done by local MVPs and to share opportunities for service users to get involved in maternity coproduction

[Our website](#) has lots of useful information about setting up and running an MVP. Updates this year included an information pack for service user reps, examples of annual reports and co-creation ideas. We individualised around 40 logos for MVPs while other MVPs edited our template.

A conversation on the Facebook group revealed demand for MVP lanyards for service user reps to wear while collecting feedback for their MVP. We bulk purchased these and sold them on to MVPs, providing 5 free to any MVP without funding.





We co-produced 2 webinars with NHSE/I on Making MVPs safe spaces for all ethnicities and on Participatory Appraisal - using peer researchers to gather feedback. The [recordings](#) are on our website.

We supported the induction of Service User Voice reps for all the workstreams of the Maternity Transformation Programme and also the 4 NHS Regions who had not previously had them. Our chair now attends their regular meetings with Lisa Ramsey. We helped establish a rural MVPs network and participated in discussion about

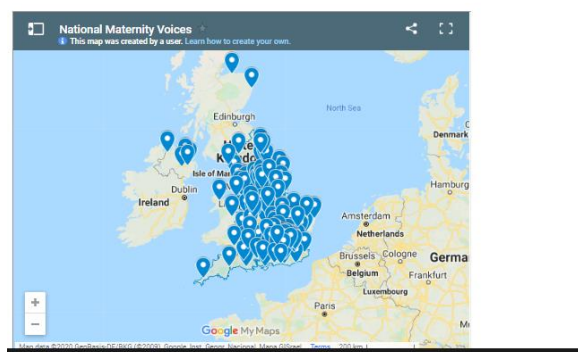
the development of a network for Black, Asian and ethnic minority service user MVP Chairs and reps.

Our '[Find an MVP map](#)' which shows the NHS Regions and Local Maternity Systems has been frequently updated through the year. We created a database with the same information on it and they are now (manually) updated together. We started to actively reach out via the regional SUV reps and Facebook to encourage updates, and particularly to capture contact emails so that we can email MVPs with news and information.

Find an MVP

These are the Maternity Voices Partnerships (MVPs) across and England and beyond.

The map legend (button at top left) lists all the MVPs by [NHS England region](#) and lets you see [CCG](#) and Local Maternity System (LMS) outlines.



We supported regional discussions about the development of and support for MVPs including in Lancashire and South Cumbria Local Maternity System and in the Cumbria and the North East Region.

Mentoring

The maternity service user representative community have always offered informal voluntary peer mentoring to each other. It was agreed that supplementing this with a more formal system of support, accessible particularly to people new in post, would be valuable. NHSE could offer coaching but did not have any mentors with maternity voices experience. Therefore 10 experienced maternity service user representatives undertook the NHSE mentoring training in March 2019. NHSE provided some funding to cover payment of mentors and administration of the scheme by NMV although the second tranche of this was not paid until April 2020. It was agreed that requests from newly appointed chairs, and reps from a Black, Asian or minority ethnic background would be prioritised. In total funding would cover 28 places for 4x1 hour sessions. Mentoring was offered to national SUV reps from November 19 and to MVP Chairs from March 20. Since then the scheme has proved its value and we are currently seeking funding to extend it.

Objectives for 2020/21

In February the committee reviewed our work plan for 19/20 and discussed what our objectives for the next financial year should be. We arrived at 5 main areas of work. These later formed the basis for our funding discussion with NHSE/I.

1. Ensure NMV is efficient, accountable and sustainable.
2. Network and support MVP chairs and service user representatives.
3. Represent and promote MVPs and be a national link to source representation of MVPs/service users
4. Share good practice and provide resources to enhance MVP effectiveness
5. Supply training & development for MVP Chairs/members and related staff (including a co-created national event for service users?)

We were aware that our ambitions outstripped the likely resources and resolved to prioritise and resist taking on unfunded work. However, with the arrival of COVID 19, we have in fact felt the need to increase our voluntary hours in order to ensure MVP Chairs are supported and represented at such a challenging time.



Funding & Accounts

We had 3 tranches of funding from NHS England Maternity Transformation team: The initial grant to fund our core work including agreed 'deliverables' (see Appendix 1), an amount to cover mentoring in two parts, and an amount to cover our co-production of the service user event in March. Only a little of the money for mentoring is shown as income, the rest being unspent at 31st March as the mentoring scheme had just got started.

Income + Expenditure - 1st April 2019 - 31st March 2020

	INCOME	EXPENDITURE	NET
NHS England Funding	£12,000	£12,415	£-415
Mentoring	£ 225	£ 225	£ 0
Training	£ 0		
Service User Event	£ 3,250	£ 2,875	£ 375
Other (sales of lanyards)	£ 433	£ 314	£ 119
Total	£15,908	£15,829	£ 79
Less Corporation Tax			£ 15
Net Surplus			£ 64

Breakdown of Expenditure

Remuneration	£14,100
Materials	£ 552
Organisation Expenses	£ 803
Travel	£ 374
Total	£15,829

Total Pay for each Director

Hannah Lynes	£ 5,750
Louise Griew	£ 3,975
Sandra Guise	£ 450
Laura James	£ 75
Emma Taylor	£ 0
Total Directors Pay	£10,250

In addition to the directors, 5 committee members and 5 others were paid for their time at our standard rate of £150/day. At least 30 days of volunteer time was also provided.

Balance sheet at 31st March 2020

Current Assets (at bank)	£8,396
Creditors (due within 1 year)	£5,842
Net Current Assets	£2,569
Less mentoring & accountancy	£2,490
Net assets	£ 64

Notes: The creditors shown above are largely a backlog of claims from the workforce due to the pandemic. Invoices issued before 31/3/20 for sums paid and work to be undertaken after 31/3/20 are not shown in these accounts.

Appendix 1: NMV 'Deliverables' 19/20

National Maternity Voices Annual Report 2019-20 for WS1

This is an edited version of the report provided to Workstream 1 by Lisa Ramsey.

No	Deliverable:	Evidence:
1.	<p>Be the representative organisation of MVPs, MVP user chairs and user reps and promote MVPs and best practice examples of MVPs as forums for local user engagement, co-review and co-creation of services at regional and national level as critical in implementing Better Births.</p>	<ul style="list-style-type: none"> • <i>Active member of Better Births Stakeholder Council</i> • <i>Active member of WS2 Safer Care Stakeholder group</i> • <i>Support of service user representation at Better Birth 4 Years On – co-facilitation of workshops and attendance</i> • <i>Support for the appointment of 7 x Regional Service User Voice Reps and 15 x National SUV Reps on all MTP workstreams/subgroups</i> • <i>Presentations at BB4YO, MatNeoSIP Conference, SUV Inductions and SUV Interdependencies Workshop</i> • <i>Member of NHS Citizen</i>
2.	<p>Network and support MVP user chairs through social media/other channels to enable peer support and positive working relationships with commissioners, clinicians, clinical networks and regional teams.</p>	<ul style="list-style-type: none"> • <i>Daily support and information given via MVP Chairs & Reps online group with 650+ members</i> • <i>Co-creation of CNST Safety Action 7 with Jacqueline Dunkley-Bent and NHS Resolution.</i> • <i>Supported the development of a peer support group for Black, Asian and ethnic minority MVP Chairs and service user reps - now the Nova Network</i>
3.	<p>Provide on the ground support for setting up/sustaining MVPs including support with creating Terms of Reference, membership and annual workplans.</p>	<ul style="list-style-type: none"> • <i>Support and advice given via multidisciplinary online group including staff and commissioners</i> • <i>Responding to regular queries from NHS staff and service users regarding the development of and support for MVPs</i> • <i>Currently working on resources to support providers to achieve Safety Action 7 of CNST scheme</i> • <i>Currently developing guidance on resolving disciplinary or capability issues within MVPs</i> • <i>Vice-Chair role description ready to go on NMV web site</i>

4.	<p>Website - continue to develop the National Maternity Voices website and toolkit for MVPs including guidance and resources for funding, facilitating and equipping MVPs.</p>	<ul style="list-style-type: none"> • Regular additions have created a dedicated online resource for staff and service user reps related to MVPs, including: <ul style="list-style-type: none"> - Annual report examples - Co-Creation resources - Webinar recordings - Information about training and mentoring for MVP members
5.	<p>Find an MVP digital map on NMV website ensuring active MVPs, MVP networks, LMS and regions are listed to better enable participation and networking.</p>	<ul style="list-style-type: none"> • Regular updates to interactive map which shows: <ul style="list-style-type: none"> - 123 x MVPs - 44 x LMSs - 7 x regions, and - CCG boundaries • Map has had 14,251 views by 11/3/2020
6.	<p>Development Days: Support the regions and/or clinical networks to provide co-created MVP training and development events.</p>	<ul style="list-style-type: none"> • Regular calls with national SUV Policy Manager and Clinical Network staff supporting MVPs and coproduction of maternity services • Support for MVP Development Days: <ul style="list-style-type: none"> - London region, Oct 2019 - SE & SW region, Oct 2019 - Yorkshire & Humber CN, May 2019
7.	<p>Regional Networks: Support and network the regional user representatives on regional maternity transformation boards and as facilitators of regional MVP networks, and provide specific support to the Midlands and North regions</p>	<ul style="list-style-type: none"> • NMV supported the recruitment of regional SUV Reps in the Midlands, East, North West and North East.
8	<p>Digital flyer: develop and promote a digital MVP flyer for use in community hubs, scanning/antenatal areas, GP surgeries and Children's Centres.</p>	<ul style="list-style-type: none"> • This was low priority and remains to be done.
9.	<p>Communication: Develop and maintain an email database for easy communication with MVP chairs.</p>	<p>All information on the map has been copied into a database and they are now being updated together. Work is ongoing to prompt updates, liaise with regional SUV and get emails for every MVP.</p>

10.	Webinars: Deliver a series of webinars for LMS project leads, commissioners and providers regarding MVPs and coproduction, and a series to MVP chairs and user reps.	<ul style="list-style-type: none"> • 2 webinars produced in line with MVP priorities: <ol style="list-style-type: none"> 1. MVPs being a safe space for all ethnicities: making sure Black, Asian + minority ethnic women can access their MVP to give feedback and shape local maternity services 2. Participatory Appraisal: facilitating women in their own communities to gather feedback on maternity experiences • Other work then took priority.
11.	Welcome Pack: Develop and administer a welcome pack for new MVPs which would include the recent MVP Appreciative Enquiry questions.	<ul style="list-style-type: none"> • A resource pack for MVP chairs has been drafted and is currently being reviewed by NMV Committee members.
12.	Training: Develop and promote a training programme for MVP chairs including the provision of access to an NHS England-trained MVP coach or mentor.	<ul style="list-style-type: none"> • <i>MVP training developed and currently being piloted in London region.</i> • <i>Mentoring programme underway and priority being given to MVP members/SUV Reps from Black, Asian or ethnic minority backgrounds</i>
13.	Organisational Development: Create an organisational development plan for the sustainability of NMV's core team of volunteers.	<ul style="list-style-type: none"> • <i>NMV registered as a Community Interest Company, ensuring liability of individual volunteers is limited.</i> • Three new Committee members have been appointed this year – there are currently 14 core committee members (maximum would be 15 under NMV Terms of Reference). NMV plan to move to elections for chair and committee
14.	National Guidance: Support the publication of the Postnatal Care Guidance for LMSs, including the action to utilise MVPs for collection of local VCSE organisations who can support families postnatally.	<ul style="list-style-type: none"> • No specific request received for support with this guidance. • Gathered feedback from MVP service user reps about postnatal care and fed their ideas into the Postnatal Symposium.
15.	CQC National Maternity Survey: Support MVPs to co-create local action plans as a result of CQC Maternity Survey results on peoples' experience of maternity services.	<ul style="list-style-type: none"> • Contribution to CQC National Maternity Survey Advisory Group to co-design 2020 survey • Support for CQC National Maternity Survey 2019 data webinar

Items in italics were separately funded or provided by volunteers.

Appendix 2: List of Core Committee + Associates

The following were members of NMV core committee in April 19 - March 20. Where they joined or left the committee during the year this is (*indicated*). Letters in brackets signify:

F a founder committee member of National Maternity Voices

D a director of National Maternity Voices CIC

W a paid member of the workforce of NMV (not necessarily more than ½ day in the year)

V someone who put in volunteer effort for NMV in addition to committee meetings

Hannah Lynes (D, W, V) acting Chair, Chair of Bromley MVP 2017-19

Louise Griew (D, W, V) Secretary & Treasurer, Chair of South Warks MSLC 2009-2013

Cathy Brewster (F, W, V) Communications Lead, Chair of Stockport MVP 2018 - now

Laura James (F, D, W, V) now NMV Training Lead, acting Chair of NMV 2018-2019, Chair of Bromley MVP 2013-2017, co-chair of London MVP strategic group & London Service User Voice 2018-20

Sandra Guise (F, D, W, V) Chair West Cumbria MVP; Chair Carlisle & Eden MVP; Co-Chair Northeast & North Cumbria Clinical Network Maternity Engagement Group

Emma Taylor (D, V) Chair of Reading MVP 2018 - now

Toyin Adeyinka (W, V), Chair Lewisham MVP 2016 - now

Amneet Graham (W), Chair Newcastle MVP 2019 - 2020 (*from December 2019*)

Jenny Hamilton Chair of East Kent MVP (*from July 2019*)

Suzanne Jarrett (V) Chair of Brighton and Hove MVP 2013 - 2020, South West Service User Voice

Emma Johnston (W) Chair of West Sussex MVP

Mindy Noble (W) Chair of Hampshire MSLC and NCT breastfeeding counsellor

Ruth Prentice (W, V) Chair Northern Lincolnshire Maternity Voices Partnership; Humber, Coast and Vale LMS board service user rep

Catherine Williams (F, V) AIMS, NICE Fellow, Midwifery Unit Network, founding NMV Chair, South East Service User Voice

Associate members

Liz Dew (V) Chair of Sheffield MVP (*from December 2019*)

Helen Gray Vice-Chair/former Chair St Georges MVP; La Leche Leader (*to May 2019*)

Rachel Plachcinski (V) Service User Rep North Kirklees MVP, co-lead for parent, patient and public involvement at NPEU (research unit for maternity and neonatal care).

Paul Webster speaker, blogger, advocate for paternal mental health

Appendix 3: Explanation of Terms

Better Births - the report of the National Maternity Review published in 2016 which proposed a number of interlinked changes in maternity care to make it safer and more personalised.

BB4YO - Better Births Four Years On - each year following the Better Births report there has been a conference in March to discuss its implementation.

Clinical Network - a network of specialist doctors e.g. obstetricians who collaborate to improve care in their area.

Commissioner - An organisation which holds money for NHS care and contracts with providers to provide care for a given population. For maternity care the commissioner is a clinical commissioning group (CCG) which pays for the care of mothers and babies in their area. Neonatal care is commissioned by NHS England regionally.

LMS - Local Maternity System - a group of CCGs and providers working together to provide consistent care across a wider area e.g. a county.

Maternity Transformation Programme - a change programme led by NHS England, working through Local Maternity Systems, which aims to achieve the vision set out in Better Births

MVP - A Maternity Voices Partnership is an NHS working group of women, birthing people and their families, commissioners and maternity service staff collaborating to review and develop local maternity care. It is led by an independent lay (service user) chair who ensures service users are represented.

NHS Region - The NHS in England now has 7 Regions (up from 5 as 2 split) which are North East and Yorkshire, North West, Midlands, East, London, South East and South West. Each has a regional maternity team who liaise with providers and clinical networks in their Region and with the national maternity team.

NHSE/I - NHS England and NHS Improvement – these two national organisations merged to become one.

NMV - National Maternity Voices - the association of MVP chairs and former chairs.

Provider - an organisation, usually a hospital or group of hospitals who provide maternity care