



NATIONAL

# Maternity Voices

Supporting co-production with Maternity Voices Partnerships

## Service User Representatives Informations Pack

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## What is a Maternity Voices Partnership?

A Maternity Voices Partnership (or 'MVP') is a multidisciplinary Independent Advisory group to the commissioner and Local Maternity System (LMS for short). MVPs exist to ensure the voices of women, partners and families are heard, communicated and responded to.

All women (and partners/ co-parents) in a local area should be able to participate in a Maternity Voices Partnership group whether by giving feedback or being more actively involved. Service Users, Service user representatives and professionals work together to improve local services. Creating functioning and sustainable MVPs in all geographical areas is part of current national maternity policy.

MVPs are a local forum for Co- production in maternity services.

More details can be found in the Better Births Tool kit:

<https://www.england.nhs.uk/wp-content/uploads/2017/03/nhs-guidance-maternity-services-v1-print.pdf>

## Service User Representative – Role Description

The role of user Reps develops with the person. There is some useful advice on becoming a service user on the National Maternity Voices (NMV) web site you may wish to read <http://nationalmaternityvoices.org.uk/toolkit-for-mvps/setting-up-an-mvp/for-service-users/>

**Below is a slightly amended version of the NMV role description, this is what Service User Reps are working towards:**

Working as a volunteer service user representative can be a very rewarding experience. The following guidance provides suggestions for working effectively in your role and getting the best out of your MVP in order to make real changes to local maternity services.

### **Effective service user representatives:**

- Are well prepared-begin by reading the relevant paperwork before the meeting. If you have the opportunity you can add to this by researching the issues under discussion, finding out about the provider's performance and how it compares with other providers, exploring the latest research evidence
- Work with others-both who share similar interests and various perspectives, to prepare agenda items or contribute to discussion, and with those who hold differing views and priorities, so you show them respect and understand their position.
- Gain understanding of the remit of the committee and their own role-familiarise yourself with the MVP's terms of reference, requesting a copy, and clarification for yourself and other members if necessary. Familiarise yourself with the role of an MVP in implementing Better Births
- Avoid being a single-issue lobbyist (e.g. home birth, breastfeeding) -be an expert by experience but you will be noticed and appreciated more for contributing to a range of topics
- Encourage the committee to function well, papers should be circulated well in advance of meetings and key notes and action points soon after; so, suggest this to the chair if necessary.

## Service User Representative – Role Description (Continued)

- Keep up to date where possible with national and local maternity issues – service user reps can be better informed than some of the health professionals. Access to the internet and email helps considerably.
- Rarely refer to personal experience in strategic meetings-and only in the abstract to illustrate a point. Ensuring this will maintain your credibility and focus as a user. (Note: For new Service User Reps who have very recent service use and have joined MVP because of that it is reasonable to refer to that expertise by experience in MVP meetings.) In both cases your own experience is important, **your role as a Service User Rep is to represent all users.**
- Have some understanding of the structure of the NHS and Maternity Services' place within it -increase your knowledge of the functioning of the NHS and maternity-related policy documents.
- Are confident, assertive and persistent-avoid using phrases such as 'I'm only a mum and volunteer' or 'I'm not a health professional'. Everyone is equal in an MVP. Your views are valuable so express them clearly and assertively
- Willingly give around 2 hours per month face to face contact to listening to the voices of people who use maternity services or attending a user- reps gathering or a meeting with the full MVP membership.
- Are remunerated for reasonable travel expenses as previously agreed with the MVP Chair.
- Maintain confidentiality of the issues and personal data they discuss. Be aware of the MVPs Privacy Policy <http://nationalmaternityvoices.org.uk/privacy/>
- Act in accordance with the Nolan Principles of conduct in public life in carrying out this role –selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

There are NHS England on-line training courses that can help you develop in your role as Service User Rep, please ask your MVP Chair for details. Local training can be provided also.

## Nolan Principals

Nolan Principals of governance are important to MVPs because though we are independent autonomous groups, we are an NHS working group, so guided by the Nolan standards of behaviour in public life.

- **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
- **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
- **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
- **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- **Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
- **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
- **Leadership** – Holders of public office should promote and support these principles by leadership and example.

## MVP Opt-in upfront Consent for Experience Feedback

As a Service user Rep you need to be mindful that to comply with **General Data Protection Regulation (2018)** all experience feedback from service users must be collected after they have given consent for their feedback to be used by the MVP, and after they have been informed how the feedback will be used by our MVP. This is opt-in upfront consent.

Collecting feedback anonymously is a key role of service user reps. We inform service users and partners/Co-parents when sharing a maternity experience that we are looking at themes and issues in experiences and use these to inform improvements in local maternity services. We collate and share experiences themes anonymously so that individuals are not identifiable. Sometimes experience feedback we receive contains elements that might identify an individual, we do our best to redact those personal identifiable elements and discuss this with the service user.

Some experiences have parts that make it harder to ensure a person is not identifiable, be aware of that. Particularly if you are in a rural area with low population numbers which means it can be easier to identify a person from an experience story. If in doubt contact or direct service user to contact your MVP chair if there is something an individual wants to share but you are concerned about them remaining anonymous.

There are instances where individuals wish to waive anonymity. Please don't record personal details but direct these individuals to your MVP chair so they can have a conversation with them, and decide how to proceed.

As a Service User Representative, you do need to comply with any local confidentiality agreement (see example on page 8) to collect service user feedback for your MVP.

MVPs collect feedback in a variety of ways. More information about this can be found on the National Maternity Voices [gathering feedback](#) pages. An example proforma note that is applicable in multiple settings and explains to service users about giving feedback to the MVP is shown on page 7.

## MVP Opt-in upfront Consent for Experience Feedback



A service user representative (Mum) from West North East Cumbria Maternity Voices Partnership is visiting today and would love to have a chat with you about the maternity care you received. **Giving feedback is entirely voluntary**, so there is no pressure to give feedback, just if you want to. **We collect feedback with your consent.** A copy of our privacy policy is available to read.

**All feedback is collected anonymously** and will be used by Maternity Voices working in partnership with local health and care providers in West North East Cumbria Local Maternity System to identify improvements in local maternity services.

**'Walk the Patch'; '15 Steps Challenge' & 'Postnatal Sessions'** are volunteer-led program to collect direct feedback from you about the care you have received from maternity services.

Would you like to tell us about...?

- care during your pregnancy (antenatal care),
- care during your labour and birth (intrapartum care) |
- care immediately and before discharge by your midwife (postnatal care)
- the care you (and your partner) were happy with
- anything you (or your partner) would change to make the care better
- We welcome any comments about health visiting, GP care during maternity and postnatal, baby loss, mental well-being, infant feeding support, SCBU & MCHU care and any other services related to your care or your baby's care.

Or, if you prefer, use our online contact form where you can anonymously feedback your experiences <https://www.wnecumbriamvp.co.uk/contact>

Your views can make a difference! West Cumbria Maternity Voices works with health and social care professionals and managers. Find out more about our work on our website:

[www.wnecumbriamvp.co.uk](http://www.wnecumbriamvp.co.uk)

We welcome Mums (and Dads/ Partners) who want to get more involved in developing local maternity services to our meetings, and appreciate your help sharing our posts and events on social media. Any questions please ask us.

**Find us on social media:**

Contact us: [info@wnecumbriamvp.co.uk](mailto:info@wnecumbriamvp.co.uk) Find us on Facebook: <https://www.facebook.com/WestCumbriaMVP/>

<https://www.facebook.com/groups/WestCumbriaMSLCDiscussion/> Follow us on Twitter: @WNECumbriaMVP

Our Privacy policy can be read here: <http://nationalmaternityvoices.org.uk/privacy/>

## West North East Cumbria MVP Service User Rep Volunteer Confidentiality Agreement

Thank you for volunteering with **West North East Cumbria Maternity Voices**

Whilst you are volunteering you will have access to information that needs to be kept confidential.

This includes information about the people who are using maternity services, and staff – particularly information about their personal circumstances such as their names, addresses, information about their care.

When someone gives us any confidential information, verbally, in data or documents they need to be sure that we will not pass this to anyone that they have not given us permission to share it with.

This means, for example, that you must not discuss these details and experiences with your friends and family, or post it on social media. When a person is not present to share their own experience their feedback must be discussed anonymously in the MVP meetings.

If you hear information which causes you concern and suggests that someone needs immediate help you should share this information with the most senior professional staff member present or raise it directly with the MVP Chair (Vice Chair). Currently that is Sandra Guise: [chair@wneccumbriamvp.co.uk](mailto:chair@wneccumbriamvp.co.uk) As soon as possible so that appropriate action can be taken.

Further information on Maternity Voices and GDPR, and the adopted National Maternity Voices Privacy policy can be found here: <https://nationalmaternityvoices.org.uk/privacy/gdpr-policy/>

### Confidentiality Statement

I understand that whilst volunteering with **West North East Cumbria Maternity Voices** I may come across information that is confidential.

I agree that I will never disclose such confidential information to anyone outside of West Cumbria Maternity Voices Partnership.

Signed .....

Print Name .....

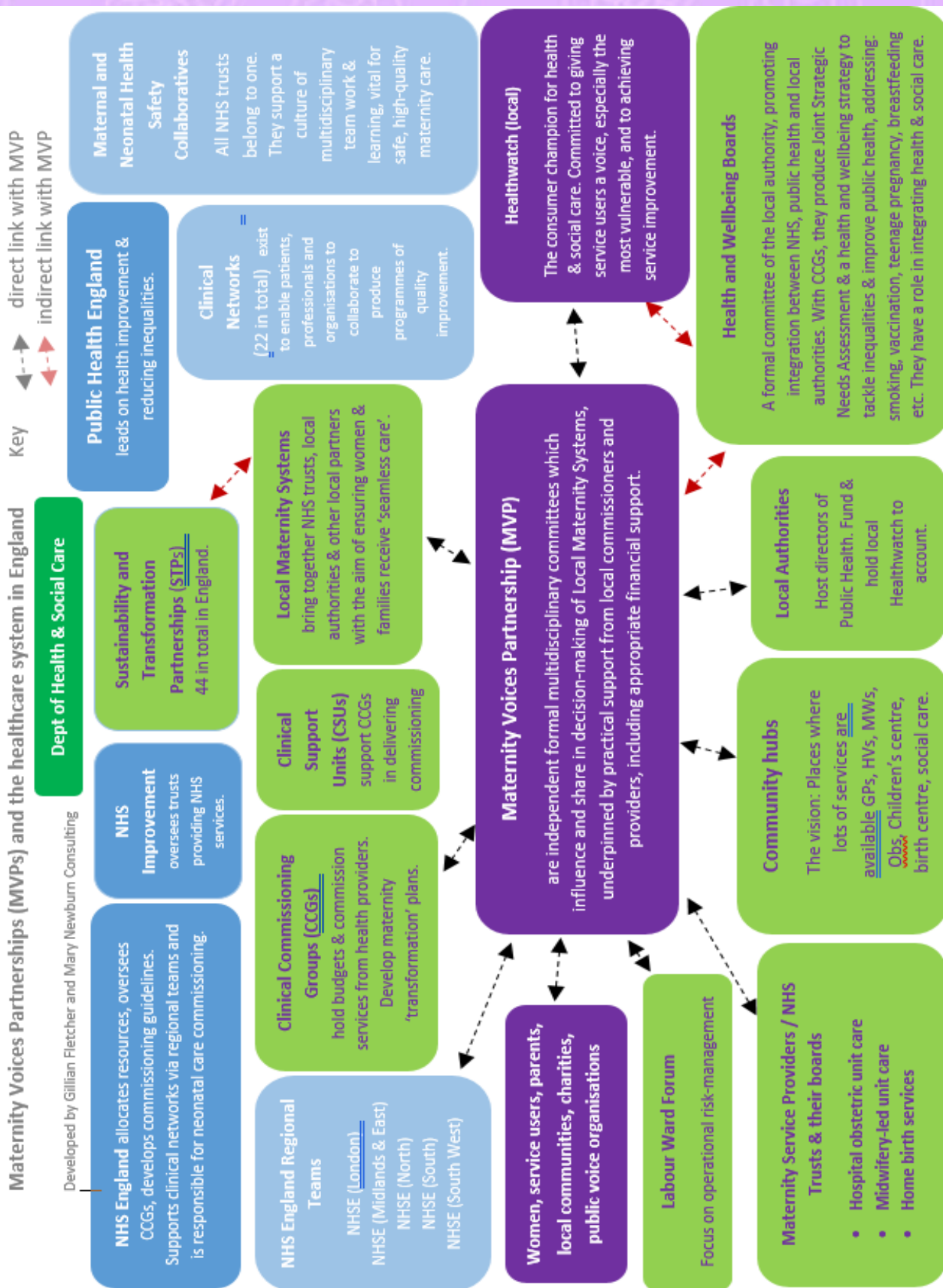
Date .....

Please sign and return to chair of West North East Maternity Voices



# Where do MVPs fit in the NHS System?

## Maternity Voices Partnerships (MVPs) in the healthcare system in England



The figure **Maternity Voices Partnerships (MVPs) in the healthcare system in England** is designed to help you understand where the MVP is located in the health and social care system. **This document provides a key**, and further explanation:

**Purple boxes** show MVPs, local parents, community groups and maternity organisations.

**Green boxes** show local bodies in the NHS and of the local authority.

**Pale blue boxes** show regional level organisations.

**Dark blue boxes** show national organisations working for the Department of Health and Social Care.

 MVPs have direct links with most of the local organisations, but

 an indirect link with other bodies.

### Opportunities

If you understand your MVP's relationship with other bodies, particularly other NHS bodies and the key alongside organisations: local authorities, Healthwatch and community organisations, it is easier to see the potential for influence, advice-giving, networking, exchange of information, reporting, and so forth. The NHS is a huge hierarchical system with many different bodies influencing budgets and spending, which services are provided, the models of working, clinical practices of maternity staff, and strategic priorities. If you have an understanding of some of these, you will see opportunities to 'push at open doors' or to argue assertively that more priorities need to be considered, and to find frameworks and documents which relate to your local community's concerns.

**Your MVP** - needs to engage and involve local people, to listen and communicate with them to ensure that they have a voice in maternity services and that their needs are met. It can be useful to work with the local **Healthwatch**, the independent consumer champion, a statutory service commissioned by local councils as part of the Health and Social Care Act 2012. Though many do not often work on Maternity services, and all have experienced funding cuts, so have limited resources.

**Other MVPs** - The diagram shows just one MVP, so you can imagine the NHS around your MVP. However, within every Local Maternity System (LMS) there will be several MVPs and each one should be represented on the LMS Board, so that the voice of parents is heard. Increasingly, the chairs/chair teams of MVPs work together as a network, to support and inform each other, to share their good practice, and work collaboratively to influence the LMS on issues of importance to them.

**National Maternity Voices** (not shown) is a key national [MVP advocacy](#) organisation providing MVPs chairs with support. Mentoring is also available.

**Consider... finding out about other MVPs in your LMS and how they operate. You could ask if you may attend a meeting of another MVP as an observer. You may pick up helpful tips.**

### MVPs - direct links

MVPs have direct links with numerous bodies, including:

**NHS Trusts** - Most MVPs are hosted by an NHS trust, though they may share the footprint of a local authority or several. As maternity services are provided for populations across a geographical area, commissioned by clinical commissioning groups (CCGs), they do not need to be linked to an

individual obstetric unit or NHS trust. Much maternity care should be delivered in the community close to people's homes, workplaces, etc. [Better Births](#), and the [Resource Pack for Local Maternity Systems](#) which followed its publication, advocate the development of community hubs. MVPs could equally meet at a community hub. Each trust is part of an LMS and be influenced by LMS decisions, but they also have an independent board, with a maternity lead, determining trust strategy.

**The Local Maternity System** is co-terminous with the STP (see below). It is the mechanism through which it is expected that an STP will collaboratively transform maternity services, with a focus on delivering high quality, safe and sustainable maternity services and improved outcomes and experience for woman and their families. The LMS is typically chaired by a GP commissioner or co-chaired with a health professional provider. The LMS has to show the regional NHS England Board how it is implementing the Maternity Transformation Programme, and its long-term planning. It is important that all MVPs have an active role on this board and prioritise using this opportunity.

Local authorities are responsible for public health planning, including reducing health inequalities for vulnerable and disadvantaged groups, and those with particular needs. (They work with Health and Wellbeing Boards to plan service developments such as mental health services and breastfeeding promotion. If the MVP wants to influence these plans, it is useful to work with and through local Healthwatch.) Local authorities fund families' and children's centres and breastfeeding support in the community.

NHS England regional teams have a strategic role in taking forward the Maternity Transformation Programme, supporting healthcare commissioning and delivery at a local level across the region. Several (London, SE & SW at the time of writing) have a service user member on their Maternity Transformation Programme Board, and Mids & East and North were in the process of recruiting. The Service User Voice Board Member (PPV<sup>1</sup> Partner) will bring service user views and perspectives into the Regional Maternity Transformation Board; providing challenge as a critical friend. This role is essential in championing the interests and experiences of women and families, ensuring their needs are met through the programme. They can provide ongoing support and guidance to user chairs and service user representatives of local MVPs. The MVPs' direct link is via the PPV partner.

Sustainability and Transformation Partnerships – There are 44 STP areas covering all of England. Within them, NHS organisations and local councils have developed shared proposals to improve health and care by means of planning for the long-term needs of local communities. They were drawn up by senior figures from different parts of the local health and care system, following discussion with staff, patients and others in the communities they serve. A number of these partnerships have now grown into [integrated care systems](#) and it is expected that by April 2021 every STP will become one. The LMS takes forward plans for maternity services. They cover all areas of healthcare. Maternity planning is taken forward by the LMS for the STP.

### Health services broader framework

In the broader health and social care framework, there are bodies to look in detail at clinical care matters, rather than organisation of care, including [Clinical Networks](#) and **Maternal and Neonatal Health Safety Collaboratives**. These bodies are influenced by **NHSE Regional boards** which report to **NHS England**. **NHS England** promotes a comprehensive health service, alongside **NHS Improvement and Public Health England**, all of which report to the **Department of Health and Social Care**.

<sup>1</sup> PPV – Patient and Public Voice.

## **Credits**

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