

# Our Purpose & Values

Position statement



## Introduction

National Maternity Voices is an association of the independent service user chairs of Maternity Voices Partnerships (MVPs) in England. This statement of our values is based on the national model Terms of Reference for an MVP, co-produced for NHS England by a multidisciplinary group facilitated by Mary Newburn and Gillian Fletcher which included many MVP chairs and service user representatives

An MVP is a local NHS working group of women and 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<sup>1</sup>. It is maintained (set up and funded by, and reports annually to) a local NHS body, usually the Clinical Commissioning Group or Local Maternity System.

An MVP uses both a formal committee structure, with written agendas and formal minutes of discussions and decisions, and principles and practice of participatory co-design and co-production (for example, through regular break-out sessions and small group work in formal meetings, and in special co-production sessions and community events) in order to ensure that the 'five principles of MVPs' are at the core of the commissioning, monitoring and continuous improvement of maternity services.

## Our purpose - five principles

An MVP creates and maintains a co-production forum for maternity service users, service user advocates, commissioners, service providers and other strategic partners, and a formal process for co-monitoring and co-reviewing local maternity services and quality improvement work. MVPs operate on the following founding five principles, which National Maternity Voices endorses and upholds in its work supporting the MVPs -

1. Work creatively, respectfully and collaboratively to co-produce solutions together.
2. Work together (in NMV and with others) as equals, promoting and valuing participation. Listen to, and seek out, the voices of women and birthing people, families and carers using maternity services, [even when that voice is a whisper](#). Enabling people from diverse communities to have a voice.
3. Advocate and demonstrate use of experience data and insight as evidence.
4. Understand and work with the interdependency that exists between the experience of staff and positive outcomes for women, birthing people, families and carers.

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<sup>1</sup> See Guidance on maintaining independence at the end of the national [model Terms of Reference](#)

5. Be forensic in the pursuit of continuous quality improvement in local maternity services with a particular focus on closing inequality gaps.

## Values

The committee and members of National Maternity Voices are acting in a public service capacity and are expected to adhere to the Nolan principles for conduct in public life.<sup>2</sup>

We are committed to

- working in partnership with healthcare professionals and other to implement woman-centred (person-centred) care – care which offers women and birthing people information, choice, and care based on [best available evidence](#)<sup>3</sup>, always respecting their choices and human rights
- diversity and equal opportunities and upholding human rights in pregnancy and childbirth - which are usefully summarised in this [letter from Birthrights](#) to the national Maternity Review (Better Births) and the White Ribbon Alliance [Respectful Maternity Care Charter](#), which we use as our guides to the key elements of respectful maternity care
- recognising that our members will bring with them different beliefs, values and experience. All these perspectives should be valued and respected. Members of National Maternity Voices should have an equal opportunity to contribute to discussion and decision-making processes. Care will be taken to enable full participation. For example, it is important to check that the terminology we use is understood by all and clarified if necessary
- supporting MVP chairs and MVPs generally to uphold these Values and the Five Principles – in accordance with our [NMV Terms of Reference](#)

**Our vision is improving experiences of maternity for women and their families, through multi-disciplinary collaboration and co-production that brings women’s voices to the centre of planning and strategy** (Mission statement, NMV Terms of Reference) April 2020

### Notes

- Adapted from the national model Terms of Reference for MVPs and our NMV Terms of Reference.
- See also Chapter 4 and Appendices A and B in [Implementing Better Births – a Resource Pack](#) for background information on MVPs and how they are set up and work.

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<sup>2</sup> Committee on standards in public life. *Guidance: The 7 principles of public life*. (May 1995) <https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2>

<sup>3</sup> NICE gives a useful explanation of its use of the term ‘best available evidence’ [here](#) – depending on the question and the circumstances, this can mean different types of evidence - always selected and quality assessed using clear and appropriate methods