NATIONAL Maternity Voices
Working in partnership to improve maternity services

MVP Toolkit: Contents

March 2022

1. Introduction

1.1) What is a Maternity Voices Partnership (MVP)?

An MVP is a partnership that works to review and contribute to the development of maternity services within a local area. It brings together the staff who pay for (commission) and provide maternity services with the women, birthing people and families who use those services. The MVP is coordinated by a service user chair or leadership team, who are independent lay people. All members of the partnership take responsibility for the development and delivery of an agreed workplan.

The membership includes:

- midwives, health visitors, doctors and managers
- women, birthing people and families from a diverse range of backgrounds
- members of the wider community such as birth workers and charities specialising in mental health, supporting refugees, etc.

The members work together as equals, recognising that each person brings a different set of experiences, skills and resources that will contribute to the strength of the partnership as a whole. It is intended that everyone who uses or works in NHS maternity services in England can choose to get involved in a local Maternity Voices Partnership.

“Members and the collective forum operate on the following founding five principles:

- Work creatively, respectfully and collaboratively to co-produce solutions together.
- Work together as equals, promoting and valuing participation. Listen to, and seek out, the voices of women, families and carers using maternity services, even when that voice is a whisper. Enabling people from diverse communities to have a voice.
- Use experience data and insight as evidence.
- Understand and work with the interdependency that exists between the experience of staff and positive outcomes for women, families and carers.
- Be forensic in the pursuit of continuous quality improvement with a particular focus on closing inequality gaps.”

MVP Model Terms of Reference

1.2) How to use this Toolkit

This Toolkit is aimed at all those involved in developing and maintaining Maternity Voices Partnerships (MVPs). This includes staff from maternity commissioner and service provider organisations, MVP chairs and vice-chairs, Local Maternity System staff and any organisation commissioned to provide support for an MVP.

This Toolkit summarises existing guidance on MVPs, brings together resources that you may find helpful and sets out some options for developing and maintaining

effective MVPs. There are some principles for establishing MVPs that existing NHS guidance makes clear should be applied in all parts of England. Where this is the case, we will refer to the relevant source. In all other cases, the content of this Toolkit is not prescriptive.

The Toolkit is structured according to the MVP's stage of development:

- Setting up your MVP
- Getting established
- Consolidating
- Pioneering

This is to help you find the section that is most relevant to your situation. If you're looking for a specific topic, then you may wish to do a keyword search to find the relevant section.

1.3) Equity

While pregnancy in the UK is generally very safe, outcomes for women using maternity services are not equal. The National Perinatal Epidemiology Unit's MBBRACE report monitors maternal deaths during and up to 6 weeks after pregnancy. It reports that black women are 4 times more likely to die than white women and that women of mixed ethnicity and Asian women are both 2 times more likely to die than white women. Women who live in the most deprived areas are twice as likely to die compared with those in the least deprived areas.

Women, birthing people and families' experience of maternity services may affect the level of trust they have in NHS/health services in general, which could have implications for the level of health inequalities in the future.

To play their part in reducing inequalities, Maternity Voices Partnerships (MVPs) need to include and listen well to women, birthing people and families from those backgrounds which tend to experience poorer outcomes, including black, Asian and ethnic minority women and women from deprived areas. To ensure this is the case, there are things you can do right from the start when you're setting up your MVP. We have highlighted throughout this Toolkit those actions that can contribute to the MVP being accessible, inclusive and that can enable the MVP to help reduce these disparities in maternity outcomes.

1.4) Clarification of terms used in this document

Throughout this document:

- the term Maternity Voices Partnerships (MVPs) should be taken to include Maternity and Neonatal Voices Partnerships (MNVPs)
- the term Local Maternity Systems (LMSs) should be taken to include Local Maternity and Neonatal Systems (LMNSs).

2) Setting up your MVP

This section sets out some of the important things that need to be in place before you launch your MVP in order for it to work well and flourish.

2.1 Agreeing who will be responsible for setting up and maintaining your Maternity Voices Partnership (MVP)

Implementing Better Births: a Resource Pack for Local Maternity Systems sets an expectation that commissioners and providers of NHS maternity services, working together in Local Maternity Systems (LMSs), are jointly responsible for ensuring that every area is covered by a well-functioning MVP. It states that: *"The maternity commissioner is responsible for facilitating and organising any agreed funding, whether provided by the commissioner alone or in conjunction with local providers."*

It's likely that one lead person will take responsibility for setting up the MVP and acting as the primary link with the service user leadership team (e.g. Chair and Vice-chair). This will need to be included within the post-holders job-plan and job description. If this person is not based in the LMS, it will also be helpful to identify a staff member who will be the LMS link person for your service user leadership team. Where there are multiple MVPs connected to one LMS, there may be one LMS link person responsible for connecting with all the MVPs.

2.2) Determining the geographical footprint of the Maternity Voices Partnership (MVP)

"Local Maternity Systems cover a relatively large footprint and it is unlikely in most places that local women and their families will readily identify with the Local Maternity System – especially if it means travelling long distances. Instead, they are likely to identify with a maternity or midwifery unit, or a Community Hub. Local Maternity Systems need to recognise this and establish channels which work for local women and their families. In practice this will most likely mean establishing more than one Maternity Voices Partnership around smaller footprints. This will also enable service users, CCGs and/or providers to work together on issues related to the individual CCG or provider." Implementing Better Births: a Resource Pack for Local Maternity Systems.

There is a need for service user representation and coproduction at both provider and Local Maternity System (LMS) level. In some areas, there are provider-level MVPs that work together to jointly contribute to the work of the LMS. In other areas, LMS-wide MVPs have been set up which have provider-level partnerships. In this toolkit, we describe the work that is currently expected of MVPs. Whatever model is adopted, it needs to provide the capacity and the structure to be able to deliver this work, which includes significant provider-level scrutiny, coproduction and representation. In order to ensure that the work is sustainable and that involvement is accessible to all, both the provider-level and LMS-level work need to be fully funded and not led by volunteers.

2.3) Deciding how the Maternity Voices Partnership (MVP) support function will be delivered

Increasing expectations of MVPs mean that there is generally a need for a secretariat to support the service user leadership team (e.g. Chair and Vice-chair). This secretariat can provide administrative, financial and project management support. The level of support required may to some extent depend on the capacity and skillset of your service user leadership team. E.g. If your MVP chair is an experienced project manager then they could be remunerated to provide this function. However, by ensuring that the support is there if required the chair and vice-chair roles will be accessible to people from a wider range of education levels and professional backgrounds.

Options for delivering this support include:

- The commissioner and/or provider organisations allocate staff time for MVP support
- The Local Maternity System (LMS) appoints an MVP link person/team to support MVPs across the LMS area
- A third party organisation is commissioned to provide MVP support.

However you decide to deliver this function, you may want to consider how you can ensure that the leadership and facilitation role remains centred with the service user leadership team and that they have effective working relationships with the provider, commissioner and LMS. Funding for the support function should not be at the expense of funding for the service user leadership team and the amount of time allocated to the service user roles needs to reflect their role as facilitators of the partnership.

This table shows potential benefits of the different options:

Support organisation	**Benefits**	**Risks**
Commissioner/provider	• May allow flexibility for support to be scaled up or down depending on the capacity and skillset of the service user leadership team, which is likely to represent excellent value whilst keeping the roles accessible. • Strengthens the direct link between the service user leadership team and	• Subject to capacity within the host organisation. • Subject to level of understanding within the host organisation.

	partner organisation(s). • Builds expertise that may benefit other parts of the service.	
LMS	• May allow flexibility for support to be scaled up or down depending on the capacity and skillset of the service user leadership team, which is likely to represent excellent value whilst keeping the roles accessible. • Strengthens the link between the service user leadership team and the LMS. • Provides consistency for multiple MVPs across the LMS. • Facilitates collaboration between MVPs to contribute to LMS work.	• Subject to capacity within the host organisation. • Subject to level of understanding within the host organisation.
Commissioned organisation	• May provide access to existing training for service user members, • May bring expertise in safeguarding and process for DBS checks • May have volunteer support expertise, • May offer public liability insurance.	• Can lead to issues if the culture and practice of the commissioned organisation are not aligned with the MVP support role • Chair's autonomy in allocating budget can be compromised if the contract does not make this explicit.

2.4) Providing a budget for the Maternity Voices Partnership (MVP)

Before you start appointing your service user leadership team (e.g. Chair and Vice-chair), you will need to put together a budget for your MVP and to determine where

this funding will come from. Examples of MVP budgets and business cases are available on the National Maternity Voices web site.

We'd like to link to some examples of current budgets/business cases here. Does your MVP have current examples that are working well in your locality? If you'd be happy for this to be shared here, please contribute via this form. Please say if you would prefer your resource to be anonymised. Thank you.

There is wide variation in the level of budget allocated to MVPs in England. Generally speaking, better resourced MVPs are more able to engage with a diverse range of service users and a wider range of staff and projects. More resources typically translates into more effective co-production of beneficial change.

In setting a budget for your MVP, it may be helpful to consider:

- The number of maternity units/services covered - correspondingly more resource will be required if you are effectively paying for the work of 2 or more MVPs.
- How well established an MVP is - work will build over time as the MVP proves its value.
- To what extent administration, training and support for outreach is included or supplied separately by the Local Maternity System or provider.
- The level of deprivation and/or need for specific outreach to priority groups
- The geographic area covered - large rural areas may need more to enable travel.

"A Maternity Voices Partnership should have a defined programme of work and be adequately resourced. …

Funding may be required for:
● Remunerating the chair (for both chairing the partnership and, where relevant, representing the Maternity Voices Partnership at Local Maternity System level). It is best practice for the chair to be remunerated to reflect the skills, experience and time commitment required for the role.
● Providing the secretariat.
● Paying the expenses of the service user members, including childcare costs.
● Training for service user members.
● Intelligence gathering to support the work of the Maternity Voices Partnership.
● Commissioning research.
● Communications activities, including engagement and outreach."
Implementing Better Births: a Resource Pack for Local Maternity Systems

Since the above guidance was published in 2017 it has become increasingly common to have other remunerated service user roles in addition to the chair/co-chairs, e.g. vice-chair, secretary, equity lead, social media coordinator.

In addition to the above, the London Clinical Network has proposed that funding is provided for an annual development day at which priorities for the coming year are

agreed (Effective co-production through local Maternity Voices Partnerships (MVPs) A resource for commissioners).

2.5) Determining the mechanism for paying remuneration and expenses to service users

Before you start appointing your service user leadership team (e.g. Chair and Vice-chair), you will need to be confident that you have a mechanism for paying remuneration and expenses in a timely way.

For the role of Maternity Voices Partnership (MVP) chair to be accessible to people from all backgrounds it is necessary that:

- Payments are predictable, regular and timely
- Administration is simple and tax/ benefit implications are clear.

Options for paying the chair and any other service user officers include:

- Paying them via payroll as independent post holders
- Asking them to invoice as a self employed contractor
- Include payment of service user officers in the MVP support contract if an independent organisation is being commissioned to provide MVP support.
- Pay a budget into a community bank account for the MVP so that the service user leadership team can manage payments themselves.

The following table shows options for paying the chair and other service user officers, with some information about how these options work and an overview of potential benefits and risks of each.

Payment mechanism	**How does this work?**	**Benefits**	**Risks/disadvantages**
Payroll	Service user officers paid via payroll as *independent post holders*. This is sometimes referred to as '*employed for tax purposes*' i.e. treated as employed by HMRC but without a contract of employment. Expenses claimed via a standard	- Can be set up within 2 months. - Automated process minimises effort involved in making or receiving payments. - Payments are made on time.	- May be less flexible than other arrangements for adjusting payments to time spent.

	employee claim form.		
Self-employed contractors	Service user officers register as self-employed and invoice monthly or quarterly.	- May suit service users who are already self-employed. - Can adjust payment to hours spent.	- Can take months to register as a supplier, leading to a large payment in arrears which may impact benefits. - Payments can be delayed.
MVP support organisation	MVP support organisation follows its usual process for remunerating service users.	- The MVP support organisation may have expertise and processes set up already, with potential for more timely and reliable payments to service users.	- May increase costs when compared with processing payments in house or giving a budget to the service user leadership team.
Community bank account	Service user officers set up a bank account for the MVP and an agreed budget is paid into that. The service user leadership team pays service user officers from this account.	- Gives responsibility to service users. - Flexible – adaptable to varying time spent by different service user officers.	- Depends on the service user leadership team having budget management expertise. - As MVP budgets grow, there may be concerns about whether the governance is sufficiently robust.

In most cases, the payment rate for an MVP chair or other service user in a responsible position is the NHS England role 4/ 'expert advisor' public involvement pay rate, currently £150/ day.

Maternity Voices Partnership funding bodies can take the following actions to support a wider range of people to get involved as MVP chairs:

- If possible be flexible about payment mechanisms - many people will need monthly payments and prefer to be on PAYE, though people who are currently self employed may prefer quarterly invoicing as a supplier.
- Make clear to people who are interested in the chair role what the payment arrangements are, advise them of the need to consider tax and benefit effects and support them to consider the implications in their personal circumstances.

- Fix monthly pay based on the MVP workplan and review whenever work required changes.
- Minimise administration for the chair e.g. by providing admin support to process claims.
- Set up payment within 2 months of a person starting in the role.
- Pay amounts due regularly and predictably ideally on the same date every month.
- Address any queries about payment promptly.

More detail on paying your MVP chair including managing any potential impact on benefits is available on the National Maternity Voices website.

In order to make attending the MVP accessible to all, it will be necessary to have a clear process for claiming expenses. It is likely that the funding organisation will have an existing volunteer expenses policy that will be suitable for this.

Providers will need to provide the following evidence in order to comply with Safety Action 7 of the 21/22 Maternity Incentive Scheme:

"Written confirmation from the service user chair that they are being remunerated as agreed and that this remuneration reflects the time commitment and requirements of the role given the agreed work programme."

and

"Written confirmation from the service user chair that they and other service user members of the MVP committee are able to claim out of pocket expenses, including childcare costs in a timely way."

2.6) Inviting staff and service user members

Once you have a budget and payment mechanism in place, you're in a position to start identifying the potential members of your Partnership. This is likely to include:

- new and experienced service users from diverse backgrounds including representatives from groups known to experience poorer maternity outcomes
- post-holders from commissioner and provider organisations and other statutory partners such as Healthwatch
- representatives from community organisations
- independent birth workers in the wider community.

A detailed list of suggested roles to include as core and associate members is available in the model Maternity Voices Partnership (MVP) Terms of Reference and there is also guidance on membership in Implementing Better Births: a Resource Pack for Local Maternity Systems.

The person coordinating the setup of the MVP can start to have conversations with the various partner organisations about who will attend, to invite interest on social media and to proactively contact any community groups, voluntary organisations and

birth workers who may have contact with pregnant women, new mothers and their families. More information and ideas about how to ensure you're reaching a diverse population of service users is available in ALL Maternity Voices – representing everyone in your area.

"This element is worth some good time investment as members and potential chairs will come via these conversations and interested parents can find out about what the MVPs might expect to achieve, how they work and what the remuneration arrangements are. The MVP link should expect to have conversations with people interested in the Chair and Vice-Chair roles prior to the first meeting, putting them in touch with more established MSLC/MVP Chairs where necessary in order that they understand what will be expected of them and what they may gain from such a role."

Setting up a Maternity Voices Partnership: practical steps By Pauline Cross, Consultant Midwife in Public Health.

An MVP benefits from a mix of current service users and more experienced service user advocates. Birth workers such as doulas, antenatal or postnatal leaders, or breastfeeding supporters are generally service users who have gone on to develop more service knowledge and advocate experience. They can play an important role in recruiting, mentoring and supporting newer service users to get involved.

Midwives, health visitors and community birth workers have regular contact with families and can help to identify service users who may be interested in getting involved. It can help if you make sure these people understand that you're looking to recruit a diverse group of service users so they can be looking out for people who may bring different perspectives to the MVP.

Commissioner and provider organisations will need to identify named individuals who will be core members of the MVP; these individuals should have this as part of their job description or objectives. You can also issue an open invitation to maternity staff of all grades and disciplines to attend MVP meetings. The participation of, for example, support workers, students, admin staff or junior midwives can help to increase the diversity of the membership, reduce any sense of hierarchy, and lead to richer conversations.

2.7) Appointing a service user leadership team (e.g. Chair/co-chairs and Vice-chair)

"Each Maternity Voices Partnership should have a chair, which may be managed through job-share or chair team. It is best practice for the chair to be a service user."
Implementing Better Births: a Resource Pack for Local Maternity Systems

Given the growing expectations of Maternity Voices Partnerships (MVPs), it's likely that you will also need at least a Vice-Chair to work with your MVP Chair/co-chairs and you may decide to appoint leads for specific areas such as communications, diversity and neonatal services in order to have a service user leadership team leading your MVP.

Some example role descriptions for chairs/co-chairs and vice-chairs are available on the National Maternity Voices web site. You will need to ensure that the work expected of your service user leadership team is realistic within the budget available - or revisit your budget if this is not the case.

We'd like to link to some examples of chair and vice-chair role descriptions for different models/stages/sizes of MVPs here. Does your MVP have current examples that are working well in your locality? If you'd be happy for this to be shared here, please contribute via this form. Please say if you would prefer your resource to be anonymised. Thank you.

"Local application, nomination and selection processes will need to be determined. The chair must have autonomy and be able to work as a critical friend, so election by the members is best practice. …

the Local Maternity System, commissioner or provider will need to assure themselves that the person elected is a suitable person to take on the role. The following principles may be helpful in this:
● The Chair should be able to demonstrate that they have the skills, knowledge and experience to fulfil the role.
● The Chair must be able to demonstrate an ability to operate in the best interests of the group and the strategic objectives of the Maternity Voices Partnership.
● Have an up to date Disclosure and Barring Service (DBS) check."
Implementing Better Births: a Resource Pack for Local Maternity Systems

It is likely that the MVP will nominate a small group to interview and select candidates for the chair role. This smaller group would then make the appointment subject to ratification by the whole MVP.

Concerns about the process may include:

- Whether it will be fair and open
- Whether it will encourage service users from diverse backgrounds to get involved
- Whether the person selected will be suitable for the role.

Giving consideration to the following may help to reduce any concerns:

- ensuring that the opportunity and process is widely advertised
- encouraging diverse candidates, e.g. through targeted advertising
- having a clear person specification for the role and a process for checking prior to the appointment that any candidates meet the person specification
- providing informal opportunities for people to learn more about the role
- aiming for a process which is not too onerous or unnecessarily daunting
- adopting a general approach of prioritising accessibility and inclusion in the way that you set up your MVP (see highlighted sections of this Toolkit)
- making provision to undertake Disclosure and Barring Service checks for those who are appointed.

3) Getting established

3.1) Holding your first meeting

Once you have identified at least your core membership, you can arrange your first meeting. At this meeting, you may want to:

- create an opportunity for your members to get to know each other
- agree your terms of reference
- explain the importance of declaring any conflicts of interest and make clear how members can do that
- elect your chair and vice-chair
- discuss priorities for your initial workplan.

It would be helpful for this meeting to be facilitated by someone who is skilled at managing meetings in which service users and health professionals are equal partners. Consider the location and timing of your meeting, aiming for it to be accessible to as many staff and service user members as possible. Promoting this meeting widely provides a further opportunity to maximise the involvement of service users from diverse backgrounds and staff engagement with your Maternity Voices Partnership (MVP).

Model MVP terms of reference are available on the NMV web site which you can adapt for your local circumstances as a starting point for discussion in your MVP.

We'd like to link to some examples of local MVP terms of reference as well as conflicts of interest policies. Does your MVP have current examples that are working well in your locality? If you'd be happy for this to be shared here, please contribute via this form. Please say if you would prefer your resource to be anonymised. Thank you.

3.2) Introductory information for members

Attendees at your meeting may come from a wide range of backgrounds and not all of them will be familiar with NHS structures or jargon. Staff members may not have attended a Maternity Voices Partnership (MVP) meeting before. Consider circulating some introductory information that will enable people to prepare. For example you could include:

- An introduction to the organisations involved in your local maternity system and how the MVP fits into this
- Your draft MVP terms of reference, which should include the purpose and ways of functioning for the MVP
- Roles and specifications for MVP chair and members (in addition to example chair role descriptions, there is a model clinical MVP rep role description and service user rep role description on the National Maternity Voices (NMV) web site)
- Names and contact details of any key link people or secretariat staff for the MVP

- Names and roles of core MVP members (e.g. your head of midwifery, lead obstetrician, maternity commissioner, etc)
- Annual report from any previous MVP that may have existed in this location (if you are relaunching your MVP after a hiatus)
- The Seven Principles of Public Life (known as the "Nolan Principles"), which all MVP members should be guided by
- Expense claim forms for service users
- NMV service user representative information pack

In addition, you may wish to offer service-user members a tour of the maternity unit as this can have multiple benefits:

- New service user members can familiarise themselves with the service
- Fresh eyes may be able to identify some immediate areas for improvement
- You can invite service user members to volunteer for Walk the Patch (see section 4.4) and/or the 15 Steps for Maternity (see section 3.13).

We'd like to link to some examples of new member information packs. Does your MVP have current examples that are working well in your locality? If you'd be happy for this to be shared here, please contribute via this form. Please say if you would prefer your resource to be anonymised. Thank you.

3.3) IT support for the service user leadership team (e.g. Chair and Vice-chair)

Some Maternity Voices Partnership service user leadership teams have been given NHS email addresses, which has made it easier to access some NHS systems and for NHS colleagues to share information with them.

You may choose to provide equipment such as laptops and access to wifi that the team will need to do their work. Offering this support to all members of the service user leadership team will help make these roles more accessible to those on lower incomes.

The service user leadership team may also need access to an account for setting up video calls and possibly other software depending on their role description.

3.4) Induction for the service user leadership team (e.g. Chair and Vice-chair)

Once they are appointed, your new chair is responsible for leading and facilitating the work of the Maternity Voices Partnership (MVP), working with other members of the service user leadership team and other core staff and service user MVP members and with support from the MVP link person/team. In the first few months your chair and service user leadership team will need support to get started in their roles. First steps are likely to include:

- Introduce them to key contacts in the MVP support team, the maternity commissioner and provider organisations, the Local Maternity System and any other statutory partners.
- Provide clear written information about any support that's available to them from the partner organisations to help them in their roles. For example, this could include access to any IT systems, any local training courses they can attend, access to expertise or support functions, and any mentoring you have put in place for them.

3.5) Making Local Maternity System (LMS), regional and national connections

Maternity Voices Partnership (MVP) chairs across your LMS will work closely together and the LMS MVP link will be able to share information about how this works.

Your MVP Chair's main contact at regional level is the NHS England and Improvement (NHSEI) regional service user voice rep. Your NHSEI regional team will be able to put you in contact with the rep for your region. Your regional service user voice rep will facilitate networking between MVP chairs across the region and also represent service user voice at the regional NHSEI maternity and neonatal board. In turn, these regional boards report to the national Maternity Transformation Programme Board.

National Maternity Voices (NMV) is the national association of MVP chairs. You can get your MVP listed on NMV's map (scroll down on that page to find the request form). If you include contact details for your MVP chair then NMV will make contact with them and let them know about support and resources available.

NMV will invite new chairs to join the Local Maternity Transformation Workspace (also known as the "Hub") on NHS Futures. This is a place for NHS staff and service users involved in maternity transformation to share resources and exchange ideas. Existing chairs can request an invitation to the workspace from NMV.

NMV runs the following Facebook Groups to enable MVP members to network and share ideas:

- All MVP members (staff and service users): National Maternity Voices group
- All service user members: MSLC and MVP Chairs and Service User Reps group
- MVP chairs only: MVP Chairs group

Black, Asian and ethnic minority MVP Chairs have come together to form the Nova Network, a WhatsApp peer support group, supported by National Maternity Voices. Any black, Asian or ethnic minority MVP chairs or service user reps can join the Nova Network. To join, or for more information, email Toyin Adeyinka at novanetwork@nationalmaternityvoices.org.uk

3.6) Training and mentoring for Maternity Voices Partnership (MVP) members

Identifying development needs and opportunities for staff and/or service user members of your MVP will help to ensure that your MVP runs smoothly.

National Maternity Voices (NMV) offers multidisciplinary training for all members of an MVP to learn together. This could be particularly valuable if you are starting a new MVP or relaunching your MVP after a hiatus or if you have new participants.

Staff members may benefit from training in partnership working, coproduction and acting on feedback, especially if this is a new way of working for them. Partner organisations can help by including MVP membership as part of the role description for any staff core MVP members and by including the required competencies in the person specification for their roles. NHS England and Improvement (NHSEI) runs training courses for NHS staff on working with people and communities.

The staff member(s) supporting your service user leadership team (e.g. Chair and Vice-chair) can work with the members of the service user leadership team to develop personal development plans in order to identify any training needs. Your chair and other service user members may benefit from:

- NMV MVP chair training
- NHSEI training for Patient and Public Voice Partners
- NHSEI training for Peer Leaders, provided by the Peer Leadership Development Programme
- Local training, e.g. from partner organisations or from Healthwatch
- An NMV mentor

3.7) Partnership working

The chair/service user leadership team (e.g. Chair and Vice-chair) will lead and facilitate the Maternity Voices Partnership (MVP), but all members of the MVP share responsibility for taking forward the agreed work programme. Core members from the various commissioner and provider organisations will need to work together in between meetings, harnessing the resources available to them to ensure that work is progressed. It may be helpful to schedule regular catchups between the chair/service user leadership team and the MVP link people from the key organisations to allocate tasks appropriately.

NHS staff members of the MVP will be in a position to make connections with the appropriate senior level people in their organisations. For example, one designated clinical MVP member such as the head of midwifery can link with the provider patient experience lead and board level maternity safety champion to ensure they're aware of the MVP. Staff members can also link the chair/leadership team to local patient experience teams, Patient Advice and Liaison Service and communication teams. This will help the MVP access any existing community links and contacts as well as helping widen / publicise knowledge of the MVP and its work.

3.8) Social media accounts

It is generally the service user leadership team (e.g. Chair and Vice-chair) who create and manage the social media accounts for the Maternity Voices Partnership (MVP), so that these are clearly separate from the accounts of the partner organisations. Platforms such as Facebook, Instagram and Twitter can help you to communicate with many parents in your community and to give them a way of getting in contact with you. National Maternity Voices has developed social media guidelines for MVPs. If you have capacity and the necessary skills, you may also decide to create a web site for your MVP. Alternatively, some information about the MVP could be hosted on a partner organisation web site.

You can request a logo for your MVP from National Maternity Voices.

3.9) Developing an initial workplan

Having discussed priorities in your first meeting, you are in a position to develop an initial workplan for your Maternity Voices Partnership (MVP). It's likely that this will focus on putting some processes and systems in place to get your MVP established, as well as identifying some small projects or "quick wins" that you can get started on to get your membership working well together. It will take time to get your MVP up to full strength, so it may help to start small and be realistic about what you can do with the resources and knowledge you currently have.

Some of the processes/systems you might want to work on at this stage include:

- Arranging your MVP meetings for the coming year
- Filling any gaps in your membership
- Identifying data sources that your MVP will use regularly and arranging for these to be shared as appropriate with your service user leadership team (e.g. Chair and Vice-chair) and your MVP membership.
- Setting up some form of regular feedback collection
- Identifying and prioritising those meetings or forums where service user input would be valuable.

Some ideas for small projects to get you started could include:

- Organising a focus group on a particular issue that your service user reps are concerned about
- Arranging an outreach session with a particular community group you'd like to hear from or perhaps a location that you haven't yet recruited any service users from
- Coproducing a leaflet for your MVP or another resource that your staff members would like to coproduce.

3.10) Maternity Voices Partnership (MVP) meetings

MVPs traditionally hold regular meetings at which the whole membership can come together to review maternity outcomes/experience data, discuss priorities, resolve

issues and agree on actions. The members meet as equals and the format of the meetings aims to ensure that all members can participate equally.

Full MVP meetings are generally held at least 4 times a year. Some MVPs choose to have bi-monthly meetings (6 a year). Others may have 4 full MVP meetings and then gatherings of service user volunteers and/or feedback sessions spaced in between the formal meetings.

Traditionally, MVP meetings have been held face-to-face. During the pandemic, MVPs have held meetings online and it may be that some MVP meetings will continue to be held online in normal times where it seems more accessible for the membership.

The chair will determine the agenda for the meeting, taking into account the views of the membership. All MVP members can put forward agenda items. Standing items on the agenda are likely to include:

- Welcome and introductions. A gentle ice breaker (e.g. “tell us your name, your role, and something you’re looking forward to this weekend”) can help to get everyone contributing and communicating directly as human beings.
- Summary of feedback received by the MVP since the last meeting
- Reviewing maternity dashboards, summaries of complaints and any other regular data sources
- Update on any sub-groups/priority workstreams
- Equity: Some MVPs choose to have this as a standing agenda item so that it is a running theme throughout the MVP’s work.
- Reviewing the action log (i.e. any actions agreed at previous meetings)
- Any other business

The MVP Chair, or the Vice-chair in the Chair’s absence, will chair the meetings. Minutes may be taken by another service user member if they are remunerated for this or alternatively by a member of the MVP support team.

If your meetings are held face-to-face, holding them in a venue where you can arrange a creche will make your meetings more accessible for some parents of young children. For example, a Children’s Centre may be able to provide a suitable room and arrange a creche. However, this may need to be weighed against the benefit of holding the meeting in or near your maternity unit where busy health professionals may find it easier to attend. Some MVPs vary the location and times of meetings to enable different people to attend. You may need to experiment to see what works best in your locality. You will also want to consider the accessibility of your meeting space for wheelchair users.

Where the MVP is resourced at a level that enables a high level of service user involvement at all levels in the maternity service, there may be a decision to reduce the number of MVP meetings on the basis that the functions of the MVP are being met through ongoing regular involvement.

3.11) Handling enquiries

Once your Maternity Voices Partnership (MVP) is up and running, you will start to receive enquiries. Being the contact point for the MVP is a key responsibility of the service user leadership team (e.g. Chair and Vice-chair). Enquiries may come from:

- service users who would like to provide feedback, resolve an issue with the service or get involved in the MVP
- health professionals or other NHS staff who would like the MVP's involvement with a particular area of work or who would like to get involved in the MVP
- external organisations (businesses, charities, media, etc) who would like to engage with the MVP.

At the start, the service user leadership team will need to work closely with staff members of the MVP to agree how to handle queries and to understand the boundaries of their role. For example, if someone wishes to make a complaint about the maternity service, they could be signposted to a link person in the service or to the Patient Advice and Liaison Service (PALS). The service user leadership team will also find it helpful to know about:

- any support services available to local women, birthing people and families, such as a listening clinic or Professional Midwifery Advocate
- sources of information for service users such as local provider web sites.

Over time, you will develop some standard responses and processes. However, handling queries will always be a significant element of the service user leadership team role and it will be helpful to track how much time is spent on this in order to ensure it is proportionate and adequately resourced.

3.12) **Service user representation at key meetings and forums**

There are likely to be a large number of meetings at which partner organisations would ideally like to have input from the Maternity Voices Partnership (MVP) service user leadership team (e.g. Chair and Vice-chair). At this stage, you may want to start listing these, but you will need to prioritise, and to consider how much time the service user leadership team will spend in meetings as a proportion of their MVP working time. For example, to begin with the service user leadership team might prioritise attending labour ward forum and Local Maternity System board meetings. Remember that staff members of the MVP can also be a conduit for information to and from other meetings, especially if they have taken soundings from the MVP prior to any meeting.

3.13) Identifying priority issues

You will want to start building your capacity to identify priority issues for your Maternity Voices Partnership (MVP) to address. MVPs look at a range of data sources in order to build a picture of what's working well and where there could be scope for improving local services. It will take time to identify and access the various data sources that your MVP will use. Some places to start could include:

- gathering feedback from your community. You could start with creating an online feedback form. Many MVPs gather feedback in this way on an ongoing basis.
- Holding a 15 Steps for Maternity exercise. 15 Steps for Maternity is a toolkit designed especially for use by MVPs which uses an observational approach to understanding what service users experience as they access local maternity care.
- Arranging for your provider's maternity dashboard to be made available at MVP meetings.

We'd like to link to some examples of online feedback forms. Does your MVP have current examples that are working well in your locality? If you'd be happy for this to be shared here, please contribute via this form. Please say if you would prefer your resource to be anonymised. Thank you.

3.14) Building trust

This may be a new way of working for both staff and service users on your Maternity Voices Partnership (MVP) and it may be helpful to think about how you can build trust early on. Some things that could help with this include:

- Sharing positive feedback as well as areas for improvement. You will find that much of the feedback you receive from service users is appreciative of the care they've received. Sharing these positive messages with staff can help to build morale and, with the service user's permission, you may be able to let particular staff members know that their good work has made a difference.

- Closing the feedback loop. If staff have acted on feedback and something, however small, has changed as a result, make sure this is fed back to the service user leadership team (e.g. Chair and Vice-chair). Sharing this news with your MVP members and perhaps through your social media channels will help people to see that feedback is having a positive impact.

4) Consolidating

Now you've got your Maternity Voices Partnership (MVP) up and running, you can work towards ensuring that you are meeting all the expectations of a fully functioning MVP. By this point, for example, your provider trust should expect to be compliant with the requirements set out in NHS Resolution's Clinical Negligence Scheme for Trusts and your partnership should be in a position to respond as and when new requirements for coproduction emerge.

4.1) Strengthening and sustaining your team

As your Maternity Voices Partnership (MVP) becomes more established and well-known in your community, you will receive more enquiries and invitations and it's likely that the workload for the service user leadership team (e.g. Chair and Vice-chair) and the support team will grow. You may want to keep this under review and to consider whether you need to resource additional capacity to keep up with the increasing expectations. This increase in resources is to be expected as your MVP starts to achieve more and it would make sense to plan for this. You could consider:

- recruiting to additional service user roles
- increasing the hours of your existing team members if they have capacity to take on more
- providing additional support from NHS staff
- providing additional training or mentoring support

You may be starting to think about succession planning. When it's time to find a new chair or vice-chair, appointment can proceed as outlined in section 2.7 above. This time round, it's likely that you will have one or more strong candidates from within your existing service user membership which creates the possibility of greater continuity. If you can plan, and resource, the handover so that there is a period of overlap between your existing and new chair, this will help to ensure the work programme can proceed smoothly. This handover period will be even more important if you appoint someone who is not already a member of your MVP.

You may also want to plan for the possibility of a member of your service user leadership team going on maternity leave. While some MVP chairs or other service user members may be keen to resume their MVP chair work quite quickly after having a baby, even then it would make sense for another service user member to take on some additional hours during this time.

While MVP members generally work well together in partnership, occasionally one or more members of an MVP may express concerns about the conduct or capability of the MVP chair or a member of the service user leadership team. National Maternity Voices has developed some guidance (being finalised) on what to do if this problem arises in your MVP.

4.2) Developing your meeting format

You may want to review your Maternity Voices Partnership (MVP) meetings at this stage and consider whether you would like to build on your basic format.

Some MVPs find it helpful to have separate meetings for service user members, either in between the main MVP meetings, or as a workshop immediately prior to the main MVP meeting. These can provide space for service users to ask questions, develop their understanding and plan activity outside the formal MVP meetings, which can be a valuable way of supporting service user involvement. It's important though that this isn't seen as a replacement for having sufficient service user involvement in your main MVP meetings.

As the range of improvement projects you're working on grows, it may be helpful to set up multi-disciplinary sub-groups that include service user members to work on specific topics and report back to the MVP. These sub-groups may co-opt members as appropriate.

The MVP chair may invite individuals to attend meetings on an ad hoc basis to support specific topics on the agenda. The MVP chair may sometimes invite a service user to share their story in one of the main MVP meetings. The Humber Coast and Vale Maternity Voices group has developed guidelines on how to support service users to share their stories in a way that is appropriate to a multidisciplinary MVP meeting.

4.3) Annual workplan

An established Maternity Voices Partnership (MVP) will have an annual or multi-year workplan as set out in national guidance:
"The MVP should have an annual workplan outlining its agreed local priorities, using tools like the 15 Steps for Maternity and Walk the Patch to develop a workplan based on local feedback from engagement with local women and families, prioritising hearing the voices of minority groups and those who may face health inequalities."
Implementing the maternity & neonatal commitments of the NHS Long Term Plan: a Resource Pack for Local Maternity Systems

"It will need to be agreed by the Maternity Voices Partnership and ratified by the Local Maternity System, commissioner(s) and/or provider(s) so that there is a shared understanding of what the Maternity Voices Partnership will deliver."
Implementing Better Births: A Resource Pack for Local Maternity Systems

In order to comply with CNST Safety Action 7, Trusts are required to provide:
"The MVP's work programme, minutes of the MVP meeting which agreed it and minutes of the LMS board that ratified it."

An annual workplan template is available on the National Maternity Voices web site.

We'd like to link to some examples of annual workplans. Does your MVP have current examples that are working well in your locality? If you'd be happy for this to be shared here, please contribute via this form. Please say if you would prefer your resource to be anonymised. Thank you.

The MVP service user leadership team (e.g. Chair and Vice-chair) will facilitate the process of coproducing and then coordinating the delivery of the workplan. However, all members of the MVP will participate in this and successful delivery will depend on effective partnership working between all involved.

Priorities will be identified on an ongoing basis throughout the year and will take account of:

- Service user feedback
- Dashboards, themes from complaints, and other relevant data
- NHS priorities (provider, commissioner, Local Maternity System (LMS), regional and/or national)

It can be helpful to hold an Annual Development Day, perhaps with an external facilitator, to:

- review progress over the previous year
- agree priorities for the coming year
- determine membership of any sub-groups.

This gives the membership ownership of the workplan and provides a focus for the meetings ahead.

There will need to be a process for ensuring that the budget and the workplan are aligned so that the agreed outcomes are achievable.

The workplan of an established MVP is likely to include:

these activities:

- Gathering feedback
- Reviewing services
- Coproduction
- Representation
- Input to strategic decision-making

these areas of focus:

- Safety
- Choice & personalisation
- Equity
- Neonatal
- Perinatal mental health

these geographical/organisational tiers:

- Provider
- LMS/Integrated Care System
- Regional
- National

More information is given on each of these below.

4.4) Feedback

The evidence requirement for the Clinical Negligence Scheme for Trusts Safety Action 7 includes "Minutes of MVP meetings demonstrating how feedback is obtained."

An established Maternity Voices Partnership (MVP) will gather feedback from local service users through a range of methods, which could include:

- Online feedback form. See 3.13 above.
- Walk the Patch. This is where MVP service user members speak to current service users on a maternity ward or in a community setting to gather their direct feedback.
- Focus groups. Service user members of the MVP may hold focus groups to seek feedback on a particular issue or a particular aspect of the maternity service.
- Community outreach. MVP service user members may visit a particular community group to understand the concerns of that group of service users.
- Social media. The MVP's social media pages which can be a valuable source of feedback.
- Surveys. The MVP may choose to conduct a survey on a particular issue. This could be conducted through an online form, paper forms and/or interviews in order to maximise opportunities for a wide range of people to respond.
- Coffee mornings or other events for service users. These can be an opportunity for service users to come and meet MVP service user members, learn more about getting involved in the MVP and also to share their feedback about the service. Women may be invited to share what was good about their care, any suggestions for improvements, and to leave contact details if they would like to get more involved.

An established MVP will be seeking out diverse perspectives, prioritising those likely to experience poorer outcomes or who are not so frequently listened to. As well as seeking out specific voices, it may be helpful to gather demographic data on people who give feedback, so that you know who you're hearing from and can identify any gaps.

The MVP will have a systematic process for summarising themes from feedback and sharing this as appropriate. Some ways that feedback may be shared include:

- A feedback report presented at each MVP meeting
- Feedback sent as soon as possible after collection to the relevant service provider so that they can start to take any actions.
- Annual feedback summary prepared in order to feed into the following year's workplan.
- Feedback summaries prepared on request - e.g. for the maternity trust governance processes or patient experience committee.
- Summaries sent to the LMS for circulation to the LMS Board

You can request lanyards from National Maternity Voices for MVP members to wear when gathering feedback face-to-face.

4.5) Reviewing services

The Maternity Voices Partnership (MVP) will have a systematic approach to reviewing information about the service in order to identify what is going well and where there may be opportunities for improvement. The MVP will receive relevant data about the service which is likely to include:

- Maternity dashboard
- Care Quality Commission findings
- Clinical audit reports from provider trusts
- Themes of complaints
- Feedback gathered by the MVP, maternity providers, Healthwatch or any other local group.
- 15 Steps for Maternity reports (see section 3.13 above)

By reviewing a range of data sources, MVP members can together identify potential areas for improvement. These can be prioritised as topics for future MVP meetings and can inform the ongoing development of the MVP's work programme.

4.6) Coproduction

"Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation."
A Co-production Model: 5 values and 7 steps to make this happen in reality.

An established Maternity Voices Partnership (MVP) is likely to be involved in regular coproduction activities with local providers, including the maternity trust, and others such as the health visiting service, children's centres and specialist services such as perinatal mental health.

The evidence requirement for trusts to comply with the Clinical Negligence Scheme for Trusts Safety Action 7 includes "evidence of service developments resulting from coproduction between service users and staff."

Coproduction activities may be proposed by NHS provider members of the MVP as part of planned developments or by service user members in response to feedback or other data sources. Sometimes there can be different perceptions amongst MVP members about what constitutes true coproduction, so it may be helpful to agree within your MVP how you would determine that something had been effectively coproduced. This could be included in your terms of reference.

To help you incorporate coproduction methods within your MVP, you may like to explore these practical ideas for co-production developed by Coventry University's Co-creating Welfare project. You may also like to read about examples of MVP coproduction.

4.7) Representation

An established Maternity Voices Partnership (MVP) is likely to be providing service user representation at a range of commissioner and provider forums, as well as at Local Maternity System/Integrated Care System and possibly regional level. Local trust-level meetings might include:

- Labour ward forum
- Maternity guidelines/governance meetings
- Patient experience committee
- Workforce interview panels

These representative roles may be shared between service user members of the MVP. In this case, it may be necessary to arrange a process for ad hoc payments to service users. The NHS England and Improvement policy on remuneration and expenses for public voice partners can again provide a useful reference for determining which roles should attract involvement payments.

4.8) Input to strategic decision-making

"Service user participation and coproduction, via MVPs, should be at the centre of all planning."
Transforming perinatal safety: A resource pack to support improvement in maternity and neonatal services in England.

An established Maternity Voices Partnership (MVP) will be involved at a strategic level in planning and decision-making.

The National Maternity Self-assessment Tool requires evidence of: "Maternity strategy, vision and values that have been co-produced and developed by and in collaboration with MVP, service users and all staff groups."

Insight from MVP feedback gathering and review of services may be presented at

provider and LMS boards to inform strategic decision-making.

4.9) Safety

"both board and frontline safety champions should work with the MVP user chair to ensure co-production is embedded in all safety improvement work."
Maternity and Neonatal Safety Champions Toolkit September 2020

The role of Maternity Voices Partnerships (MVPs) in relation to improving safety in maternity services is set out in:

Maternity and Neonatal Safety Champions Toolkit September 2020

and

Transforming perinatal safety: A resource pack to support improvement in maternity and neonatal services in England.

4.10) Choice & personalisation

Personalised care and support planning guidance: Guidance for local maternity systems sets an expectation that Maternity Voices Partnerships (MVPs) will be involved in this work. It states: "LMSs should work with MVPs from the outset in co-producing the PCSP (Personalised Care and Support Planning) process and paperwork, to ensure it will meet women's needs." and "MVPs could also be involved in staff training and culture change work to ensure that the women's voice is central."

4.11) Equity

Equity and equality: Guidance for local maternity systems states that:

"A good equity and equality action plan will include: roles and responsibilities: including of the MVP(s)"

and requests Local Maternity Systems to:

"coproduce interventions to improve equity for mothers, babies and race equality for staff."

It also addresses the MVP membership specifically, asking LMSs to: "ensure the MVPs in your LMS reflect the ethnic diversity of the local population". The indicator given for this is: "% of parent members of the MVP who are from ethnic minority groups." Reporting on this therefore requires data collection by MVPs.

4.12) Neonatal

"Local (ODN level) plans for implementing the NCCR should be co-produced with service users who can bring their experience of using services. Maternity Voice Partnerships are service user led groups established in every LMS which have

experience in co-production and can work alongside neonatal services as appropriate."
Developing plans to implement the recommendations of the Neonatal Critical Care Review: A checklist for Neonatal Operational Delivery Networks, Local Maternity Systems and Regional Teams.

MVPs may work closely with neonatal Parent Advisory Groups which operate on a wider geographical area corresponding to the NHS neonatal Operational Delivery Networks.

4.13) Perinatal mental health

Transforming perinatal safety: A resource pack to support improvement in maternity and neonatal services in England states that Maternity Voices Partnerships should:
"Work with LMSs and local teams to ensure staff are aware of and working in partnership with specialist perinatal mental health services"

4.14) Working at provider-level

The essence of a Maternity Voices Partnership (MVP) is bringing together staff and service users at a local level where they can coproduce practical changes based on feedback from local women, birthing people and families. The largest part of an MVP's work is therefore likely to take place at provider level. Each local provider - e.g. obstetric unit, midwifery-led unit, neonatal service, health visiting service, children's centres, perinatal mental health service - will have at least one link person who attends MVP meetings and liaises with the service user leadership team (e.g. Chair and Vice-chair). This person can ensure that relevant information is provided to the MVP, help to identify opportunities for coproduction with the MVP and generally act as a champion for coproduction and the MVP within their service.

4.15) Working with the Local Maternity System (LMS)

"The strategic partnership board of the Local Maternity System should include Maternity Voices Partnership representation."
Implementing Better Births: A Resource Pack for Local Maternity Systems

"We consider it imperative that family voices are strongly and effectively represented in each LMS through the Maternity Voices Partnerships."
Ockenden Report: Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust
In most areas, the LMS will cover a wider geographical area than the maternity service providers and so there are likely to be multiple Maternity Voices Partnerships within the LMS area. In some LMSs, all the local MVP chairs attend LMS board meetings. In other areas, one or two MVP chairs attend the meetings to represent the group of MVP chairs. Which of these options is selected may depend on:

- The number of MVPs in the LMS (with a larger number it may feel impractical to have all chairs attending)

- How many other attendees are there at the LMS board meetings (e.g. do all Heads of Midwifery (HoMs) attend, or does one person represent the group of HoMs)?
- How wide is the geographical area covered by the LMS (i.e. is it difficult for MVP chairs to get to the meetings?)
- How well resourced are the MVPs? (a better-resourced MVP is more likely to have capacity for direct involvement at LMS level)

Some MVP chairs may delegate responsibility for attending LMS meetings to their vice-chair or another member of the service user leadership team. It could, for example, be a role that suits an experienced service user rep or former MVP chair.

The LMS may also invite the group of MVPs to nominate chairs or service user members to attend LMS workstream meetings.

However the representation of MVPs is arranged, what matters is that all MVP chairs are kept up-to-date about the work of the LMS and that they all know how to feed in or to get issues addressed at LMS level.

Some ways the LMS can facilitate MVP involvement include:

- a member of LMS staff attending MVP meetings to hear the issues being discussed and make connections with any LMS work
- for the first step in any project to be asking service users' views through the MVPs
- The LMS chair to offer pre-meetings with service user chairs/reps if desired prior to formal meetings in order to answer any questions about the agenda.
- Be flexible about how service users feed in and ask local MVP chairs what will work best for them.

MVP chairs across the Local Maternity System will work closely together to coordinate input to the LMS and to collaborate on shared issues. This may be formally coordinated by the LMS link person for the MVPs.

The LMS generally agrees the funding for MVP involvement in LMS work. The LMS and commissioner will need to work together to ensure that the overall funding is sufficient for the amount of work being expected of MVP service user leadership teams (e.g. Chairs and Vice-chairs) and that the process for service users to be remunerated and to claim expenses is straightforward.

4.16) Regional involvement

NHS England and Improvement Regional Service User Voice Reps are the main contact point between the Maternity Voices Partnership (MVP) service user leadership team (e.g. Chair and Vice-chair) and the NHS regional team/Regional Maternity Transformation Board. They facilitate networking of MVP chairs and support the development of MVPs across the region. Some regions also have a multidisciplinary MVP strategic group and/or an annual regional development day.

The NHS regional team will need to satisfy itself that MVP involvement in regional-level work is resourced either directly from the NHS regional team's budget or by explicit inclusion in the MVPs local funding agreement.

Senior staff members of the MVP will have direct links to the regional chief midwife and lead obstetrician and can help to ensure they are informed about MVP priorities.

"Perinatal clinical quality is routinely reviewed at a regional level committee, ensuring that: There is a formal process for gathering insights from multiple partners including the LMS, neonatal ODNs, maternity clinical networks, Maternity Voices Partnerships chairs, CQC, NHS Resolution, HSIB, RCM, RCOG and where relevant, feedback from HEE, deaneries and coroners, providing the regional model with a helicopter view of perinatal clinical quality"
Implementing a revised perinatal quality surveillance model

4.17) National involvement

As mentioned in section 3.5 above, there are various online forums where Maternity Voices Partnership (MVP) members can network with others across England. These forums are rich sources of experience and ideas and MVP chairs in particular will benefit from participating in these. There are also national online and occasional face-to-face events, for example run by National Maternity Voices or NHS England and Improvement, which it may be helpful for members of the service user leadership team (e.g. Chair and Vice-chair) to attend. It will be helpful to include some national activity in the MVP's workplan to ensure that the service user leadership team can be remunerated for this.

4.18) Communication

"Maternity Voices Partnerships will want to promote themselves widely"
Implementing Better Births: A Resource Pack for Local Maternity Systems

An established Maternity Voices Partnership (MVP) will be using multiple communication channels in order to ensure that a wide range of women, birthing people and families are able to get involved. These could include:

- Social media
- Printed leaflets (see flyer template and example flyer from National Maternity Voices)
- Word of mouth (staff and service user members telling others about the MVP)
- Community outreach - e.g. attending events
- Web site
- Newsletter (see examples of MVP newsletters)
- Media engagement (especially targeted at any minority groups within the community)
- Notice boards, e.g. in the hospital maternity wards or children's centres
- Translated materials

- Videos
- Online Q&As or live chats
- Communication to staff, e.g. through newsletters or notice boards.

Communication managers in provider and commissioner organisations may be able to help with MVP communication and advise on making communication accessible.

Using plain English and avoiding jargon or unnecessarily technical terms can help to ensure MVP communication is accessible. There will sometimes be different views amongst MVP members about what language is most respectful or inclusive. Discussion in an MVP meeting can help to understand these different perspectives and there may be times when it's helpful to seek views from service users in the community or from specific community groups.

We'd like to link to some examples of communication and outreach. Does your MVP have current examples that are working well in your locality? If you'd be happy for this to be shared here, please contribute via this form. Please say if you would prefer your resource to be anonymised. Thank you.

4.19) Governance

An established Maternity Voices Partnership (MVP) will have terms of reference that have been ratified and will publish an Annual Report. This is set out in Implementing Better Births: A Resource Pack for Local Maternity Systems as follows:

"The governance should be set out in terms of reference which are agreed by the Maternity Voices Partnership and ratified by the Local Maternity System Board, and/or by relevant commissioner(s) and provider(s), so that there is a shared understanding of the role the partnership will play."

"Each Maternity Voices Partnership should be linked to a decision-making body, to which it is accountable for the delivery of its objectives (and, where appropriate, for the spending of its budget). This may be the strategic partnership board of the Local Maternity System, or a commissioner or provider board or sub-committee. The chair should have a clearly defined mechanism for reporting to and influencing the decisions of the board."

"The chair should produce an annual report which is submitted to the board and published. This could cover how it has achieved its objectives (and in particular how it has influenced changes to services) and what the priorities for the coming year will be."

Having terms of reference for your MVP is one of the evidence requirements for maternity provider trusts to comply with NHS Resolution's Clinical Negligence Scheme for Trusts Maternity Incentive Scheme.

Useful resources:

- MVP annual report template (DOCX)
- examples of MVP annual reports

The MVP needs to ensure it handles all personal data legally and sensitively. Guidance on General Data Protection Regulation (GDPR) Compliance is available on the National Maternity Voices web site.

It may be helpful to agree a confidentiality policy and to ensure that all members, staff and volunteers are aware of how this is relevant to their role.

There will need to be a process for agreeing which members of the service user leadership team (e.g. Chair and Vice-chair) require Disclosure and Barring Service (DBS) checks and to ensure they can access these. The volunteer services team in the commissioner or provider organisation should be able to help with this.

4.20) **Budget**

As the work of the Maternity Voices Partnership (MVP) develops, it will be important to keep the budget and workload under review and to ensure that these are aligned. It is reasonable to expect that the budget will increase as the MVP becomes more established and takes on additional responsibilities and there needs to be a process for reviewing this. It will be helpful to design your planning and budgeting cycle so that the work planning process takes place in time to feed into budget discussions for the coming year.

It is vital that the MVP's budget is agreed well in advance of the start of the financial year, so that members of the service user leadership team (e.g. Chair and Vice-chair) have clarity about what they can expect in terms of working hours and payment. Any uncertainty or hiatus in payments will make it very difficult for those on low incomes to stay involved.

It is not appropriate for the chair or other MVP service user officers to be expected to do significant amounts of voluntary work as part of their role. The evidence requirement for Clinical Negligence Scheme for Trusts Safety Action 7 was strengthened for 21/22 and now includes: "Written confirmation from the service user chair that they are being remunerated as agreed and that this remuneration reflects the time commitment and requirements of the role given the agreed work programme."

It is common for new requests to be made of MVPs mid-year, for example in response to unforeseen events or new national/regional initiatives. There needs to be a process for ensuring that sufficient funding for any additional asks is agreed efficiently.

5) Pioneering

Since Maternity Voices Partnerships (MVPs) were established in 2017, they have continued to evolve. Sometimes this is in response to events and new requests; often it is down to the drive and imagination of MVP members and the process of working together to resolve local issues and act on local feedback. Getting the basics in place as described in earlier sections of this toolkit will provide the conditions for your members - staff and service users - to innovate, to enable others to learn from your work, and to influence the future of coproduction in maternity services. How you choose to develop your MVP will depend on the particular community that you serve and the individuals who step forward to get involved. This section of the toolkit is not therefore prescriptive or to be expected of all MVPs but aims to give some examples of ways that MVPs have already gone, or may in the future decide to go, beyond the standard expectation.

5.1) We said we did - helping to do the work

While it can be tempting to think of NHS staff as “the professionals” in a Maternity Voices Partnership (MVP) context, in fact service user members of the MVP may be equally well-qualified professionals in another context and will be bringing a wide range of valuable experience and skills to the partnership. Service users will often step forward to do more than the standard expectation of their roles.

One MVP chair described a group of service users stepping up in this way: “Sometimes... helping them to DO the work.. producing the leaflets.. helps to show what we mean by "this isn't working"... (We) have truly CO produced (this resource) and YES it was designed by service user reps, YES they put it together, but then the trust took it and had it developed professionally and it’s looking wonderful. Sometimes we have to do more than support a conversation to be deemed value for money and develop those relationships.”

5.2) Supporting research

Research teams may approach Maternity Voices Partnerships to ask for service user input. This goes beyond the standard expectation of an MVP. However, if the MVP team has capacity, supporting research may be considered consistent with the MVP’s purpose, ethos and values, as an extension of the involvement of service users at all stages of decision-making in relation to maternity services. It may also be rewarding for local service users to participate in and a valuable service in terms of furthering knowledge and understanding in maternity care.

5.3) Diversity champion roles

Building the diversity and accessibility of the Maternity Voices Partnership (MVP) is unlikely to ever be a finished project, and is probably better described as a way of working or a direction of travel as there will always be more that you can do to seek out diverse voices in your community and to find ways of listening to them better. One approach to this may be to identify champions or ambassadors from particular

communities who may be able to make links between the MVP and those communities. An example of this way of working is participatory appraisal, which you can learn more about in this National Maternity Voices webinar.

5.4) Neonatal voices

"In some areas, such as Lincolnshire, the Maternity Voices Partnership has developed its own Neonatal Voices group specifically for service users, staff and commissioners to coproduce neonatal services together. It should be noted that this is not to be expected of all MVPs."
Developing plans to implement the recommendations of the Neonatal Critical Care Review: A checklist for Neonatal Operational Delivery Networks, Local Maternity Systems and Regional Teams

Some Maternity Voices Partnerships (MVPs) have chosen to go beyond the inclusion of neonatal services in their workplan and have set up a separate Neonatal Voices group. Examples of this include:

- Lincolnshire Maternity Voices
- Rosie Maternity & Neonatal Voices

5.5) Focusing on particular community groups

Your Maternity Voices Partnership (MVP) may decide to further develop outreach to a particular group who may otherwise be underrepresented or experience poorer outcomes. Some examples were featured at the 2021 Maternity and Neonatal Service User Voice Summit, co-hosted by NHS England and Improvement and National Maternity Voices (NMV). You can listen to the following presentations on the NMV web site:

- MVP projects to communicate with and better support Black and Asian birthing communities
- Lincolnshire Military Voices: an example of understanding local population
- Involving Dads and Partners in the work of MVPs

Your MVP may also link to specific awareness days or months and arrange communication or events to tie in e.g. Baby Loss Awareness Week, Maternal Mental Health Awareness Week or Black History Month. Providers will often be focusing on these events so can help link the MVP to useful content.

5.6) Next steps for the service user leadership team (e.g. Chair and Vice-chair)

The opportunities for members of the service user leadership team to develop their experience and skills are growing and diversifying. Some may choose to take up regional or national Service User Voice roles with NHS England and Improvement or other public sector bodies. All independent lay Maternity Voices Partnership (MVP) Chairs are eligible to become members of the National Maternity Voices (NMV)

Community Interest Company to have a formal vote in NMV affairs. They can also choose to stand for election to NMV's Council - a group of current and former MVP chairs set up to ensure that NMV's work is informed by the needs of MVPs. Others may join the NMV workforce.