



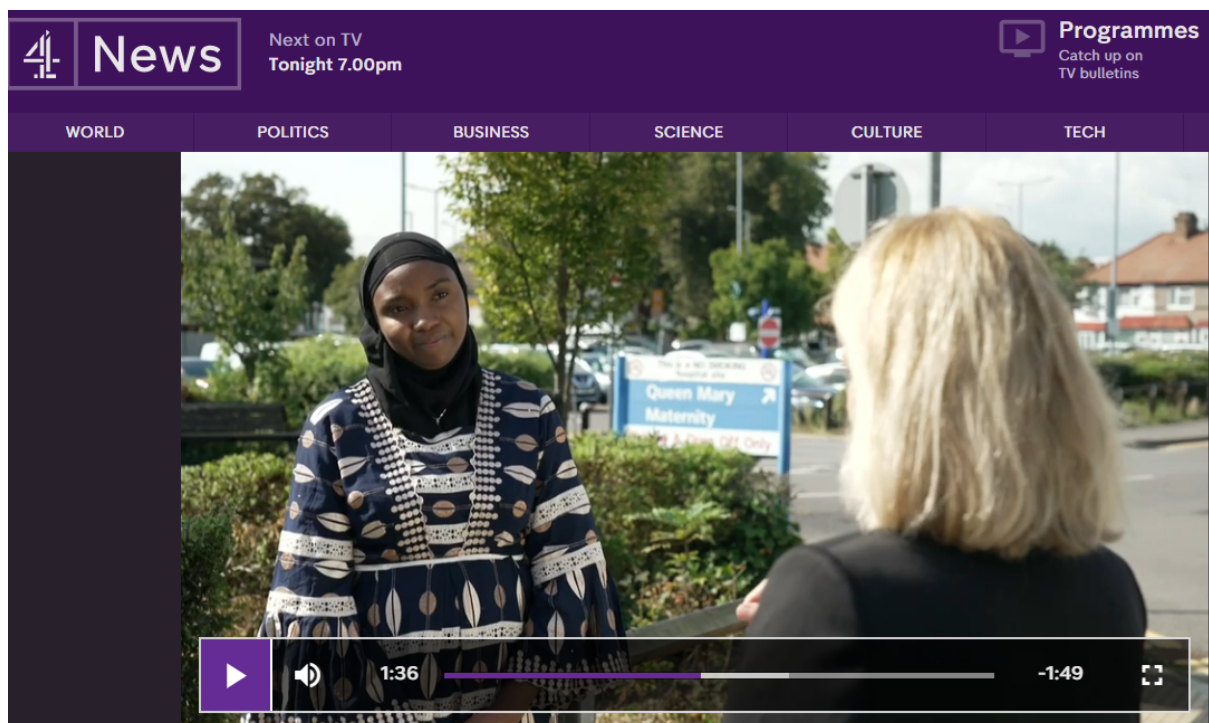
NATIONAL

# Maternity Voices

Networking Maternity Voices Partnerships in England

## National Maternity Voices CIC

Report for April 2021 - March 2022



21 Sep 2021

[MVPs on Channel 4 News, Zenab: 'involve us at every level'](#)

 @NationalMaternityVoices

 @NatMatVoicesOrg

 [info@nationalmaternityvoices.org.uk](mailto:info@nationalmaternityvoices.org.uk)

 [www.nationalmaternityvoices.org.uk](http://www.nationalmaternityvoices.org.uk)

Welcome to National Maternity Voices' (NMV's) Annual Report for 2021-22. This is a chance to review key events in the year:

- Producing an updated toolkit for MVPs with a multidisciplinary steering group.
- Maintaining our core activity of connecting and providing information about MVPs despite a hiatus in funding. Then securing a contract for MVP support by competitive tender.
- Reinstating monthly video conferences for MVP chairs to provide national updates, spread good practice and discuss issues.
- Recruiting new trainers and starting to provide pay per place training sessions for MVP Chairs.
- MVP chairs being increasingly valued as speakers and consultants.
- Working with colleagues in the VCSE sector on health inequalities as part of the maternity consortium of the Health and Wellbeing Alliance.

Louise Griew

Managing Director, National Maternity Voices, November 2022

### **Message from Chair of Council**

This year, just like last year, we have achieved a lot together:

- Our Council meetings have continued to be highly stimulating. I truly believe that these discussions have allowed us to learn a great deal from each other.
- I have actively attended MTP Stakeholder Council and NHS Citizens Advisory Group meetings; and spoke about MVPs on Channel 4 (September 2021) and at the University of Oxford's UKMidSS Study Day (December 2021).
- Ensuring that the voices of service users are heard and that the needs of the MVP community are met, have always been my main preoccupations, when taking part in these events.
- Co-chairing the Toolkit Review Steering Group and collaborating with you to complete and launch the Toolkit, under Hannah Lynes' leadership, has also been really rewarding.
- It has also been a pleasure taking part in discussions regarding the future of NMV, as well as chairing last year's AGM.

As the outgoing Chair of Council, I would like to thank you all for the collaborative opportunity. I wish you all (including the next Chair of Council) the best!

Zenab Barry

Chair of Council , National Maternity Voices

## **Contents**

Summary and Introduction

What is National Maternity Voices?

MVP Toolkit

Networking & Supporting MVPs

Mentoring

Working with National Organisations

Training

Consultancy

Health & Wellbeing Alliance

Funding + Accounts

## Appendices:

1. List of Workforce + Council
2. Letter to HSCC Expert Panel
3. Glossary (Explanation of Terms)

## What is National Maternity Voices?

We are the association of Maternity Voices Partnership<sup>1</sup> (MVP) chairs in England. In legal terms we are a community interest company (CIC) with the purpose of championing the voices of women and families in the development of maternity services in England. We have a small workforce drawn from the MVP community.

All current independent lay chairs of MVPs are invited to become members of the CIC to have a say in the running of National Maternity Voices. Nine members served on our advisory council. Information on the structure of National Maternity Voices CIC can be found on our [website](#).

The main workforce of NMV this year was Louise as Managing Director, Hannah as MVP Support Director, and Mo as Communications Outreach and Inclusion Director. Sandra, a founding member of NMV and Emma are our other directors. Zenab Barry was Chair of Council.

A full list of our workforce and council is given in Appendix 1. We are hugely grateful to them for their insight and passion.

We also value the members of the Facebook groups who can be relied on to ask interesting questions, comment, support each other and share good practice every day.

Our key contacts at NHS England were Lisa Ramsey, Service User Voice Policy Manager and Fiona Ellis, Programme Manager (Choice and Personalised Care) for the Maternity Transformation Programme (MTP).

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

## MVP Toolkit

NMV was commissioned by the maternity transformation team to update the resources and materials on our web site, known together as the [Toolkit for MVPs](#). The work started with a period of gathering suggestions and comments in early 2021 and a review and reorganisation of the website resources. A multidisciplinary steering group co-chaired by Zenab Barry and a member of staff met in July and again in March. In between members of the group and others worked in small groups to explore key topics. Hannah reviewed all the existing guidance that related to MVPs, and put relevant recommendations and other statements in one document which is available on the NHS Futures co-production workspace [here](#). She then drafted the new Toolkit.

Comments were invited on the revised Toolkit in February and the final version was published at the end of March with a [launch event in April](#). We are very grateful to Steph Gray for his ideas and support with developing the web presentation of the toolkit.

*'We're going to use this very much to support conversations about resources and funding for our local MVPs'.* (Local maternity commissioner)

## Networking & Supporting MVPs

There was an unfortunate hiatus in funding for our support of MVPs which was only resolved in November. Nonetheless we largely maintained activity on social media and updates to the MVP map/database which enables us to email MVPs. We produced newsletters in June and January and hosted monthly 'cuppa & chat' on Zoom for MVP chairs, and a specific session for new chairs in June and our AGM in December.

NMV is active on Facebook (3000 followers) and Twitter (4000+ followers). We encouraged chairs to join the Maternity Transformation hub on NHS futures and the Chairs Facebook group. There are 3 private Facebook groups:-

The original [chairs & reps group](#) for service user representatives around the UK (485 members, 1 post a day: Discussion of experience of care, policy, sharing/ asking about MVP work, national initiatives and research)

The [National Maternity Voices multidisciplinary group](#) which includes NHS staff, VCSE members of MVPs and researchers (805 members, 3 posts a week: sharing MVP work & asking for tips, research requests, involvement opportunities)

We set up the [MVP chairs group](#) in April 2021 (England only, 95 members, 3 posts a week, requests 'has anyone...', sharing of recent work, discussion of MVP budgets.. ) This has gradually become a valued space for conversation and peer support between MVP chairs.

We collaborated with NHS England staff on 1 hour video calls for MVP chairs in January, February and March. All the calls were recorded and made available to MVP chairs who could not attend. Topics included personalised care, work on equity plans, draft guidance on public involvement and how feedback can be effectively turned into action. One chair commented '*I found the whole thing really useful*'

Work on the website included adding [MVP Newsletters](#) to 'MVPs in action' on the website, restyling the template & revamping the training pages.

The Nova Network is a place of support and information for MVP chairs and service user reps who are Black, Asian and from other minority ethnic groups. It is primarily a WhatsApp peer support group with about 4 Zoom meetings a year. NMV support included promoting the group, providing funding for the facilitation of the network and providing mentoring.

## Mentoring

The maternity service user representative community have always offered informal voluntary peer mentoring to each other and this continues. This has been supplemented since 2020 by NHSE trained [mentors](#) who are experienced chairs and service user representatives. The mentor coordinator connects mentees with mentors. Mentees are usually offered a series of 4 sessions but there have been some with fewer and some with more extensive input depending on needs.

8 people finished with their mentor during the year and, in March, 6 were ongoing and 4 awaiting a match. A speed mentoring evening was trialled in November and February alongside cuppa & chat with one mentee on each occasion. 6 Mentees responded to a survey of which 5 found mentoring extremely helpful.

Comments included: *‘...another thing to add in ....but it was so worth it.’ ‘.. each session I left with tangible action points.’ ‘.. given me confidence to trust my intuition.’ ‘.. a compassionate and wise ear. ‘*

## **Working with National Organisations**

MVPs were represented on NHS England’s Maternity Transformation Stakeholder Council by Zenab (Elected Chair of NMV Council). We responded to the Health and Social Care committees expert panel evaluating progress against maternity commitments emphasising the potential value of MVPs when resourced. (Letter in appendix 2)

NMV discussed the implementation of CNST Safety Action 7 with NHSE/I and NHS Resolution.<sup>2</sup> We created a record of those trusts that did not appear to be compliant with Safety Action 7 in order to inform future discussions around verification.

Several chairs contributed to the CQC project to support inspectors working with MVPs. Zenab was on Channel 4 news talking about MVPs when the CQC published their report on Safety, Equity and Engagement in Maternity Services. You can read our response [here](#).

We met with Donna Ockenden to discuss the way MVPs can enable service user voices to be heard and facilitate collaboration with staff.

Hannah and Louise met with SQW in November and March to give an NMV perspective on the MVP Function and Funding review. We encouraged SQW to talk to MVP chairs directly and provided them with all the relevant material we could including our survey of MVP funding undertaken in April 2021. The funding review was discussed in our February call for MVP chairs and following this the timescale for the project was extended to enable more input from chairs and others.

2. NHS Resolution provides the ‘Clinical Negligence Scheme for Trusts’ insurance scheme for medical claims. Maternity claims are over £5 billion a year. Year 3 of the scheme finished in June 2021. Safety Action 7 requires evidence that trusts are working with service users.

## **Training**

We recruited three new NMV trainers: Caroline Zwierzchowska-Dod, Mo Ade and Omar Campbell are all experienced trainers and current MVP chairs. Laura James left the training coordinator role at the end of January. Caroline was lead trainer and Omar took over enquiries. All training this year was online. 6 hour multidisciplinary trainings were delivered in May & October, and 3 half day multidisciplinary trainings in February. There were two bespoke chair trainings in April and January and 4 open chair trainings in October, November, January and March with 31 attendees in total.

Feedback included: *“I have come away with a focused list of priorities, and the confidence to action them” “The training answered lots of questions I didn’t even know I had!”*

## **Consultancy**

In May Cathy Brewster organised MVP chair speakers for two webinars on good practice in MVPs for CQC inspectors. Mo spoke at a training session on maternity safety in October. Zenab spoke at the UKMidSS conference in December. Emma ran a project for NHSE/I prevention which explored service users' views of perinatal weight management. Louise undertook a short review of the operation of MVPs in South East London. In March NMV began a project with the West Midlands Academic Health Science Network to collect service user experiences of smoking cessation services from communities with higher smoking rates.

## **Health & Wellbeing Alliance**

The Health and Wellbeing Alliance is a three year partnership between third sector organisations and the national health and care system with the aim of addressing health disparities and improving health services. NMV is part of the Maternity Consortium led by Tommy's and Sands, with the Pregnancy and Baby Charities Network (PBCN) and community organisations: Five X More CIC, Muslim Women's Network UK and LGBT Mummies Tribe. We will work together to reduce the maternity and neonatal health inequalities through the involvement of service user voices in policy and programme developments.

In this first year of the alliance we undertook a project to explore the experiences of people at risk of poorer maternity outcomes. MVP findings helped identify barriers to access to maternity services. We also shared insights from MVP chairs and service user reps into the experiences of service users in relation to e.g. covid vaccinations. We set up a service user register for those interested in representation opportunities. We disseminated information about the work of HWA on social media and on [NHS Futures](#).

## Funding & Accounts

<b>Income</b>	<b>2021/22</b>	<b>2020/21</b>
NHS England		
MVP support	£25,125	£26,000
Mentoring (from 19/20)	£ 4,500	£ 4,985
Toolkit project	£ 8,500	£ 1,500
Training	£ 9,750	£ 6,165
Consultancy, logos, lanyards	£ 9,218	£ 4,100
Health & Wellbeing Alliance	£11,250	£ -
<b>Total</b>	<b>£68,343</b>	<b>£42,750</b>
<b>Expenditure</b>		
Remuneration	£65,857	£41,574
Materials/service provision/travel	£ 816	£ 250
Organisation Expenses	£ 1,679	£ 1,221
<b>Total</b>	<b>£68,352</b>	<b>£43,045</b>
Gross profit (Loss)	(£ 9)	(£ 295)
<b>Net Surplus (Loss)</b>	<b>(£ 9)</b>	<b>(£ 295)</b>
Total directors pay	£50,376	£33,279

The main members of the workforce are listed in Appendix 1. 38 days of director time was unpaid. Council members contributed around 20 days voluntarily.

Approx £3000 worth of pro bono website development was provided by Steph Gray.

<b>Balance sheet at 31st March</b>	<b>2021/22</b>	<b>2020/21</b>
Assets at bank (+advance payments)	£20,206	£16,716
Debtors	£ 2,679	£ 4,850
Creditors (due within 1 year)	£ 3,435	£ 6,145
Net Current Assets	£19,450	£15,421
Deferred Income & accountancy	£19,690	£15,652
<b>Net assets</b>	<b>(£ 240)</b>	<b>(£ 231)</b>

Notes: The creditors shown are claims from the workforce. Invoices issued before 31/3 for sums paid and work to be undertaken after 31/3 are not shown in these accounts.

A total of £19,150 of income was deferred for work in 2022/23: £5,500 for MVP support including mentoring (the contract ran to early May 2022), £2,000 for training, £7,900 Smoke Free Babies project, £3,750 Health & Wellbeing Alliance.

## Appendix 1: Workforce & Council

### Workforce

**Louise Griew** – Managing Director: Chair South Warwickshire MSLC 2009-2013, NMV administrator 2018-2020

**Hannah Lynes** – MVP Support Director: Chair of Bromley MVP 2017-2019, Acting Chair of National Maternity Voices 2019-2020

**Mo Ade** – Communications, Outreach & Inclusion Director & Trainer: Chair Ashford & St. Peter's MVP, National SUV rep

**Emma Taylor** - Director: Chair Reading MVP, South East Regional SUV rep

**Sandra Guise** - Director: Founder member of NMV, Chair West Cumbria MVP & Carlisle & Eden MVP, Co-chair Northeast & North Cumbria Maternity Eng.Group

**Laura James** – Training Lead (to January 2022): Chair Bromley MVP 2014-2017, Acting Chair of NMV 2018-19, Co-Chair of London MVP strategic group 2018-2020

**Caroline Zwierchowska-Dod**, Lead Trainer February- August 2022, Chair Cambridgeshire MVP

**Omar Campbell** - Trainer & Training co-ordinator from January 2022, Chair Kings MVP

**Charlie Priddy** – Finance Officer (to July 2021): Chair Hywel Dda MVP

**Rae Lowe** - Finance Officer (from July 2021): Chair Northumbria MVP

**Katie Good** – Secretary (to January 2022): Co-Chair Peterborough & Hinchingsbrooke MVP

**Toyin Adeyinka\*** – [Nova Network](#) Coordinator: Chair Lewisham MVP

Several other people were remunerated for project work.

### Council

**Zenab Barry** – Chair of Council: Co-Chair Chelsea & Westminster MVP

**Cathy Brewster**: Founder member of NMV, Greater Manchester & Eastern Cheshire MVP LMS board user rep, National SUV rep.

**Nicki Burnett**: (to June 2022) Chair Kernow MVP ( Cornwall & Isles of Scilly)

**Michele Misgalla**: (to January 2022) Co-chair Kings MVP (South London)

**Nadine Otting**: (to November 2021) Chair Nottingham and Nottinghamshire MVP

**Amanda Pike**: Chair Lincolnshire MVP

**Suzanne Jarrett**: Chair Brighton and Hove MVP 2013-2020, Lay Member South West Maternity Transformation Project Board

**Ruth Prentice**: (to December 2021) Chair Northern Lincolnshire MVP, Humber, Coast and Vale LMS board service user rep

**Natalie Whyte**: Co-chair Leicester, Leicestershire & Rutland MVP

## Appendix 2: Letter to HSCC Expert Panel (10/5/21)



Email: [info@nationalmaternityvoices.org.uk](mailto:info@nationalmaternityvoices.org.uk)

Web: [www.nationalmaternityvoices.org.uk](http://www.nationalmaternityvoices.org.uk)

### **About National Maternity Voices:**

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

National Maternity Voices is the association of MVP chairs which connects, supports and represents MVPs in England. We champion involving service users in developing maternity services. Our purpose and values can be found [here](#).

### **Response to the Panel:**

Thank you for inviting us to comment on the Government's maternity commitments. We are writing to set out the role that Maternity Voices Partnerships can play in supporting the delivery of these commitments and to make some suggestions about how this potential could be more fully realised. Due to resource constraints, we are not in a position to comment on the wider questions of how maternity transformation is being experienced locally, although we know that Maternity Voices Partnership (MVP) chairs would be a rich source of insight on this.

Maternity Voices Partnerships bring together service users, NHS staff from various disciplines and community representatives. Service user representatives collect feedback from their peers. The provider trust collects feedback and data. The MVP can then co-review all of this information to provide a rich holistic picture of the local maternity and neonatal services. The staff and service users collaborate to coproduce improvements in care including the implementation of national commitments.

The Maternity Transformation Programme has encouraged the pioneering work of MVPs to make diverse service users influential in the development of local services. As a result the scope of MVPs has grown considerably. The funding for local MVPs is currently variable and generally insufficient for the work. Hence in most places, service users are not as influential as they could be.

We offer some thoughts in respect of the work of MVPs in relation to each commitment.

1. It is important to have a local overview of the overall picture of care. Most of the issues that cause serious incidents e.g. poor communication between staff or between staff and service users, lack of attention to/understanding of a woman's history, overworked staff...have noticeable negative effects on many more service users. MVPs provide an opportunity to identify issues at a relatively early stage and have been recognised as having potential to improve safety by both the Morecambe Bay report and the Ockenden Interim report. Strong, well-resourced local MVPs are key to future safety improvements and without them improvement initiatives may be ineffective.
2. Continuity of carer has been a frequent agenda item in Maternity Voices Partnerships in the last 2 years. It is a commitment with the potential to revolutionise families' experience of maternity services. The extent to which service users have shaped how it is implemented varies widely. We believe that to ensure the policy improves equity in the service it is vital that MVPs are resourced to reach out to diverse families particularly those from ethnic minorities and those in disadvantaged areas.
3. Having sufficient staff is crucial to good care. MVPs can monitor the frequency of reports that staff seem too busy to attend to women's needs and bring attention to staffing levels when relevant.
4. A personalised care plan is an experience, not a tick in a box or some words on a piece of paper or a computer system. In depth feedback from a wide range of service users about recent experiences is the only way to assess the success or otherwise of this policy. Multidisciplinary discussion of the local picture within an MVP can facilitate meaningful improvement in implementation of personalised care.

The potential for service users to positively influence maternity and neonatal care through Maternity Voices Partnerships is huge and only just starting to be realised. With additional funding MVPs could speed up improvements in care for service users.

In addition, if resourced to do so, National Maternity Voices network of independent lay MVP chairs could provide valuable national insight into how policy is being implemented in local maternity units.

Best wishes with your evaluation,

Louise Griew,

Managing Director, National Maternity Voices CIC

Email: [info@nationalmaternityvoices.org.uk](mailto:info@nationalmaternityvoices.org.uk)

## Appendix 3: Glossary (Explanation of Terms)

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

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

CNST - Clinical Negligence Scheme for Trusts - their insurance provided by NHS Resolution (Formerly NHSLA). Trusts get a rebate if they meet all 10 of the 'safety actions' of the [Maternity Incentive Scheme](#).

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

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

Maternity Transformation Programme (MTP) - a change programme led by NHS England, working through Local Maternity Systems, which aims to achieve the vision set out in Better Births. Also used to denote the team at NHSE/I who support this.

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

NHS Region - The NHS in England has 7 Regions which are North East and Yorkshire, North West, Midlands, East, London, South East and South West. Each has a regional maternity team who liaise with providers and clinical networks in their Region and with the national maternity team. There is also an SUV rep in each region who links up the MVPs in that region.

NHSE/I - NHS England and NHS Improvement – these two national organisations merged to become one. The combined organisation is known in 2022 as NHS England (NHSE)

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

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

Safety Action 7: specifies aspects of working with service users, including that MVP chairs should be remunerated.

SUV rep - Service user voice rep - a representative of service users on a board, working group or committee