



## Maternity Voices Partnership Conflict Resolution including concerns about the capability or conduct of the independent lay Chair

This briefing is intended to help with addressing any strained working relationships between the MVP Chair and other members of the MVP. It applies where the Chair has been appointed to a local public service role under the [national model Terms of Reference for an MVP](#).

### When Might Problems Occur?

In most cases and most of the time, the members of an MVP get on well and are comfortable with how everyone interacts; the activities of the group run well.

Sometimes there may be tension or disagreement between the MVP Chair and other service user or NHS staff members of the MVP. This could occur for a variety of reasons including but not limited to:

- persistent criticism of the maternity service that is well-founded and evidenced in feedback from local woman and families
- misunderstandings around the role of the MVP e.g. staff thinking that the role of the MVP is to communicate 'key messages' for the NHS, rather than to co-monitor the service, lead on local outreach and co-design work in maternity, and advise the maternity commissioners
- differences of opinion, ethos or clash of personalities between MVP members (staff or service user reps)
- members of the group not acting in accordance with [MVP values](#), including the [Nolan Principles](#),
- the MVP Chair not fulfilling their responsibilities as set out in the local MVP Terms of Reference and Chair role description.
- the Chair role description exceeding in scope and responsibility what can reasonably be accomplished in the hours specified for the role and reflected in the chair's remuneration

### Where should I begin?

Whether you are an MVP Chair or another member/local stakeholder of the MVP, there are some key documents and resources we suggest you have to hand depending on the situation:

- the Nolan Principles of conduct in public life
- the local MVP Terms of Reference document
- the notes on maintaining the independence of MVPs that are included at the end of the national model Terms of Reference

- the Chair's written role description, if there is one (otherwise, the Terms of Reference and current custom and practice regionally and [nationally](#) will be useful reference points) including any written statement about the number of hours they will typically commit to the role each month, and what their role includes
- the minutes of recent MVP formal meetings (e.g. for the preceding year)
- any reports the MVP has published recently including its most recent annual report
- links to any social media the MVP Chair and service user members run as MVP service user members
- the [National Maternity Voices](#)' (NMV) website, and the information and resources available there
- Contact details for your NHS England and Improvement (NHSE/I) Regional Maternity Service User Voice Rep and key MVP staff members

So often, a mismatch in understanding or in expectations can be avoided or sorted out by:

- acknowledging shared values
- carefully working through the issues
- moving towards a shared understanding and possible solutions.

### What should I do next? (Things to keep in mind)

This will depend on what your role is in relation to the MVP.

Your **approach** in all cases should be compassionate (people are almost always trying to do 'the right thing', or may be subject to pressures you are not aware of), cautious and curious (you may not have all the facts) and careful. Think about maintaining confidentiality, where appropriate, and also the need for transparency – making sure that fair, open conversations can be had.

Often, the **next step** will be contacting someone and saying, 'I'm feeling a bit concerned about how things are working in the MVP at the moment. I'd like to fix a time for us to talk things through.' It's courteous to say whether you intend the conversation to be 'informal' (you generally would not confirm in writing) or more formal – you tell the other person, at the start of the conversation, 'I'm going to write to you, and I just wanted to talk things through before I do.'

The MVP terms of Reference and Nolan Principles are the guide that should be followed, and it may be relevant to refer to the Chair's role description (or the national model role description for an MVP chair, if no local document has been created).

An MVP Chair appointed under the national model Terms of Reference (or similar) is in local public service, not employment. The opinion of the Clinical Commissioning Group or Local Maternity System that coordinates funding for the MVP will carry particular weight, and they are expected to act fairly, reasonably and transparently in arriving at a view on whether the MVP is working to the Terms of Reference and the Chair to the chair role, with reference to Chapter 4 and Appendix B of '[Implementing Better Births – a resource pack for Local Maternity Systems](#)'. MVP members are advised to have regard to that opinion, although they are entitled to form a view on whether it is reasonable or not (rather than simply being led by it.)

In most cases, facilitated conversations supported by some external expertise, as suggested in this briefing, will lead to local resolution of differences, and finding a way forward that works for all local MVP members.

### **If conflict arises**

1. Is this an NHS MVP using the national model Terms of Reference, or a locally adapted form?

- Yes – refer to detail of the Terms of Reference to inform discussions
- No – refer to local governance arrangement relevant to this MVP

2. Is there a Chair role description which current Chair was recruited to?

- Yes – refer to detail to inform discussions
- No – refer to Terms of Reference (1 above)

3. Does the Chair have someone to consult and, if appropriate, to advocate for them in discussions? Suitable people might include the local Maternity Commissioner or the local Director/Head of Midwifery, depending on the nature of the conflict (beware conflicts of interest). In addition, advice may be obtained from

- the NHSE/I Regional Service User Voice Rep
- (for the MVP Chair) a mentor from the panel of MVP specialist mentors, accessed via [mentor@nationalmaternityvoices.org.uk](mailto:mentor@nationalmaternityvoices.org.uk)
- other MVP chairs, on a peer to peer basis
- National Maternity Voices

In most areas, an MVP is not an employee of any local NHS organisation, and is unlikely to have access to the types of support and advice available as an employee. **It is important for MVP staff members, acting in accordance with MVP values, to ensure that the Chair, in case of conflict, is not isolated and without access to advice or support.**

4. Convene a meeting where there is representation from the Trust or Hospital, the CCG, the complainant if appropriate or their representative and the Chair (with the option for them to be accompanied by a colleague, peer or friend). It is important to record such meetings in writing, and best efforts should be made to adopt a 'no surprises' approach to raising concerns. Best practice would be to inform all those attending, in writing, of the date, time and place of the meeting; the basic details of the concerns; the chair's right to be accompanied by a colleague, peer or friend of their choice; the documents, if any, that will be used at the meeting; the name of any other people who will be attending the meeting.

A possible meeting format could be:

- a) Summary of concerns;
- b) Listening to each party's thoughts and feelings;
- c) Referencing the TOR and JDs where appropriate to guide expectation setting;
- d) Agreeing a course of action, which may include a support plan of who will offer support, how and when, and criteria for achievement;
- e) Agreeing dates to review the agreed actions (interim and final).

## When Situations Seem Irresolvable

In rare cases, an MVP may decide collectively to convene a special formal meeting to discuss and vote on the current Chairing arrangements (in accordance with the Terms of Reference), and it may be proper for a Chair who does not have the confidence of both service user representative members and professional members of the MVP to stand down, even if their previously agreed and minuted term of office has not been completed. However, the best and most constructive way to resolve matters will depend on the particular circumstances of any disagreement. Before this situation is reached, and to support the Chair and others if this situation is reached, the Chair and lead MVP staff members should seek support and advice from the regional NHSE/I Maternity Service User Voice Rep and/or National Maternity Voices, to help the parties to proceed in a fair and supported way. **It is important for all MVP members to act in accordance with the Nolan principles of conduct in public life, and with regard to the MVP values, the local MVP Terms of Reference and MVP Chair role description, and good practice in the running of MVPs as advised by NHSE/I and National Maternity Voices.**

It is the experience of NMV that it is unusual for conflict to arise that cannot be resolved through supported discussion, or a series of discussions, in which MVP members including the Chair, reflect on the Chair's role, the role of the MVP, and the work plan of the MVP.

Whether you are an MVP Chair, an MVP member, a commissioner, or a manager in a maternity service, who has concerns about an MVP's work, or how the group works together, or chairing arrangements, please do seek support and advice as suggested in this briefing.

*Part of this document has been adapted from a resource co-produced between NHS England, Mary Newburn, Gillian Fletcher and National Maternity Voices.*

This draft was produced by Hannah Lynes and Mo Ade in May 2021 from an original by Catherine Williams. This is a working document; please email [info@nationalmaternityvoices.org.uk](mailto:info@nationalmaternityvoices.org.uk) if you have any suggestions to improve it for the benefit of other MVPs.