



Working in partnership to improve maternity services

Kernow Maternity Voices Partnership

1st AGM Report

June 2019

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Supported by Jessica Slater(KCCG), Lisa Hicks (KCCG), Jane Urban (RCHT) & Trudie Roberts (RCHT).

A Letter from the Chair & Vice Chair...

“Since our launch in April 2018 Kernow Maternity Voices Partnership has lead the way with the Better Births transformation agenda in the South West of England. It has been a steep learning curve for everyone involved and much of what we are aiming to achieve in Cornwall & the Isles of Scilly, has meant that there have been difficult conversations to be had and complex challenges to work through together.

Introducing the concept of co-production into a workforce under the scrutiny of CQC special measures was incredibly difficult in the beginning; however we are pleased to say the MVP has developed strong relationships throughout the Local Maternity System over the last year. Our involvement in the transformation of local maternity services continues to grow and we have all made great steps towards a different perspective of service user involvement.

Kernow Maternity Voices Partnership’s primary aim is to have local birthing people & families at the heart of everything they are involved in and remain independent. It is extremely important to us to ensure the MVP becomes a permanent partner in the ongoing transformation of Maternity services here in Cornwall & the Isles of Scilly, long after Better Births has ended in 2021, and that we build a sustainable model for ongoing voluntary involvement across the Local Maternity System.

Engaging with birthing people & families has been an incredibly humbling and emotional experience. Exploring what skills & training are needed to engage with range of communities across Cornwall & the Isles of Scilly has taken dedication, time and plenty of reflection. This is, and will always be, the most important role of an MVP and we are incredibly thankful for all of the communities and volunteers who have played a part in shaping how we engage with people & collect feedback.

We hope that this report will not only give you a clear understanding of everything we have achieved & learned from in the last year, but also how we are planning to develop in the coming year to nurture the growth of a more diverse committee.”



Georgie Watson



Nicki Burnett

Chair & Vice Chair of Kernow Maternity Voices Partnership

Key Points

- Kernow MVP has developed some fantastic working relationships with multi-disciplinary staff from across the Local Maternity System. This was evidenced by the partnership working to co-host Whose Shoes in June 2019. These relationships have enabled us to support the ongoing culture & leadership transformation and co-produce on a number of focus' within maternity.
- Securing a hosting arrangement with Healthwatch Cornwall has addressed the committee's concerns regarding its independence and volunteer training & support. Plans are currently being put in place to arrange DBS, Induction & Safeguarding training for September 2019 and the Chair will now have control of the budget.
- Kernow MVP has developed an engaging & accessible engagement strategy to collect feedback in the community. This has enabled seldom heard voices to add feedback on their experiences of maternity services here in Cornwall & the Isles of Scilly for the first time. This not only addresses inequalities experienced by some communities, but also gives the LMS a real opportunity to make changes to/launch new services to support people in need of more personalised care. A training program is now being considered, to provide locality representatives & engagement volunteers the skills & tools to continue collecting feedback throughout Cornwall.
- Kernow MVP's main spend in 2018/2019 was on travel expenses; however a large amount of unused budget has been transferred into 2019/2020. This year the Chair has proposed using a chunk of this budget to put towards a training program, engagement project and final report & exhibition. The remaining budget will be mapped out across the next two years to ensure that the MVP can continue to engage with the public across Cornwall.
- Cornwall's LMS has made significant steps towards achieving Better Births. It hasn't been without challenge, but we are all committed to the transformation of maternity services. Better Births in Cornwall & the Isles of Scilly will enable birthing people & families to experience the safest & kindest maternity care and also create a healthier & happier workforce. In the next year the MVP will be working to provide rich feedback from the public and support the LMS to launch more Continuity of Carer models of care.

Introduction



Kernow MVP visiting Isles of Scilly Mums & Babies with the Royal College of Midwives (June 2019.)

What is Kernow Maternity Voices Partnership?

Kernow MVP exists to support the implementation of Better births across Cornwall and The Isles of Scilly. In order to do this we listen to and engage with those that have recently used our local maternity services; feed this back to those that commission & provide the services; and work in partnership with them to create, update & improve services. The aim is to improve maternity care for all across the LMS and ensure the best outcomes for all birthing people, babies & partners, as well as supporting the staff to feel engaged & passionate about the service they provide.

Membership Summary

Kernow MVP Membership currently includes:

- Pregnant people
- Anyone who has recently used maternity services in Cornwall
- Partners & other family members
- Representatives from community groups
- Local birth supporters
- Midwives
- Maternity Support Workers
- Obstetricians
- Health Visitors
- Representatives from Kernow Clinical Commissioning Group
- Department leads & Commissioners from Cornwall Council
- Neonatologists

How to get involved

Your experience matters to us! We passionately believe that 'Service User' voice should be at the centre of all maternity services in the UK. By volunteering you can help other birthing people and families across Cornwall to be heard and ensure that maternity services work for everyone. You can help ensure the important topics are at the top of our agenda, network with other businesses/projects/community groups and find mutual friendship.

If you are able to commit to volunteer for an extended period of time we may be able to offer you some valuable training opportunities. However, everyone is welcome to get involved and you can commit as little or as much time as you feel able. You can share your own feedback to us directly, fill in a questionnaire, join a topic focus group, attend one of our engagement events or come to our quarterly meetings.

There are opportunities for everyone and you can join in the 'Big Better Births Conversation' by emailing us, liking us on Facebook, joining our online community group and following us on Twitter.



Kernowmaternityvoices@gmail.com

www.facebook.com/KernowMVP

www.twitter.com/KernowMVP

What is Better Births?

Better Births is the title of the 2016 National Maternity Audit which set out what a vision for the planning, design and safe delivery of maternity services across the UK. Each Local Maternity System (LMS) is in control of an allotted amount of money from NHS England, to implement this transformation and re-shape services according to the local need.

Here's what the Maternity Transformation team have to say...

"Our vision for maternity services across England is for them to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances. And for all staff to be supported to deliver care which is women centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries."

Cornwall and the Isles of Scilly Local Maternity System – Journey 2018/19

- Transformation Plan: Nationally, the development of all LMS plans have been subject to scrutiny from the NHS England Maternity Transformation Board. These were re-submitted in January and our plan for Cornwall and the Isles of Scilly is now rated Green over-all. Cornwall & the Isles of Scilly LMS are now positioned to focus in on key areas for improvement which incorporate the NHS Long Term Plan for maternity and the priorities identified at local level.
- RCHT met the first major LMS milestone in March 2019 – by achieving a new national target of 20% of women receiving Continuity of Carer. This compares well within the South of England Region.
- RCHT achieved full compliance with Saving Babies Lives Care Bundle V1, before the due date March 2019. This is a national safety improvement initiative to help reduce still births and neonatal deaths. There is now a Saving Babies Lives Care Bundle V2, in which there are a number of care adjustments & guideline changes to implement.
- Kernow MVP achieved their core objectives in 18/19 raising awareness and developing Patient & Public Voluntary (PPV) involvement locally and strongly influencing our transformation plan. The LMS places enormous value on the MVP and has made the funding of this a high priority enabling a grant to be made to HealthWatch to Host our Maternity Voices Partnership (starting from 01/05/19).
- Following our successful funding bid to develop our Digital interface through the Maternity electronic Personal Health Record (ePHR), Cornwall and the Isles of Scilly became a fore runner to develop the Maternity ePHR and these are due to go live in Summer 2019. This means women will be able to access and input into their own record on line and we have taken a big step towards meeting the target to: *'Deliver improvements in choice and personalisation through Local Maternity Systems so that by March 2021 all women have a personalised care plan'*.
- Building on the original LMS Governance structure, we have developed our work-stream groups to ensure we are fit for purpose now that we are moving towards implementation. This includes the launch of new Steering Groups for Perinatal Mental Health, Infant Mental Health and the Vulnerability Pathway of Care.

The Safe Effective Care group is the core coordination group for LMS projects, with each group evolving their respective agendas and action plans with a focus on identifying and achieving meaningful outcomes for all the partners. Oversight is from the LMS Partnership Board and Maternity Transformation Board.

- Cornwall Council Healthy Pregnancy team are finalists for the MJ awards for our nationally recognised and innovative work to achieve smoke free pregnancies through collaboration with RCHT maternity team.

- Non recurrent resources have been allocated from the NHS England LMS funds, to provide capacity to support implementation and the change management process.

LMS Priorities for 2019/20:

- Postnatal Care improvement plan by October 2019.
- Training, capacity and capability to upscale from Continuity of Carer pilots to deliver true continuity, underpinned by personalised care planning.
- Leadership evolution at all levels, to deliver culture change and new models of care within acute and community settings.
- Addressing inequalities through joint working and developing place based services.
- Ensuring facilities and venues are fit for purpose.
- Antenatal education , information and guidance.
- Healthy and Smoke free Pregnancy.
- Infant feeding.
- Improving cross system support and raising awareness for Perinatal Mental Health.
- Social Prescribing and developing support networks for Perinatal Mental Health



NHS England 5 Year Forward View Infographic: Better Births 2018

2018/2019 Maternity Dashboard

The maternity dashboard is a place where all the information and statistics for maternity care in Cornwall are collated. Some of the focus on maternity improvements are to increase the rate of community births, ensure the caesarean rate is not too high and reduce the rate of unnecessary inductions. The hope is that the rate of births within the FMU will increase, to help facilitate that Penrice is now open 24 hours a day and staffed with a new Continuity of Carer (CoCer) model and Helston is currently undergoing a refurbishment and will be relaunched in the summer. Other CoCer pilots including Chi Kernow in North Cornwall will hopefully help to increase the home birth rate as well.

Maternity Dashboard Statistics for Cornwall and the Isles of Scilly for 2018/19:

• Induction of Labour-	30.9%
• Delivery Suite-	70.4%
• Alongside Midwifery Unit-	22.2%
• Penrice Freestanding Midwifery Unit-	2.5%
• Helston Freestanding Midwifery Unit-	0.3%
• St Marys Freestanding Midwifery Unit-	0.2%
• Homebirth-	4%
• Caesarean Section Elective-	10.3%
Emergency-	11.5%

Highlights

- **Birth Reflections Service with the RCHT**

When Kernow MVP held its 1st quarterly committee meeting in July 2018 committee members voiced their concern over growing Perinatal Mental Health (PNMH) issues in relation to traumatic birth experiences. The new Head of Midwifery introduced herself during this meeting and made a pledge to the committee that she would address the lack of de-briefing service at the Royal Cornwall Hospital Trust .

In autumn 2018 it was announced that a plan had already been put in place for a Birth Reflection service and that 2 Midwives had taken on the responsibility of offering 1:1 de-briefs and would be also training in 3-Step Rewind Therapy. The 2 midwives began their Royal College of Midwives accredited psychotherapy training in January 2019 and are already using the skills to provide Birth Reflection services. The Birth Reflection service will be officially announced in summer 2019.

- **Delivery Suite Refurbishment**

Kernow MVP was invited to tour the delivery suite in October 2018 and be part of planning for the refurbishment of the unit. Since the opening of Truro Birth Centre (Cornwall's new Alongside Midwifery Unit) the delivery suite was looking tired; and the staff felt passionate about making it the most welcoming environment possible.

Kernow MVP representatives toured delivery suite and had a meeting with the delivery suite Coordinator & Matron to discuss the plans and to share their views on what would make a difference to people who gave birth there. MVP representatives suggested new room names & murals of Cornish views to match, a colour theme to mirror the birth centre, hydro-sonic aromatherapy vaporisers, additional mood lighting, black out blinds, a more welcoming midwife station and a staff room refurbishment suggestions. The delivery suite refurbishment was completed in spring 2019 and will be officially opened in July 2019.

- **Interview Panel Involvement within Maternity services**

In September 2017 the Care Quality Commission (CQC) placed RCHT in 'special measures', when it identified that action needed to be taken in a number of areas across the services. For the maternity service a core concern was to do with the culture. This was picked up again during our initial engagement with the RCHT Maternity workforce in July 2018. Members of staff shared with the MVP that there was growing concern over the up & coming recruitment of developmental roles, relating to the Better Birth implementation in Cornwall & the Isles of Scilly. By December 2018 CQC report noted many improvements and the hospital rating was raised to

'requires improvement', but prior statements regarding the workforce culture & bullying still remained.

Kernow MVP approached the Head of Midwifery about this issue and it was agreed that the MVP would be invited to be involved in the interview panels for any roles related to Better Births going forward. The MVP has represented 'Service User' voice for 8 maternity positions to date and the feedback from staff has been really positive. Knowing the MVP is part of the recruitment process has given them the confidence to apply for roles they previously wouldn't have considered and they feel reassured they will be assessed fairly during the interview process.

- **Addressing Traveller & Gypsy Care Inequalities**

During our community engagement in May 2019 we visited TravellerSpace Women's group held in St Day. We were welcomed to this group and received some detailed and emotional feedback. This was fed straight back to the Head of Midwifery and LMS co-ordinators, as there were a number of pregnant people within the group in need of urgent support. The MVP Vice-Chair accompanied the Head of Midwifery & Practice Development Midwife to a meeting at TravellerSpace in June 2019 to act on the feedback.

A Continuity of Carer service is currently being planned & implemented for immediate launch in July 2019, to ensure the Women from this community are receiving culturally competent care, appropriate for their needs, and to improve outcomes for these families. Kernow MVP's Vice-Chair will be continuing to develop relationships with TravellerSpace, to ensure that the voices of the Traveller & Gypsy community are consistently listened to.



Marie Slater of Loveday Create Graphic Facilitation of TravellerSpace feedback (June 2019)

- **Whose Shoes 2019**

In February 2019 RCHT began planning the next Whose Shoes event, with a suggested theme of Perinatal Mental Health (PNMH). PNMH had been a consistent theme throughout the feedback collected over the previous 10 months and the MVP agreed that this was an appropriate topic to explore.

Two MVP committee members had been funded by the South West Clinical Network (SWCN) to train in Graphic Facilitation in October 2018, so the MVP Chair proposed that the Whose Shoes event could be co-produced by Maternity staff and the MVP.

Over 60 people RSVP'd to the event promotion in May 2019 and we were able to accommodate a total of 50 (25 professionals and 25 service users), so a reserve list was created. On the day of the event NHS staff, Cornwall Council & NHS Kernow Clinical Commissioning Group staff all worked in partnership with MVP volunteers to host an empathic and productive day, exploring the PNMH view in Cornwall & the Isles of Scilly.

- **Visit to the Isles of Scilly with The Royal College of Midwives (RCM)**

In June 2019 the MVP Chair was invited to accompany the Gill Walton (CEO of the RCM) to the Isles of Scilly, to open the newly refurbished Island Birth Suite at St Marys Hospital. Charlotte Hicks (The Island's Midwife) had invited local parents to meet us all in the day room at the hospital to share in the celebrations. The MVP Chair spent the afternoon chatting with some of the parents about their pregnancy & birth experiences and explored what life is like on the island if you are pregnant or have a baby.

The MVP Chair heard fantastic feedback about the Continuity of Carer received via the Island Midwife, who caseloads care for up to 20 women a year. We also heard about the facilities on offer to enable them to give birth to their babies on the main island. Suggestions were made to improve how travel arrangements to the mainland for scans & consultant led care are handled by the Patient Transport Team.

Key Challenges

- **Culture & Leadership transformation within Maternity services**

The MVP Chair & Vice have worked hard to establish strong relationships with allied professionals; This has been well received and reciprocated by many professionals across the LMS and the MVP has actively encouraged staff to apply for NHS funding & development programs in Leadership; The MVP are planning to be more involved in training opportunities across the county.

The MVP Chair has received Mentorship from NHS England to support the MVP in developing good working relationships. This is to help to overcome the barriers we often experience as an MVP, which arise from a variety of challenging professional behaviours. This is an important aspect of learning and culture change and will enable the MVP Chair, Vice Chair and a number of volunteers to challenge and manage unproductive behaviour from Professionals, Consultant & Midwifery teams when this arises.

- **Barriers to Voluntary Involvement**

Due to the financial guidelines that govern how Clinical Commissioning Groups (CCG's) operate, NHS Kernow CCG could not set up the volunteer remuneration process which was recommended by NHSE in their guidance. This was a barrier to growing the MVP and recognising the commitment of those who are prepared to offer their time & skills to the MVP. The LMS and MVP wanted to recognise that organising meetings & attendance requires advanced planning (time off work, childcare, school pick up/drop off etc). The LMS and Kernow MVP wishes to acknowledge voluntary commitment by offering involvement expenses to volunteers who regularly commit themselves to gathering feedback. Some committee members who have previously volunteered to support the MVP have been put off offering their support, as expenses have been difficult/slow to claim. This situation has been resolved through a new arrangement with Healthwatch Cornwall which is described below.

The main issue is reflected in many CCGs nationally and revolves around how CCGs comply with NHS financial requirements and interpret the HMRC 'IR 35' guidance and the lack of awareness in the wider NHS regarding NHS England's Patient & Public Volunteer Policy, which has also been drawn up with full regard to HMRC rules. This made it difficult for NHS Kernow CCG to release money without adding volunteers to the payroll or receiving evidence that the individual is paying their own tax & national insurance. Kernow CCG and the MVP have raised this issue at a national level, because we believe that this is a barrier for voluntary involvement. Individuals who are full time parents, unable to work due to disability, are ill, homeless or don't yet have

the right to work in the UK are at risk of losing their benefits, if they accept financial recognition for their voluntary involvement with the MVP.

- **MVP Independence**

Whilst the funding for the MVP was held by NHS Kernow, the responsibility falls to Cornwall and the Isles of Scilly LMS' as we work towards achieving Better Births in the county. As a key partner within the wider maternity system, it has taken time to establish the MVP's own focus, whilst meeting the LMS Better Births agenda. The committee shared their frustration with the Chair & Vice in February 2019 when they came together in an informal meeting to openly discuss the challenges the MVP was experiencing, in regards to establishing a framework of training, involvement and engagement.

The LMS shared these frustrations and had already begun discussions with HealthWatch Cornwall that would lead to an innovative approach to ensure the on-going co-production of LMS plans. Working with Kernow CCG, the MVP Chair & HealthWatch Cornwall, we have set up a grant funded agreement for HealthWatch Cornwall to Host our Maternity Voices Partnership (started 01/05/19). This means that the funding for the MVP is transferred to HealthWatch, which as a Voluntary sector organisation, should be a more compatible environment for growing the MVP as a partner in its own right.

This aims to ensure a sustainable and effective model for involving birthing people and their families in a meaningful way. Despite many constraints Kernow MVP have become a leading voice regionally and nationally.

Activity



Gethin Harris at Kernow MVP's 4th Committee Meeting (February 2019)

The MVP engagement, website and communications

Kernow MVP has been working hard over the last year to develop a sustainable public engagement & voluntary framework. The Chair, Vice and a number of volunteers have developed a range of resources, including: Exhibition banners, Survey questionnaires, Posters, Leaflet and Business cards. A Facebook page & group Twitter profile and Website were also set up to engage with the public online and network with other relevant businesses, projects and communities locally and nationally.

Establishing an independent platform, resources and engagement materials from which the MVP could develop communications has not been straight forward, whilst building this within the NHS information and technology systems & processes. This has led to delays in planning, creating and launching the type of platform the MVP committee would want to see. This is one aspect that will be improved through our hosting arrangement with HealthWatch Cornwall and we look forward to moving forward with this in the next few weeks.

Meeting Attendance

Kernow MVP is viewed as having Local Maternity System level responsibility to support the Better Births transformation in Cornwall & the Isles of Scilly. Within this LMS there is only one Hospital Trust, one CCG, one Mental Health Trust and two Councils (Cornwall Council and the Council of the Isles of Scilly) covering the County. Therefore it has been expected that the Chair and Vice is to be involved at a strategic level to provide: accountability, critical friendship, regular public feedback and ongoing practical support for any developments related to the improvement of maternity experiences.

Kernow MVP has also actively participated with local, regional and national level networks associated with Better Births and the NHS Long Term Plan. Attending

events out of county has often meant volunteering Chair & Vice time beyond the MVP's agreed hours of involvement, but it has been a worthwhile experience to benchmark Kernow MVP against other more established MVP's and hospital trusts and we have established the reputation of Kernow MVP, influencing planning at a national level.

Community Engagement

Engaging with the public and seeking out seldom heard voices is Kernow MVP's top priority, as this has built the knowledge base needed to ensure the public's view is fairly represented in the Better Births transformation. The Chair, Vice and committed volunteers have invested a lot of time to explore how to cover 3563 KM² of County effectively and involve range of demographics.

Being an MVP of a large rural county has come with many challenges, including: the cost/time associated with travel, the level of responsibility expected of volunteers and locating appropriate venues to host events. It has therefore not been possible to provide a county wide view every 3 months, but the MVP done its upmost to match the areas of engagement with the current focus on the Better Births agenda locally and do focused engagement one area at a time.

The MVP has found the best way to engage with the public is to 'go to the people' and have concentrated on establishing relationships with a range community groups, projects & services, asking permission to attend existing events. This has enabled the MVP to meet with a much larger demographic of people in a place that the public are familiar with, rather than organising our own events.

Walking the Patch

Kernow Maternity Voices Partnership has been 'Walking the Patch' on the postnatal ward regularly over the last year. We are hoping in the next year to extend the volunteer pool with training and inductions, to allow this to continue regularly and hopefully spread to all maternity departments within the hospital.

Our current procedure for 'Walking the Patch' is as follows-

1. Arrive on Postnatal ward and introduce ourselves- we ask to speak to the person in charge that day to explain who we are and what we are planning on doing. We ask if there is anyone specific the staff feel would like to talk to us and also if there is anyone we should not approach (this could be for medical, emotional or safeguarding reasons).
2. Circulate- we spend some time in the ward to experience the atmosphere on the ward, take a look at communal areas such and generally chat to birthing people and families about their experiences.
3. Withdraw- once we are done we make sure to let the staff know we are leaving and thank them for their support. We check on other public areas around in the maternity building on our way out, to see if there is anything else to raise and go to the Knowledge Spa cafe to de-brief.
4. Report- we write a report of the feedback we have received and any observations we have made about the ward, highlighting any recurring

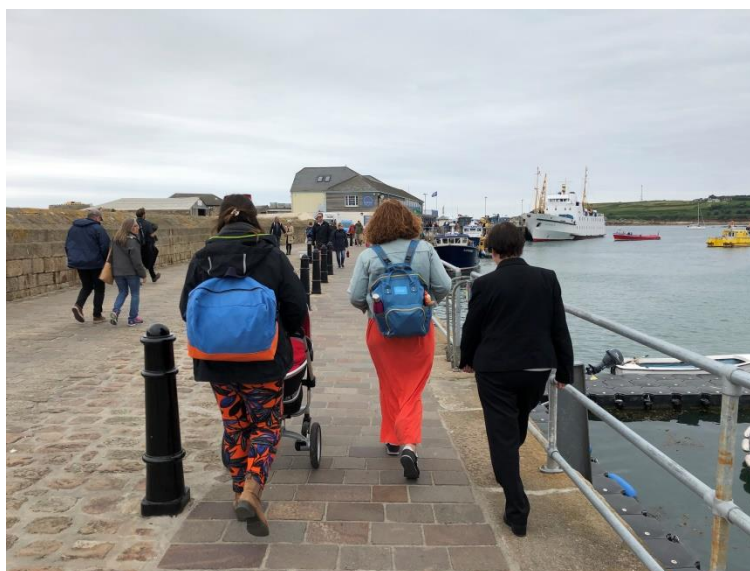
themes and submit it to the Head of Midwifery and LMS programme manager (this often stimulates further conversations and actions).

5. Follow up- The next time we visit we will make a note of things that have changed or improvements that have been made since our last visit. If anything needs re-addressing, then we do so in the following report.

Events

Kernow MVP has attended a number of local, regional and national events as both an attendee and presenter. Kernow MVP's experience within a rural LMS is unique to only a few areas of the UK, and has therefore been asked to share their experiences a 4 times over the last year. Regionally it has been important to represent Cornwall & the Isles of Scilly at clinical events, as the most established MVP in the South West. Kernow MVP has also represented at a number of national Better Births events, to learn more about other 'early adopter' areas & share ideas with other similar areas from across the country. South West MVP's historically have been poorly represented at national events, due to travel considerations & family commitments, so it has been a valuable experience to make the extra effort to attend.

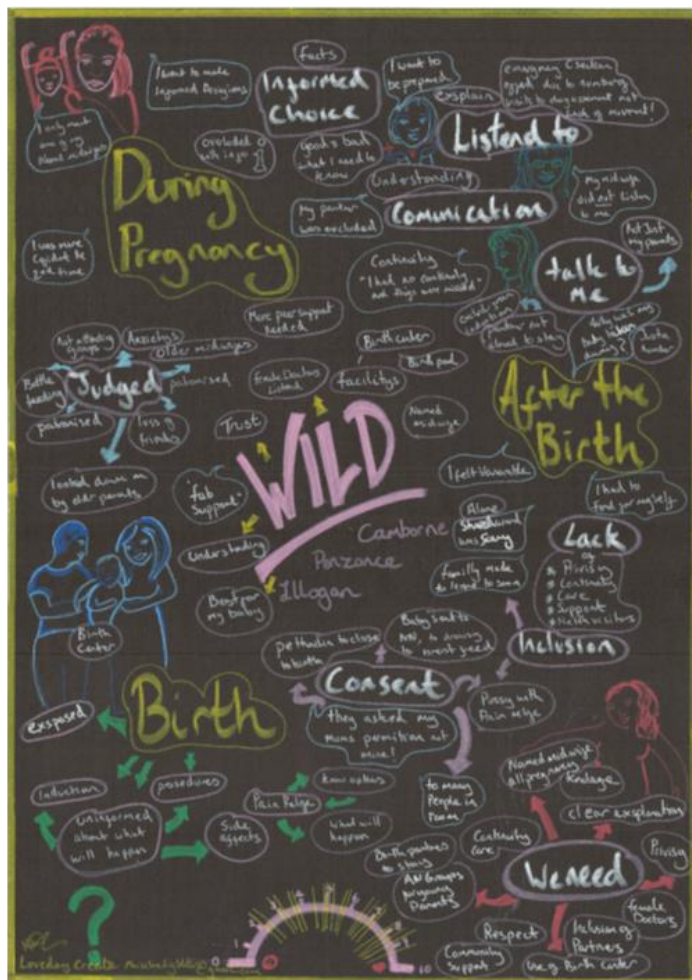
Co-production



Kernow MVP accompanying Women of the Isles of Scilly to their Boats (June 2019)

Individuals, Businesses and Projects

- NHS England National Maternity Transformation Panel
- National Maternity Voices
- Royal Cornwall Hospital Trust
- Kernow Clinical Commissioning Group
- Cornwall Council
- Shaping Our Future
- Perinatal Mental Health Team
- Healthwatch Cornwall CIC
- Dadpad UK
- Real Baby Milk CIC
- HomeStart Cornwall CIC
- Travellerspace
- WILD Young Parents
- Untangled
- The Lotus Project
- MUTU System



Meetings

- LMS Multidisciplinary Partnership Board (Truro)
- LMS Work Stream 1: Promoting Safe Effective Maternity Care (Truro)
- LMS Work Stream 2: Improving Choice and Personalisation (Truro)
- LMS Project Group Management (Truro)
- LMS Personal Care Plan and Electronic Record Task & Finish Group (Truro)
- LMS Diabetes Task & Finish Group (Truro)
- NHS England Euroking Digital E-HPR Update (London)
- Cornwall Council Bump to Baby Antenatal Steering Group (Truro)
- RCHT Interview panel for Practice Facilitator Midwife (Truro)
- RCHT Interview panel for Penrice Manager (St Austell)
- RCHT Aromatherapy Consultation (Truro)
- South West CCG Collaboration Breastfeeding Marketing Strategy (Exeter)
- New Devon CCG Better Births in Devon Introduction (Online)
- South West Perinatal & Infant Mental Health Expert Reference Group (Taunton- unable to attend in person)
- Public Health England MSW Implementation Group (London)
- RCHT CSDP Phase 3 (Women's & Children's Hospital) Project Board (Truro- Unable to attend)
- RCHT Moving Continuity of Carer Conversations Forward in the Community (St Austell)
- Plymouth University Gestational Diabetes Research (Truro)
- RCHT Euroking e-HPR Focus Group (Truro)
- RCHT Induction Patient Information Focus Group (Truro)

- RCHT Birth Reflections Service Announcement (Truro)
- Cornwall Council Perinatal Mental Health Steering Group (Truro)
- RCHT Interview panel for 2x Perinatal Mental Health Midwives (Truro)

Events

- Whose Shoes 2018 – Continuity of Carer (Truro)
- RCHT – Annual Perinatal Performance (Truro)
- Whose Shoes 2018 – Perinatal Mental Health (Exeter)
- The South West Academic Health Science Network (SWAHSN) Maternal and Neonatal Learning System Event (Exeter)
- NHS England Implementing Continuity of Carer (Taunton)
- NHS England Rural Better Births (Birmingham)
- RCHT Baby Friendly Initiative Re-accreditation Assessment (Truro)
- RCHT Annual Baby Loss Memorial Service (Truro)
- NHS England Better Births: 2 years on in the South West (Bristol)
- Chi Kernow Continuity of Carer Midwifery Team Launch (Launceston)
- NHS England Webinar Series: Making MVP's Work- Presenting (Online)
- NHS England Webinar Series: Continuity of Carer (Online)
- Shaping Our Future: Integration of Children's Services Consultations (Launceston, Bodmin, Truro, Camborne, St Ives)
- SW(M)CN Working together for Better Births in the South West (Taunton)
- SWCN Annual Conference : NHS Long Term Plan (Taunton)
- Real Baby Milk Peer Support Conference 2019 (Redruth)
- South West Perinatal & Infant Mental Health 'I'm Fine' event (Cornwall)
- Starting Off Well (Plymouth)
- Penrice Grand Re-opening (St Austell)
- Untangled Wellness Event (St Austell)
- Whose Shoes 2019 – Perinatal Mental Health (Truro)

Training

- Kernow CCG Media & Communications Training (Truro)
- New Possibilities Graphic Facilitation Training (Taunton)
- WSA Communities/Just Ideas Patient & Public Voice Introduction Training (Manchester)
- NHS Improvement Patient & Public Voice Partners Training (Online)
- NHS England Mentorship/Coaching (Truro)
- NHS England Mentorship Training (London)
- SWCN How to Chair a Meeting (Taunton)
- Healthwatch Cornwall Co-production Workshop (Truro)

Feedback



Marie Slater of Loveday Create: Whose Shoes PNMH Graphic Facilitation (June 2019)

Where have we been?

- RCHT Princess Alexandra Wing x 6
- Bude Family Hub- Baby Health Clinic & Breastfeeding Peer Support Group x2
- Launceston Family Hub- Baby Health Clinic & Midwifery Clinic
- Wadebridge Family Hub- Baby Health Clinic x 2
- Bodmin Family Hub- Baby Health Clinic
- Camelford Family Hub
- Penrice Birth Centre- Re-opening Event
- St Day Family Hub- TravellerSpace Women's Group x 3
- Redruth Family Hub- Baby Health Clinic & WILD Young Parents
- Illogan Family Hub – WILD Young Parents
- Camborne Family Hub- WILD Young Parents
- Hayle Family Hub- Baby Health Clinic & Breastfeeding Peer Support Group
- Penzance Family Hub- Baby Health Clinic
- Lescudjack Centre- WILD Young Parents
- Marazion Community Centre- Baby Health Clinic

How was it collected?

Kernow Maternity Voices Partnership started collecting feedback with a questionnaire, but quickly found that many communities found answering this unappealing and often didn't have enough time to complete it whilst waiting for their appointment or caring for their children. It was quickly identified that birthing people & families wished to talk 'person to person' about their experiences, so our engagement volunteers supported the public to fill in the questionnaire.

Results of the questionnaire gave a fragmented view of the public's individual pregnancy & birth experiences, often showing a high level of satisfaction using a 0-10 score, which did not truly reflect their written comments. Using the questionnaire as a framework to gather consistent feedback worked well 'Walking the Patch' in the hospital, but was a very time consuming process out in the community.

After 8 months of traditional feedback gathering the Chair, Vice and a number of MVP volunteers explored a new framework of feedback collection using colourful flip charts and post-its. Birthing people & their families felt much more comfortable to share their experiences anonymously on post-its and place them on a flip chart, where they felt it was most appropriate to place them. Volunteers were also able to capture quotes, feedback & suggestions whilst getting more involved with the event they were attending, with permission from the speakers.

Using more creative methods of feedback collection has provided a much clearer view of the differences in the needs of each locality and more in-depth views of individual's pregnancy, birth & early parenthood experiences.

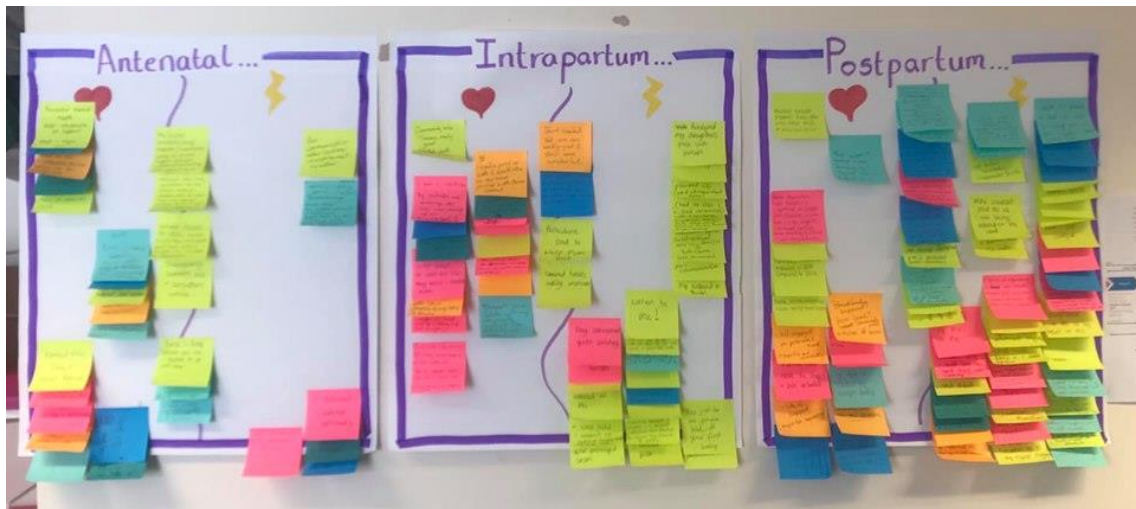


Marie Slater of Loveday Create: Launceston Feedback (November 2018)

How was it presented?

Presently all feedback is captured and stored on Excel Spreadsheets and kept on secure NHS laptops. Quotes & feedback are themed and then used anonymously in presentations when presenting to the LMS Partnership Board, or to individuals responsible for implementing Better Births and the transformation of maternity services.

More recently Kernow MVP has produced a number of Graphic Facilitations at engagement events. These have been photographed to store digitally and, where require, laminated/scanned & re-printed for display.



Collecting & theming feedback from Baby Health Clinics (May 2019).

Forward Planning



Flying over Gwithian Beach on the way to the Scilly Isles (June 2019)

MVP Budget

In 2016 NHS England published ‘Better Births’ which set out a vision for safe and efficient maternity care; this required commissioners and providers to work together across areas as Local Maternity Systems (LMS). The aim is to ensure women, their babies and their families can access the services they choose and need, as close to home as possible.

- Better Births said that the LMS should Co-design services with service users and local communities by creating Maternity Voices Partnerships (MVP), to influence and share in local decision-making.

Initial Funding for the MVP

NHS England provided funding to all LMS to carry out the Better Births Maternity Transformation plan over five years (2017-2021). This includes funding for project leaders, administrators, education and research, changing the workforce and how we work, raising awareness and events. Most importantly NHS England included funding for the MVP.

Although having an MVP is one of the requirements of NHS England’s plans they have developed differently across the country, according to local priorities. The LMS in Cornwall and the Isles of Scilly were determined that the MVP should be well funded but able to act independently as an equal partner with the commissioners and providers. To help make this happen, Cornwall and the Isles of Scilly LMS searched for and prioritised funds for the MVP to a greater extent than many other LMS.

Cornwall and the Isles of Scilly started the Maternity Transformation work in November 2017 and the Chair of the Maternity Voices Partnership was selected through a competitive process the following May 2018. Prior to this very little funding

had been used so in 17/18 not all of the available funds were spent although they were committed for specific MVP involvement activities and incorporated into the budget.

	Budget 18/19 £	18/19 Spend £	Committed for 19/20 £
Hosting Arrangement	14,720	N/A	14,720
Additional Funding	10,000	N/A	10,000
Mat Voices Chair	10,480	9,100	1,380
Mat Voices Exps	15,000	3,055	11,945
MVP Promotion / media	15,000	3,544	11,456
Total for 18/19 - £	65,200	*15,699	**49,501

This low level of spending at only *£15,699 in 18/19 left a substantial sum of **£49,501 with which to initiate a grant agreement with Healthwatch Cornwall to take over hosting the MVP.

Year 1 - To run from 1st May 2019 to 31st March 2020

Initial payment startup of £50,000 (the sum was rounded up by £499 using LMS funds).

The Cornwall and the Isles of Scilly LMS spending plan was agreed by NHS England for 19/20 in May 19 and the LMS has allocated the following to the Grant additional funds to the MVP.

£23,500 to be received in June 2019

£23,000 to be received in September 2019

The specific spending against the budget will be determined by the MVP, using accountancy expertise from Healthwatch. However the grant agreement is intended to cover the following:

The Grant agreement with Healthwatch to act as a host to the MVP will include in Year 1:

- Reimbursing volunteers mileage, subsistence and involvement expenses including childcare
- Remuneration of the Chair for meetings, preparation and attendance
- Remuneration of Members for their Patient and Public Voice (PPV) as Expert Advisors
- Provision of secretarial support
- Training, including co-production, safeguarding and DBS checks for core team
- Specific education, research or intelligence gathering activities and feedback

- Communications activities, including engagement and outreach
- Developing Media and improving access for service users to appropriate guidance information
- Project management for specific LMS improvement projects, e.g. Personalisation, antenatal and postnatal care, development and evaluation of CoCer pilots.
- Reporting to LMS Partnership Board and co-producing LMS plans

The Hosting Organisation will use NHS England Policy for Patient and Public involvement (link below) as the basis for recognising the commitment of Volunteers in undertaking agreed involvement activities. These activities should be in relation to assisting the NHS to develop, implement and monitor LMS Transformation Plans.

Year 2 – is subject to KCCG receiving confirmation of the allocation of funds from NHS England (NHSE). This will be confirmed only once the total LMS funding from NHSE is confirmed: If available the funding will be granted to run from 1st April 2020 to 31st March 2021. The MVP and Healthwatch will need to allocate a proportion of Y1 funds to be ring-fenced as a contingency.

Future Membership and committee structure

Kernow MVP has worked hard to increase its membership during our first year and we are committed to ensuring our committee is inclusive and a fair representation of the people using maternity services within Cornwall and the Isles of Scilly. Kernow MVP recognises that there is more work to do to ensure the voices of the most seldom heard communities within our LMS are truly heard. Some of the groups that we want to actively engage with more or seek out in the next year include- Migrant workers, Refugees, Black and Asian communities, LGBTQ+ (Lesbian, Gay, Bi-Sexual, Transgender, Queer and Questioning), Young parents, Dads, People with Learning Disabilities, Parents with Physical Disabilities and Neurodiverse parents.

Professional Relationships

Kernow MVP also wants to reach out to more professionals to ensure that our committee is truly multi-disciplinary and has representation from Commissioners, Obstetric consultants, Anaesthetists, Health visiting, Social Work, Housing, Maternity Support Workers, GPs, Theatre Nurses, Ward Clerks, Catering Staff and Students.

Meetings

The Chair & Vice plan to continue with their commitment to attend strategic meetings & a range of events to network with potential new committee members and demonstrate positive leadership and to consistently include 'service user' involvement.

Kernow MVP remains committed to attending the Better Births Workstreams and any related steering/focus groups, related to the development of new care pathways/information. MVP involvement is vital to ensure professional accountability

when planning & building services and also ensure that service user volunteers are listened to & respected.

Engagement

Kernow MVP is would like to complete a full 'tour' of the County over the next year, including re-visiting the Isles of Scilly for a more focused interaction with community accessing maternity services. The MVP needs to address the lack of feedback from birthing & people and families choosing cross-border care and follow up feedback regarding experiences of midwifery care in the community.

Moving forward the MVP would like to use a more flexible style of collecting feedback that fully engages with the community and will be seeking further training to achieve a consistent standard of detail and formal reporting procedure.

Learning & Development

As of May 2019 Healthwatch Cornwall CIC have taken on the independent hosting of Kernow MVP. We will now be able to organise induction, DBS checks and safeguarding training through their volunteer program. The MVP plans to offer training to volunteers who already committed time to community engagement & 'Walking the Patch' in 2018/2019 as a priority. The aim will be to schedule regular voluntary induction opportunities throughout the coming year, to support the ongoing growth & diversification of the committee.

Kernow MVP is currently exploring training options to enable volunteers to facilitate community engagement and qualitative feedback collection independently. There are currently 2 facilitator training options open for consideration, to be finalised in July 2019. The MVP would like to begin a training program for volunteers in September 2019 with an aim to launch a 6 month engagement project and final exhibition ending in March 2020.

Conclusion

In conclusion, it has been a busy and exciting founding year for Kernow Maternity Voices Partnership. There have been unexpected challenges throughout the year regarding culture & leadership change within RCHT; establishing MVP independence whilst working in partnership within the Local Maternity System; and be able to access the basic resources needed to build a sustainable committee structure. Measures have now been put in place to support the MVP to be independent and build a sustainable operational structure. The Chair & Vice are looking forward to continuing to build on the strong network of allies that have been made over the last year and launching a large scale community engagement project in the next year.

Appendices

Terms of Reference



Kernow Maternity Voices Partnership Terms of Reference

1. Kernow Maternity Voices Partnership (MVP) is an independent¹ multi-disciplinary advisory and action forum with service users at the centre.
2. It both uses a formal committee structure, with written agendas and formal minutes of discussions and decisions, and incorporates the principles and practice of participatory co-design and co-production through regular break-out sessions and small group work in order to ensure that the five principles of MVPs are at the core of the commissioning, monitoring and continuous improvement of maternity services.
3. It is maintained by Kernow Clinical Commissioning Group.

Five principles

4. An MVP creates and maintains a co-production forum for maternity service users, service user advocates, commissioners, service providers and other strategic partners. Members and the collective forum operate on the following founding five principles:
 - 4.1 Work creatively, respectfully and collaboratively to co-produce solutions together.
 - 4.2 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.
 - 4.3 Use experience data and insight as evidence.
 - 4.4 Understand and work with the interdependency that exists between the experience of staff and positive outcomes for women, families and carers.
 - 4.5 Forensic in the pursuit of continuous quality improvement with a particular focus on closing inequality gaps.

¹ See Guidance on maintaining independence at the end of this document.

Aims and objectives

5. The MVP serves the needs of local women and families and the Local Maternity System, including all acute and community services and community hubs. It links with clinical network(s), to contribute towards and follow regional strategic direction, and links with other MVPs within the LMS to share good practice.

6. The MVP advises the CCG(s) commissioning maternity care on all aspects of maternity services, including:

- The Sustainability and Transformation Plan for maternity
- Service specifications for maternity service contracts, performance indicators and maternity quality requirements
- Progress on implementing the national policy and evidence-based standards and recommendations
- Lessons from investigations and reviews of maternity services by the Care Quality Commission
- Involvement of women and their families (patient and public involvement)
- Configuration of services
- Quality standards for maternity services and ways of monitoring standards
- Clinical governance, audit and guidelines for clinical care
- The consistency in the delivery of maternity services and clinical practice across the district, based on reliable research evidence.

7. The MVP will listen to and act upon women, family and carer feedback at all stages of the commissioning cycle – from needs assessment to contract management. All members are committed to working in partnership and to implementing woman-centred care. Woman-centred care offers women information, choice, and care based on best available evidence, always respecting their choices and human rights.

8. Mirror clauses, acknowledging the role of the MVP are included in the terms of reference of other groups that consult and receive advice from the MVP including the CCG and Trust boards.

Values

9. The MVP is committed to diversity and equal opportunities and upholds women's human rights in pregnancy and childbirth.

10. The MVP is multidisciplinary, so its members will bring with them different beliefs, values and experience. All these perspectives should be valued and respected. Each member should have an equal opportunity to contribute to the MVP discussion and decision-making process. Care will be taken to enable full participation. For example, it is important to check that the terminology MVP members use is understood by all and clarified if necessary.

11. Members are acting in a public service capacity and are expected to adhere to the Nolan principles for conduct in public life.²

Membership

12. Members will normally be appointed for no less than two years and no more than six years consecutively. CCG(s) will ensure that there is a balance of members from professional and user groups. Members may include:

Service users - minimum one third of total core membership

Core Members

Service users

Service user representatives (nominated by voluntary maternity organisations and community groups)

Fathers groups

Family support workers, peer supporters

Local Healthwatch member

Associate / additional members

User or community workers with specific expertise and experience e.g. disability

Clinical commissioning groups

Core members

Commissioning manager, or other designated lead person, who acts as the link with the Chair and Vice Chair of the MVP

Associate / additional members

GP commissioner

Clinical governance manager

Other expertise as needed

Local authority

Core members

Public health representative

Health visitor

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

Associate / additional members

Clinical governance manager

Health promotion

LSA midwifery officer

Other expertise as needed, e.g. School nurse representative

Service Provider**Core members**

Head of midwifery

Consultant midwife

Consultant obstetrician

Consultant paediatrician / neonatologist

Midwife in clinical practice (1 or 2 to cover hospital and community experience)

Bi-lingual link worker or advocate, where employed locally

General practitioner

Associate / additional members

Anaesthetics

Antenatal screening

Board level maternity champion(s)/ Non-executive director

Business management

Chaplaincy or bereavement service

Health promotion

Infant nutrition

Medical / midwifery education

Neonatal nursing

Obstetric physiotherapy

PND specialist

Psychiatrist

Parent education

Radiology

Sure Start / children's centre coordinator

Local authority social services

Director of Children's Services

Substance misuse lead

13. The core membership will vary according to the local situation. It may also be appropriate to nominate associate / additional members, who receive papers and join subcommittees as appropriate, but will only attend meetings where there are issues of special interest to them. If the MVP covers more than one provider unit, each unit should be represented by at least one senior professional. Other professional and staff group representatives may be agreed between the Trust, so that the committee does not become too large.

14. Members of the MVP should liaise with the groups or professions that they represent. This will include regular reporting on the activities of the MVP to their group / colleagues and feedback to the MVP.

15. Out-of-pocket expenses will be payable to service user members.

16. The CCG will pay an allowance to Georgie Watson- Chair, Nicki Burnett –Vice Chair (NB Payment is likely to increase the range of local people willing to participate but may affect entitlement to state benefits and is subject to income tax.) The CCG will ensure that the Chair's remuneration reflects the skills, experience and significant time required for the role.³

17. Members shall be given reasonable access to the CCG and provider unit libraries, to the internet and are encouraged to access NICE guidance and the Cochrane Library online.

18. The officer appointed to service the committee will provide information to members of the committee and identify any training needs that members may have.

Chair

19. The Chair of the committee will be elected by the membership for a fixed term of up to four years. The start and expected finish date shall be minuted. The Chair should be independent of those directly responsible for commissioning or providing services and normally be a user member. If there is no user member willing to take on the role of chair, the commissioning CCG, in consultation with the committee, will

³ NHS England, 2015. Working with our Patient and Public Voice Partners Reimbursing out of pocket expenses and involvement payments. Available at: <https://www.england.nhs.uk/wp-content/uploads/2015/05/ppv-expenses-involvement-policy.pdf> (Accessed 27 April 2016).

consider who would have an informed, user-focused perspective and be able to take on the role. The Chair should not normally be a practising or recently practising member of a profession directly concerned with providing maternity services, or employed by a trust with which the commissioning CCG has a contract.

20. Where the Chair is not a user member, a user member should be encouraged to take the role of Vice-chair for a fixed term of up to four years. The start and expected finish date shall be minuted. Sharing the chairing role as a job-share or 'chair team' is another way to ensure central service user involvement. The Vice-chair provides essential support the committee Chair.

21. In the rare absence of both the Chair and Vice-chair, members shall elect one person to take the chair for the duration of the meeting.

Committee proceedings

22. MVP Meetings will be held quarterly. All core members have voting rights. Associate members do not have voting rights.

23. A quorum shall be one third of the full core MVP membership, including deputies.

24. The Chair may invite individuals on an ad hoc basis to a meeting for particular items on the agenda.

25. The MVP may set up multi-disciplinary sub-groups that include user members to meet in between MVP meetings either on a regular or an ad hoc basis to work on specific topics and report back to the MVP. These sub groups may co-opt members as appropriate.

26. Proposed amendments to the terms of reference shall be circulated to all members in writing at least two weeks before the meeting at which such amendments are to be considered.

27. The CCG commissioning maternity care will appoint an officer to service the committee and ensure that a CCG lead person acts as the link with the Chair/ Vice-chair of the MVP. A current list of named core members, and the person servicing the committee, will be maintained, with changes agreed and minuted.

28. Agenda and papers will normally be circulated two weeks before each meeting. Any members may ask for items to be included on the agenda.

29. The minutes of meetings will be produced, for approval by the Chair prior to circulation, and circulated within three weeks of the meeting to MVP core and associate members, the chief executives of all relevant CCGs and trusts and be made available to others on request.

30. Where a member is unable to attend a meeting he/she will inform the committee secretary of this before the meeting and advise whether a designated deputy will be attending the meeting. The deputy will then have full voting rights.

31. Where a member fails to attend three meetings within a one-year period their membership should be reviewed and, if necessary, a replacement sought.

Annual Programme

32. The MVP will be consulted by the CCG commissioning maternity care on:

- proposals for developing or changing services, including the Sustainability and Transformation Plan
- service specifications for maternity services, quality standards and performance indicators
- the Joint Strategic Needs Assessment
- implementing standards and targets
- priorities for clinical audit
- Specific user involvement, personalisation and choice, and women's experience initiatives relating to the planning and monitoring of maternity services.

33. The MVP will receive reports from, and advise local provider units on:

- the development of their business plans relevant to maternity services
- any proposals for changing or developing service
- clinical governance, including clinical audit
- work of the labour ward forum where applicable
- the number and nature of maternity services complaints, and actions arising
- user surveys, complaints and local maternity statistics
- User involvement in the planning and monitoring of their maternity services.

34. The MVP will review services with information from sources including:

- community groups, consumer research and quality assurance
- Care Quality Commission findings, statistics and recommendations
- clinical audit reports from provider units, regular summaries of comments
- subjects/themes of complaints from service users
- Feedback from maternity services user groups.

Annual Report

35. The MVP will produce an annual report that includes:

- the work of the MVP over the past year
- progress on local strategies and targets
- work-plan for the coming year
- links and connections to Community Hubs and community organisations
- recommendations to maternity care commissioners

36. It may also include a synopsis of local statistics and services and act as an overview prospectus for local unit(s) and services.

37. The annual report will be circulated by the CCG commissioning maternity care to the trust and CCG boards, and other relevant statutory and non-statutory groups with an interest in maternity services. It will be discussed by the Chair and Vice-chair at a meeting with the chief executive or lead director of the CCG, and with the trust chief executive and/or the board level maternity champion, usually with a senior provider manager present.

Date Terms of Reference last reviewed [22/01/2019]

Guidance on maintaining independence

The MVP will be independent and accessible to all sections of the community.⁴ It must be seen by women and their partners and families as relevant and reflecting the experiences they have when using maternity services and related community support services. To maintain this independence requires the MVP to listen to the voices in their communities carefully and impartially.

Independence of purpose, of voice and of action

The MVP must be able to speak up independently, without fear or favour. The chair, other elected officers, and all members of the committee have a responsibility to maintain this independence. Sometimes this may feel difficult. The MVP must work on both popular and minority causes, with mainstream groups and with marginalised and vulnerable groups in order to serve the whole community. Adequate resources must be provided through arrangements with commissioners, service providers, voluntary organisations, Healthwatch, researchers, and/or consultants to make realistic work plans.

To maintain independence, the MVP must make sure that local people and stakeholders on the MVP are clear about the committee's independent position, which must not be compromised for any reason. Independence can be undermined by external pressures and conflicting expectations, or if the MVP becomes out of touch with the real concerns of local women and families or fails to take account of high quality evidence.

The principle of presenting lived experiences in an evidence based way is vital. If proposals and presentations are not grounded in local service users' experiences and formal evidence, the MVP will lack credibility.

If the MVP chair, or a subgroup of the MVP decides to take on extra commissioned work it must be clear, within the contract, how the MVP's independence will be preserved. For example, that the MVP owns the information collected has the right to publish any information collected and publish a final report in full.

⁴ This has been adapted from Healthwatch England guidance.

In order to maintain independence and respect, MVPs:

- Shall work to the highest levels of transparency and accountability in all activities. Good governance is fundamental.
- Must declare and manage conflicts of interest – it can be the public's perception of a conflict that undermines trust and independence. The MVP must be careful about any political affiliations and seek to maintain political impartiality.
- Must be seen as independent and accessible to all, representing all parts of the community.
- Are subject to oversight by clinical commissioning groups and may need to meet contractual requirements, however, any control over daily activities shall not have undue influence on freedom to set priorities.
- In undertaking contracted work (such as ongoing services or time-limited projects), may be at risk of commissioners becoming confused about the MVP's independence. It is important always to make this independence explicit so as to manage expectations.
- Must not compromise their independence through commercial or provider interests. This does not mean avoiding involvement of independent practitioners or NHS providers. Strong and trusted relationships with a range of stakeholders are vital to having local insight and influence. But any conflicts of interests must be stated and managed to maintain the MVP's independence and credibility.
- Must protect the reputation of MVPs and be respectful of local partners and stakeholders, avoiding inappropriate statements, language or associations which cannot be justified or may be damaging.
- Should attempt to resolve any disputes or misunderstandings locally, minting all formal meetings. They should seek advice from independent trusted sources such as: peers in other MVPs, Healthwatch England, NCT, Royal Colleges, NHS England, Birthrights, known independent service user advocates or lawyers if any tensions or conflicts cannot be resolved locally.

Managing conflicts of interest

A conflict of interest involves a conflict between a public duty and a private interest, in which the person's personal interest, e.g. a commercial interest or opportunity for self-promotion, could improperly influence the performance of their public duties and responsibilities. MVPs should manage any conflicts of interest and seek guidance if necessary. Healthwatch England has produced guidance on *Conflicts of Interest* and there is guidance available for charities.⁵

⁵ <https://www.gov.uk/guidance/manage-a-conflict-of-interest-in-your-charity>

RCHT Maternity Action Plan – Maternity Voices Partnership (MVP) Walking the Patch

No	Action	Comments and Progress	RAG	Lead	Deadline
1	Bump to Baby and Parent education feedback	<ul style="list-style-type: none"> Meeting with CoC and public health leads to discuss content of Bump to Baby Bump to Baby strategic committee in place to discuss programme and response to attendance and feedback. Bespoke parent education classes set up in Chi Kernow Team and Penrice Birth Centre. MVP – parents feedback to be incorporated into new planning for updated programme for BTB for 2020 		TR	1/01/2020 Further discussion and actions happening in the autumn
2	Looking after partners / fathers	<ul style="list-style-type: none"> Partners encouraged to be involved in care of baby and mother on postnatal and ‘Dad Pad’ initiative rolled out to Dads in Cornwall and promoted through various events in maternity (Whose Shoes, Perinatal Mental health Study Days’ National and Regional events). Close links being developed with ‘WILD’ and emphasis on young dads. 		JU MVP	30/06/2019

		<ul style="list-style-type: none"> • Young parents pathway developed • New guideline to be developed within deadline • SIM training to test process, communication links and transfer to tertiary unit. • New fold up beds purchased for birth centres at Penrice and Helston enabling partners have a proper bed to rest and be part of the family. • Feedback sessions to include fathers to glean information and ideas in relation to developing services around the family. • 			
3	Choice of place of Birth	<ul style="list-style-type: none"> • Transformation plan in place includes protecting and sustaining the 3 standalone birth centres in Cornwall and IOS. • Women and families to be fully involved in any further developments and refurbishment of the standalone birth centres. • Launch of Penrice BC 5th May 2019. Families form local area involved. • Launch of refurbished Helston BC planned for September 2019 • Patient information to ensure wide range of choices and options. • Parents involved in progression of pilots at Chi Kernow, Penrice and IOS • 		JU	31/10/2020

4	Continuity of Care	<ul style="list-style-type: none"> • CoC pilots in place and due to feedback in November 2019 onwards • Positive feedback from parents in North Cornwall and Penrice areas. • More case-loading projects for vulnerable groups and getting women involved in setting these up to meet their needs. • MVP have been talking to traveller community and other groups to gather information and feedback on challenges and needs of 'vulnerable' groups. • Caseload Team for Traveller community at Wheal Jewel commencing summer 2019 • 		JU	30/09/2019
5	Addressing the needs of women and families in need.	<ul style="list-style-type: none"> • Whose Shoes event with focus on Perinatal mental Health • Case-loading Team for traveller community • Easy read – Dad Pad version • Learning disabilities folders in clinical areas • Improved continuity for young parents • Consultant Midwife Role for 'vulnerable families' appointed • Two perinatal mental health midwives appointed • Bereavement Lead appointment to start 2nd September 2019 • Strengthening of bereavement team 		JU	30/06/2019

6	Refurbishment of day room and court yard	<ul style="list-style-type: none"> Plans for removing window and replacing with French doors and creation of patient friendly courtyard. Estates involved and drawing up plans Quote for work in and funding secured through transformation funding. MVP and staff involved in planning. 		JU SC	Revised completion date for all actions 31/10/2019
7	Food and drink provision for families on postnatal ward	<ul style="list-style-type: none"> Provision of hot water flasks and tea and coffee in day room Vending machines have been removed following poor feedback Plans for kitchenette area in day room. MVP involved in design. Plans for refurbished eating and communal area. Women are asked about quality of food and access to drinks as part of ward manager rounds and FFT Kitchen area on delivery suite has been refurbished 		SC	30/06/2019
8	Infant feeding support	<ul style="list-style-type: none"> Funding for full time Infant feeding Lead midwife secured for 2020 Cuddle coats for Fathers to provide skin to skin when mother unable to. 		SC	30/06/2019

		<ul style="list-style-type: none"> • MSWs provide support and training for parents choosing to bottle feed. • Review of discharge discussion and information given to parents. • Additional breast pumps purchased • New bedside cots for easy feeding and handling provided through charitable funding • Infant feeding part of staff mandatory training programme to reduce conflicting advice. 			
9.	Transitional Care on Wheal Fortune	<ul style="list-style-type: none"> • Full plan for ward to become transitional care / postnatal care ward in the autumn • Babies will be able to stay with mother and fathers will be encouraged to be involved at all stages • Staffing funding secured • Recruitment of core MSW team for ward • Training and CSF support in place • New MSW competency pack • Improved audit and data collection process • 		JU CW SC	30/09/2019

10	Broken equipment and noisy environment. Busy ward	<ul style="list-style-type: none"> • Ward manager and matron walkabout once a week to address issues and gain feedback from staff and families. • Review of process for replacing equipment • Floors are noisy due to temporary building. Staff to try and keep noise to minimum but difficult to address this issue. • Staffing reviewed and increase in maternity support worker numbers. • Birthrate Plus staffing review in 2020 		JU SC	30/06/2019
11	Positive feedback to staff	<ul style="list-style-type: none"> • Excellent feedback from 'walking the Patch'. Staff to be feedback positive comments and praise. • Issues identified as excellent and appreciated by women to be incorporated into future plans and progressed. • Action plan to be discussed at governance meetings and compliance formally monitored • Birth reflection service and bereavement team gather information and feedback on patient experience • FFT results through governance • Monitoring of actions from complaints and plaudits and actions through governance meetings 		JU	31/09/2019

		<ul style="list-style-type: none"> • Patient story at beginning of Care Group meetings • Team talk and feedback to the Trust's Patient Experience Group. • Presentation to the board on actions taken to address complaints on Wheal Fortune Ward • Monthly report form MVP with feedback from 'Walking the Patch' or focus groups of parents or other meetings. • Attendance at MVP meetings, Whose Shoes Event, National and regional meetings 			
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JU – Jane Urben, Head of Midwifery

TR – Trudie Roberts, Community Matron

SC – Sarah Coe, Ward Manager Wheal Fortune

CW – Chris Warren, Consultant Neonatologist

Glossary of Terms

CCG- Clinical commissioning group

RCHT- Royal Cornwall Hospital Trust

IOS- Isles of Scilly

CoC- Continuity of Carer

AMU- Alongside Midwifery unit

FFT- Friends & Family Test

FMU- Freestanding Midwifery unit

OU- Obstetric Unit

IOL- Induction of Labour

SBLC- Saving babies lives care bundle

LMS- Local Maternity system

MVP- Maternity Voices partnership

HV- Health visitors

RCM- Royal college of Midwives

DS- Delivery suite

AN- Antenatal

PN- Postnatal

PNMH- Perinatal mental health

LGBTQ+-Lesbian, Gay, Bisexual, Transgender, Queer +

BAME- Black, Asian and Minority ethnic

SWCN- South west clinical network

AIMS- Association for improvements in the maternity services

WS- Workstream

Relevant Links

<http://nationalmaternityvoices.org.uk/>

<https://www.kernowccg.nhs.uk/>

<https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

<https://www.aims.org.uk/journal/item/the-chance-of-better-births>

<https://www.npeu.ox.ac.uk/mbrace-uk/reports>

<https://www.england.nhs.uk/publication/local-maternity-systems-resource-pack/>

<https://www.rcm.org.uk/promoting/professional-practice/continuity-of-carer/>

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