



ROCHDALE & OLDHAM

Maternity Voices

Working in partnership to improve maternity services

Draft terms of reference

1. Rochdale and Oldham Maternity Voices Partnership (ROMVP), is an independent¹ multi-disciplinary advisory and action forum with service users at the centre.
2. It uses a formal committee structure, with written agendas and formal minutes of discussions and decisions. It also incorporates the principles and practice of participatory co-design and co-production through service user feedback and review of Trust/Maternity services literature in order to ensure that the five principles of MVPs are at the core. This supports the commissioning, monitoring and continuous improvement of maternity services.
3. It is supported by Healthwatch Rochdale and Oldham through funding from Greater Manchester Integrated Care Board (GMICB- Oldham and Heywood, Middleton and Rochdale locality)

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 as equals, promoting and valuing participation.
 - 4.2 Seek out and listen to the voices of women and birthing people, families and carers using maternity services.
 - 4.3 Champion the use of service users' experiences and insight as evidence when reviewing services.
 - 4.4 Understand and work with the interdependency that exists between the experience of staff and positive outcomes for women, birthing people, families and carers.
 - 4.5 Pursue continuous quality improvement in local maternity services with a particular focus on closing inequality gaps.

Aims and objectives

5. The ROMVP serves the needs of local women, birthing people and families across Rochdale and Oldham 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

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

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regional strategic direction, and links with other MVPs within the Local Maternity System to share good practice.

6. The ROMVP supports the Integrated Care Board (ICB), Local Maternity and Neonatal System (LMNS), Trust and Local Authority in their work to develop, design, implement and improve services for families and allows those families to be involved at all stages of this work.
7. The ROMVP will listen to and act upon women, birthing people, family and carer feedback and ensure it is heard at all levels. All members are committed to working in partnership and to implementing safe, personal, and kind care. This offers women and birthing people information, choice, and care based on best available evidence, always respecting their choices and human rights.
8. Mirror clauses, acknowledging the role of the ROMVP are included in the terms of reference of other groups that consult and receive advice from the ROMVP including Greater Manchester ICB and Trust boards.
9. The ROMVP embraces the vision, mission and values of Healthwatch Rochdale.
<https://healthwatchrochdale.org.uk/what-we-do>
10. The ROMVP supports service users and lay representatives to provide advice, scrutiny, and critical friendship to LMNS, Trusts and Local Authorities, using their lived experience, knowledge, and the voices they have collected from the local communities.

Values

11. The ROMVP is committed to diversity and equal opportunities and upholds women's human rights in pregnancy and childbirth.
12. The ROMVP 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 ROMVP discussion and decision-making process.
13. Members are acting in a public service capacity and are expected to adhere to the Nolan principles for conduct in public life.²

Membership

14. The ROMVP is multidisciplinary by definition and the membership should be open to all stakeholders and interested parties. This should include service users, community representatives, voluntary sector workers, service providers including midwives, obstetricians and health visitors, students and commissioners.
15. The ROMVP is a co-working and co-production forum where every member has an equal voice and opportunity to share their views.

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>

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16. It may 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.
17. Members of the ROMVP should liaise with the groups or professions that they represent. This will include regular reporting on the activities of the ROMVP to their group / colleagues and feed back to the ROMVP.
18. Out-of-pocket expenses will be payable to service user members within the criteria for such payments as noted in the ROMVP Expenses Policy.
 - Travel Costs
19. The ICB via Healthwatch Rochdale will pay an allowance to the Lead and the Engagement Facilitator at NHS PPV (Public Patient Voice) rate. (The ICB will ensure that the Lead's remuneration reflects the skills, experience and significant time required for the role).³

Budget and operational management

20. ROMVP budget will be agreed and managed through an agreed SLA with Healthwatch Rochdale, ICB, ROMVP Lead and ROMVP Engagement Facilitator.
21. Healthwatch will provide Project management, admin and volunteer management support as outlined in the SLA.

ROMVP Lead and ROMVP Engagement Facilitator

22. The Lead and the Engagement Facilitator will be recruited via a fair and open recruitment process conducted by Healthwatch Rochdale, for a fixed term of four years. The start and expected finish date shall be minuted. This process will be repeated 3 months before the end of the 4-year term to ensure continuity. The Lead 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 Lead, the commissioning ICB, in consultation with Healthwatch Rochdale, will consider who would have an informed, user-focused perspective and be able to take on the role. The Lead 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 whom the commissioning ICB has a contract.
23. Where the Lead is not a user member, a user member should be encouraged to take the role of Engagement Facilitator/Vice Lead 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 Engagement Facilitator/Vice Lead provides essential support to the ROMVP Chair.
24. In the rare absence of the Lead and Vice Lead, members shall elect one person to take the chair for the duration of the meeting.
25. The Lead will be supported by a small team of user reps referred to as ROMVP Volunteer Advocates who form a service user committee and will support the Lead to share social

³ Working with our Patient and Public Voice (PPV) Partners – Reimbursing expenses and paying involvement payments (v2) <https://www.england.nhs.uk/wp-content/uploads/2017/08/patient-and-public-voice-partners-expenses-policy-oct-17.pdf>

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media, input into specific projects and conduct engagement. All volunteers will require relevant safeguarding and information governance training.

Committee proceedings

26. ROMVP Meetings will be held not less than four times a year. Service users should represent one third of the total attendees in order to remain quorate.
27. The Lead may invite individuals on an ad hoc basis to a meeting for particular items on the agenda.
28. The ROMVP may set up multi-disciplinary sub-groups that include user members to meet in between ROMVP meetings either on a regular or an ad hoc basis to work on specific topics and report back to the ROMVP. These subgroups may co-opt members as appropriate.
29. Proposed amendments to the terms of reference shall be circulated to all members in writing at least one week before the meeting at which such amendments are agreed.
30. The Lead will appoint an officer to service the committee and to maintain a current list of named core members. The officer will produce a record of the meeting using a standard template document which will record agreed actions and recommendations. This is named as Healthwatch Rochdale.
31. Agenda and papers will normally be circulated one week before each meeting. Any members may ask for items to be included on the agenda.
32. The minutes of meetings will be produced, for approval by the Lead prior to circulation, and circulated within three weeks of the meeting to ROMVP core and associate members, the lead officers of both ICBs and The Trust and be made available to others on request. All ROMVP Meeting agendas and minutes will also be on the Webpage for public view and transparency (<https://healthwatchrochdale.org.uk/romvp>)

Reporting

33. The ROMVP will produce reports based on the engagement and feedback received, this may include:
 - 15 steps
 - Walking the patch
 - Survey reports
 - Focused project engagement reports
34. The ROMVP Lead will report monthly to the Trust **DOM/HOM**. Ensuring the voices of service users and families are heard at strategic level and informing the Trust of their current work.
35. The ROMVP will produce an annual report that includes:
 - the work of the ROMVP over the past year
 - Impact made
 - progress on local strategies and targets if appropriate

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- work-plan for the coming year
- connections/collaboration with Community Hubs and Community Organisations

36. The annual report will be circulated by Healthwatch Rochdale to the trust and ICB, and other relevant statutory and non-statutory groups with an interest in maternity services.

37. Terms of Reference last reviewed June 2021, and will be reviewed again at ROMVP Virtual Meeting in April 2023 and final draft via ROMVP Virtual Meeting end June 2023. Thereafter it will be reviewed every two years (or earlier if a significant change warrants a review)

NB: Changes to ToFR

Rochdale and Oldham Maternity Voices CHAIR – will now be named as LEAD in line with national naming (November 2023)

Rochdale and Oldham Maternity Voices Partnership Vice-Chair – will now be named as Engagement Facilitator in line with adaptation of role (November 2023)

20.11.2023

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Guidance on maintaining independence

The ROMVP will be independent and accessible to all sections of the community.⁴ It must be seen by women and birthing people 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 ROMVP to listen to the voices in their communities carefully and impartially.

Independence of purpose, of voice and of action

The ROMVP 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 ROMVP 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 ROMVP must make sure that local people and stakeholders on the ROMVP 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 ROMVP 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 ROMVP will lack credibility.

If the ROMVP chair, or a subgroup of the ROMVP, decides to take on extra commissioned work for the ICB/commissioners or Trust(s), additional to the main workplan for the ROMVP (the usual annual workplan, which all members have agreed by consensus or by voting, under these terms of reference), it must be clear, within the project plan agreed with the ICB/commissioners or Trust, how the ROMVP's independence will be preserved. For example, that the ROMVP owns the information collected, has the right to publish any information collected and publish a final report in full. It is important to be clear that an MVP is not a body that can enter into legal contracts – it is an NHS working group/partnership with members from relevant stakeholder groups, including NHS Trust staff, service users, NHS ICB/commissioner and others (see Terms of Reference). While the ROMVP will settle its annual workplan (collectively, at an ROMVP meeting) following discussion with the ICB and local Trust(s) as organisations (these bodies have members on the ROMVP who should facilitate these discussions, supporting the ROMVP chair), this must not compromise the independence of the group and its freedom to work on topics that the ROMVP has collectively decided are important in the local context.

In order to maintain independence and respect, the ROMVP:

- shall work to the highest levels of transparency and accountability in all activities. Good governance is fundamental.

⁴ This has been adapted from Healthwatch England guidance.

- must declare and manage conflicts of interest – it can be the public's perception of a conflict that undermines trust and independence. The ROMVP 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 ICB locality groups and may need to meet requirements in creating and delivering on its workplan in relation to co-design and co-production, however, any control over budget and activities shall not have undue influence on freedom to set priorities.
- undertaking additional work (such as agreed time-limited projects), may be at risk of commissioners becoming confused about the ROMVP'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 is vital to having local insight and influence. However, any conflicts of interests must be stated and managed to maintain the ROMVP's independence and credibility.
- must protect the reputation of the ROMVP 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, minuting 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>

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