

Morecambe Bay Maternity Services Liaison Group

Terms of Reference (November 2015)

This document is based on the Model Terms of Reference provided in national guidance, 2006. The national guidance is currently being revised & these Terms of Reference will be reviewed at that time

This Maternity Services Liaison Group (MSLC) has been established and will be maintained by the Lancashire North and Cumbria Clinical Commissioning Groups (CCGs) . It will act as a multi-disciplinary forum bringing together the different professions involved in maternity care with parents and parent's representatives.

Within this document the group is titled "Maternity Services Liaison Group" however the group may choose to change its name to be clearer for parents and their representatives.

The named CCG lead and administrative support will alternate between CCGs on an annual basis, or as agreed.

Aims and objectives

1. The MSLC will advise the CCGs and other commissioners on all aspects of maternity services provided for their residents, including:
 - Strategy for service
 - Progress on implementing the national standards and recommendations
 - Lessons from investigations and reviews of maternity services by the Care Quality Commission
 - Service specifications for maternity service contracts
 - Public and Patient 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.
2. The MSLC aims to ensure that maternity services commissioners and the provider units take account of the views of women and families using the service.

Reporting arrangements

The MSLC will report via the Maternity Commissioning, Performance and Service Development Group to the two Clinical Commissioning Groups. It will also feed into the University Hospitals of Morecambe Bay Trust Women's and Children's Directorate

Membership

The CCGs will ensure that there is a balance of membership based on nominations from professional and parent groups.

Members may include :

<u>Core members</u>	<u>Associate / additional members</u>
<p>Parents and Parent Representatives (aiming for at least one third of total core membership to be parents and their representatives)</p> <ul style="list-style-type: none">• Parents and their representatives (nominated by voluntary maternity organization, local women's, men's or	<ul style="list-style-type: none">• Users or community workers with particular expertise / experience, e.g. disability•

<ul style="list-style-type: none"> community groups users' panels or staff) Healthwatch representatives for Lancashire & Cumbria Family support workers, peer supporters 	
<p>Commissioners</p> <ul style="list-style-type: none"> Public health representative CCG Clinical Lead for Maternity CCG Commissioning manager Early Years commissioning representative 	<ul style="list-style-type: none"> Other commissioning expertise as needed
<p>Maternity Service Provider</p> <ul style="list-style-type: none"> Head of Midwifery Community Midwifery Matron Supervisor of Midwives Consultant obstetrician Consultant paediatrician / neonatologist Midwife currently in clinical practice (1 or 2 to cover hospital and community experience) 	<ul style="list-style-type: none"> Other expertise as needed, for example: <ul style="list-style-type: none"> Anaesthetics Antenatal screening Neonatal nursing Obstetric physiotherapy Parent education Radiology
<p>Other service providers</p> <ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Health Visiting representative Children's Centre Representative Representatives of other providers, eg Doula's, Independent Midwives Representative of midwifery education provider

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

Out-of-pocket expenses will be payable to the parent or parent representative members of the group by the CCG.

- Reimbursement of travel expenses will be at the NHS standard rate, on submission of the mileage form supplied.
- Reimbursement of childcare costs will be available by submission of an invoice from an accredited childcare provider.

Members will be supported by the CCG to access information sources they require.

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

Role of the Chair & Vice Chairs

The role of chair of the group will be agreed by the membership for a period of up to four years. If possible, the chair should be independent of those directly responsible for commissioning or providing services and normally be a parent or parent representative.

If there is no parent or parent representative willing to take on the role of chair, the CCG, in consultation with the group, will consider who is best placed to take this role, ideally it would be someone with an informed, parent-focused perspective.

Good practice guidelines state that 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 whom the commissioning CCG has a contract.

The role of Chair may be filled by a single person or by more than one person, depending on the needs of the group and the people available, it includes:

- Chairing the meetings (and arranging for someone else to chair if absent)
- Providing lead on Bay-wide work
- Leading the arrangement of locality based engagement, chairing and providing feedback from locality-based service engagement work.
- Writing an annual account of the activities of the MSLC

The role of chair will be remunerated as agreed with the CCGs.

Group proceedings

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

The MSLC may set up multi-disciplinary sub groups that include parent or parent representatives on an ad hoc basis to work on specific topics and report back to the MSLC. These sub groups may co-opt members as appropriate.

Meetings will be held not less than four times a year.

A quorum shall be one member of each of the core member categories above.

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

The minutes of meetings will be produced for approval by the chair prior to circulation and circulated to members and be made available to others on request.

Where a member is unable to attend a meeting he/she may send a designated deputy.

Annual Programme

The MSLC will be consulted by the CCGs on:

- any proposals for changing or developing services
- service specifications for maternity services and quality standards
- information requirements of residents and primary health care staff on maternity services
- user involvement in the planning and monitoring of maternity services.

The MSLC 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
- the number and nature of maternity services complaints, and actions arising therefrom
- patient surveys, complaints and labour ward statistics
- user involvement in the planning and monitoring of their maternity services.

The MSLC will review the services with information provided by:

- community groups, consumer research and quality assurance
- Care Quality Commission findings, statistics and recommendations
- clinical audit reports from provider units
- regular summaries of comments and complaints from parent or parent representatives
- regular meetings with parent groups.

Annual Report

The MSLC may produce an annual report that includes:

- the work of the MSLC over the past year

- work-plan for the coming year
- recommendations to the CCG commissioning maternity care.

The production of the annual report will be the responsibility of the Chair with typing, design and publication support from the CCGs.

The annual report may be widely circulated amongst organisations and groups with an interest in maternity care, including the CCGs, provider organisations, other community organisations, both statutory and non-statutory.

Date agreed: 19/11/15

Date to be reviewed: November 2016 (or earlier if required following publication of national guidance)