

Terms of Reference

(model terms of reference, Department of Health, 2006)



The Maternity Services Liaison Committee (MSLC) formerly maintained by the West Berkshire Primary Care Trust will be maintained by the West Berkshire Federation of Clinical Commissioning Groups (Clinical Commissioning Groups in Newbury & District, North & West Reading, South Reading and Wokingham) ('the Commissioners'), and shall continue to be known formally as the Reading, Wokingham and West Berkshire Areas Maternity Services Liaison Committee. The names 'Reading Maternity Forum – 'the MSLC' and 'Reading Maternity Forum' may also be used in publicity materials and in the day to day work of the Committee. It shall act as a multi-disciplinary forum bringing together the different professions involved in maternity care and user representatives.

Aims and objectives

1. The MSLC will advise the Commissioners and other commissioners of maternity care on all aspects of maternity services provided for its residents, including:
 - Strategy for service
 - Progress on implementing the standards and recommendations of the Children's National Service Framework in the area
 - Lessons from investigations and reviews of maternity services by the Healthcare 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.

Membership

3. Members will normally be appointed for no less than two years and no more than six years consecutively. The Commissioners will ensure that there is a balance of membership based on nominations from professional and user groups.

4. Members may include:

Core members Associate / additional members

Users (minimum one third of total core membership)

- User members (nominated by voluntary maternity organisations, local women's, men's or community groups users' panels or staff)
- Patient Forum members(s)
- Family support workers, peer supporters
- Users or community workers with particular expertise / experience, e.g. disability

- Trust Patients Group and/or Healthwatch representation

Commissioners• Maternity Lead for Commissioners (GP)

- Maternity Lead for Commissioners (Manager)

Other expertise as needed e.g.

- PND specialist/Psychiatrist

Provider unit(s)

- Head of Midwifery
- Consultant midwife
- Consultant obstetrician
- Consultant paediatrician / neonatologist
- Midwife currently in clinical practice (1 or 2 to cover hospital and community experience)
- Bi-lingual link worker or advocate, where employed locally

Other expertise as needed, for example:

- Anaesthetics
- Antenatal screening
- Business management
- Chaplaincy or bereavement service
- Health promotion
- Infant nutrition
- Medical / midwifery education
- Neonatal nursing
- Non-executive director
- Obstetric physiotherapy
- Parent education
- Radiology
- Sure Start / children's centre coordinator
- Children's Trust commissioner/

Local authority

Public Health Team

5. 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.

6. Out-of-pocket expenses will be payable to user members of the committee by the Commissioners of maternity care. The chair may receive an allowance (or reimbursement of expenses) to cover postage, phone and photocopying.

7. Payment through PAYE or an honorarium may be paid by the PCT to members of the MSLC not otherwise paid a salary for their attendance. Payment is likely to increase the range of local people willing to participate but may affect other benefits so local arrangements need to be agreed.

8. Members shall be given reasonable access to the Commissioners' and provider unit libraries, to the Internet and should be encouraged to access to the Cochrane Library which is available free through the National Electronic Library for Health (NELH).

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

Chair

10. The chair of the committee will be elected by the membership / appointed by the Commissioners of maternity care in consultation with MSLC members - for a period of up to four years. 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 Commissioners, in consultation with the committee, will 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 whom the Commissioners has a contract. Trust Non-Executive Directors bring overview knowledge and a technically independent view, but may be perceived as being aligned to one Trust so would not normally be encouraged to Chair the MSLC. Commissioning Group Non-Executive Directors may be more appropriate if no user member is willing to be appointed as chair.

11. Where the chair is not a user member, a user member should be encouraged to take the role of vice chair. Alternatively a co-chair or chair team may be preferred.

12. 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

12. All core members have voting rights. Associate members do not have voting rights.

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

14. The MSLC may set up multi-disciplinary sub groups that include user members 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.

15. A quorum shall be one third of the full core MSLC membership, including deputies.

16. Proposed amendments to the terms of reference shall be circulated to all members in writing at least one month before the meeting at which such amendments are to be considered.

17. The Commissioners of maternity care will appoint an officer to service the committee.

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

19. The minutes of meetings will be produced for approval by the chair prior to circulation and circulated within three weeks of the meeting to members, the chief executives of all relevant Commissioners and trusts, Chairs and lead officers of Patient Forums and Overview and Scrutiny Committees, Health and Wellbeing Boards, and be made available to others on request.

20. Where a member is unable to attend a meeting he/she will inform the committee secretary before the meeting whether his/her designated deputy will be attending the meeting. The deputy will then have full voting rights.

21. 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

22. The MSLC will be consulted by the Commissioners of maternity care and, where relevant, will liaise with the local Strategic Clinical Network on:
- Implementing the standards and targets of the Children's NSF maternity module
 - any proposals for changing or developing services
 - service specifications for maternity services and quality standards
 - information requirement of residents and primary health care staff on maternity services
 - priorities for clinical audit
 - user involvement in the planning and monitoring of maternity services.
23. 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.
24. The MSLC will review the services with information provided by:
- community groups, consumer research and quality assurance
 - Healthcare Commission findings, statistics and recommendations
 - clinical audit reports from provider units
 - regular summaries of comments and complaints from users
 - regular meetings with maternity services user groups.

Annual Report

25..The MSLC will produce an annual report that includes as a minimum: the work of the MSLC over the past year progress on local strategies and targets work-plan for the coming year based on LDP priorities, links and connections to Sure Start, managed networks, Children's Trust, recommendations to the Commissioners of maternity care.

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

26. The annual report will be discussed at a public meeting of the Commissioners and Patient Forum meetings and will be widely circulated by the Commissioners of maternity care to primary health care teams, Patient Forums and PALS and all relevant groups in the community, both statutory and non-statutory, with an interest in maternity services.

*** Note that 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 MSLC 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 trusts, so that the committee does not become too large.