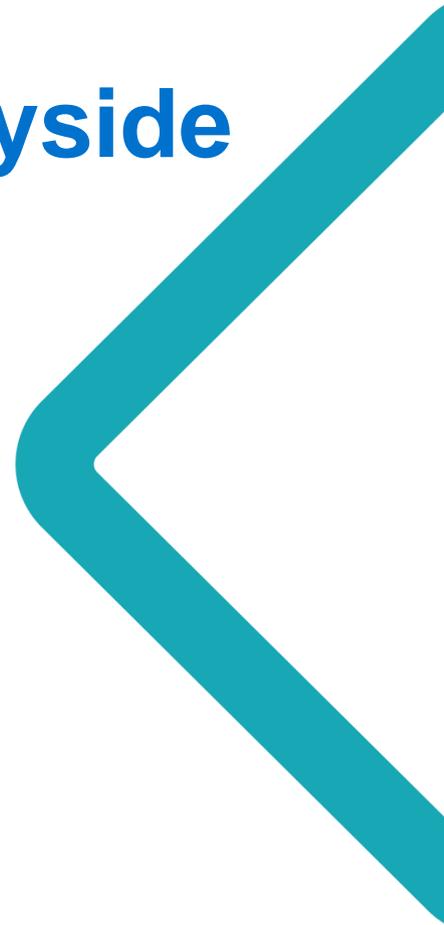


NHS Cheshire & Merseyside Integrated Care Board

Women's Hospital Services In Liverpool Committee

Terms of Reference



Document revision history

Date	Version	Revision	Comment	Author / Editor
10.03.23	1.1		Revision following first shadow meeting of the Committee on 28.02.23	Matthew Cunningham
08.11.23	2.0	Revisions to reflect the programme definition and the establishment of a programme board		Clare Powell
06.12.23	2.1	Track changes accepted. Minor amends and revisions to membership section.		Clare Powell
20.12.23	2.2	Updates to membership and duties sections following feedback from the Chair		Clare Powell

Review due:
November 2024

Women's Hospital Services in Liverpool Committee

Terms of Reference

1. Purpose

The Women's¹ Hospital Services in Liverpool Committee (the Committee) is established by NHS Cheshire and Merseyside as a Committee of the Integrated Care Board (ICB) in accordance with its constitution.

The Committee and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

The Liverpool Clinical Services Review report, published in January 2023,² recommended that a sub-committee of the ICB be established to oversee a programme of work to address the clinical sustainability of hospital services for women and the clinical risk in the current model of care. The Review was informed by and built on the considerable work undertaken by other reviews over several years. The recommendation to take a whole-system approach to addressing the clinical risks and sustainability challenges affecting women's hospital services in Liverpool was accepted and therefore NHS Cheshire and Merseyside ICB will be responsible for overseeing this programme of work.

The primary focus of the work will be hospital based maternity and gynaecology services and although these services are delivered in Liverpool they include tertiary services for Cheshire and Merseyside. Any proposed solutions may therefore impact on the care of patients across Cheshire and Merseyside and beyond and these populations will be fully considered in the programme.

The Committee will be established with a diverse membership, drawn from a variety of partner organisations, and will include other representatives in attendance, drawn from the NHS Trusts with a role in delivering these services.

Over the next five years, the Committee will oversee and assure the development and implementation of a future care model that will ensure that women's hospital services delivered in Liverpool provide the best possible care and experience for all women, babies and their families.

¹ It is important to acknowledge that it is not only people who identify as women (or girls) who access women's health and reproductive services to maintain their sexual and reproductive health and wellbeing. The terms 'woman' and 'women's health' are used for brevity, on the understanding that transmen and non-binary individuals assigned female at birth also require access to these services. Delivery of care must therefore be appropriate, inclusive, and sensitive to the needs of those individuals whose gender identity does not align with the sex they were assigned at birth.

² <https://www.cheshireandmerseyside.nhs.uk/media/vz2na242/cm-icb-board-public-260123.pdf>

2. Responsibilities / duties

The Committee, through delegated authority from the ICB, will develop recommendations for safe, high quality and sustainable services.

The Committee will:

- Ensure that a clinically led programme of work is established to identify options for delivery of safe, high quality and sustainable services. This will include:
 - approving the strategic case for change.
 - agreeing the programme governance arrangements, that ensures robust development of options and evidence of how conclusions have been reached.
 - establishing a programme board to lead the development of the case for change and future model of care for women's hospital services in Liverpool.
 - gaining assurance that proposals for future delivery of these services are clinically led, informed by clinical evidence, research, and intelligence, and can demonstrate that they meet the needs of women and their families.
 - approving the programme board's workplan.
 - receiving regular progress reports from the programme board and seeking assurance about programme delivery.
 - involving and engaging NHS and wider partners, managing strategic dependencies across Cheshire and Merseyside (and beyond) and resolving any conflicts.
 - ensuring the programme has sufficient resources drawn from all partners, with the right skills and capacity to deliver a large-scale, complex programme.
- Ensure that the voice of the patient, public and stakeholders is heard.
 - It will develop and maintain processes to ensure that there is meaningful involvement of the public, patients, carers, and stakeholders in the development of proposals.
 - It will ensure that OSC and appropriate local, regional and national bodies are engaged.
- Ensure that the financial impact of proposals / options is robustly assessed so that it can present costed recommendations to the ICB for decision.
- Ensure that all significant proposals undertake Health Inequality, Quality and EDI assessments so that their impact can be assessed against the objectives of the ICB.
- Ensure that the programme complies with statutory and regulatory requirements, in particular the duties of consultation should any major service reconfiguration be recommended.
- Make recommendations to the ICB, keep the ICB apprised of progress and identify significant risks to the delivery of the programme work plan.

3. Authority

The Committee will oversee the development of a future care model that will ensure that women's hospital services delivered in Liverpool provide the best possible care and experience for all women, babies and families.

The Committee is authorised by the ICB to:

- request further investigation or assurance on any area within its remit
- bring matters to the attention of other committees to investigate or seek assurance where they fall within the remit of that committee
- make recommendations to the ICB Board
- escalate issues to the ICB Board
- approve an annual work plan to discharge its responsibilities
- approve the terms of reference of the programme board
- delegate responsibility for specific aspects of its duties to sub-groups, sub-committees or individuals.

Decisions on areas, functions, or budgets outside of the authority or scope of the ICB is discharged through the authority that is delegated to the individual members of the Committee by their respective organisations.

For the avoidance of doubt, in the event of any conflict when making any decisions or recommendations, the ICB Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation will prevail over these terms of reference other than the committee being permitted to meet in private.

4. Membership & Attendance

Membership

The Committee membership shall be appointed by the ICB in accordance with the ICB Constitution. Membership of the Committee may be drawn from the ICB Board membership; the ICB' executive leadership team; officers of the ICB; members or officers of other bodies in the wider health and social care system; other individuals/representatives as deemed appropriate.

When determining the membership of the Committee, active consideration will be made to diversity and equality.

The Committee Membership will be composed of:

- Committee Chair - Chair of the ICB
- an Independent Clinical SRO, from outside the Cheshire and Merseyside ICB footprint
- the ICB Women's Services Programme SRO, who will be an ICB Executive
- the ICB Associate Medical Director (Transformation)
- an ICB Non-Executive member
- the ICB Director of Finance
- an ICB Primary (GP) Care Partner representative

- a representative from the Local Maternity and Neonatal System
- the Liverpool Place Director
- the Sefton Place Director
- the Knowsley Place Director
- a representative from CMAST
- lay representatives
- a representative from the NW Specialised Commissioning team

Attendees

Only members of the Committee have the right to attend Committee meetings, but the Chair will invite relevant staff members for all or part of a meeting as necessary in accordance with the business of the Committee.

Members of the Programme Board will be routinely invited to attend to provide progress reports and to be part of the Committee discussions. These attendees can include but are not limited to:

- the ICB Associate Medical Director – Transformation
- Representative(s) from Liverpool Women’s Hospital NHS FT
- Representative(s) from Liverpool University Hospitals NHS FT
- Representative(s) from Alder Hey NHS FT
- Representative(s) from Clatterbridge Cancer Centre NHS FT
- Women’s Services Programme Director
- Programme Support Officer(s)

The programme director and any other dedicated staff will support the operation of both the Committee and the Programme Board.

The Chair may also invite specified individuals to be regular participants at meetings of the Committee to inform its decision-making and the discharge of its functions as it sees fit.

Participants will receive advance copies of the notice, agenda, and papers for Committee meetings. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting but may not vote. Named regular participants may include:

- a) a Director of Public Health.
- b) a representative from Healthwatch Liverpool on behalf of all the Cheshire and Merseyside Healthwatch organisations.
- c) an individual bringing knowledge and a perspective of the voluntary, community, faith, and social enterprise sector.
- d) individual(s) representing the Local Medical Committee.
- e) individual(s) representing Primary Care (Pharmacy, Dentistry).
- f) a representative from the University of Liverpool.

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

5. Meetings

5.1 Leadership

The Chair of the Committee will be the Chair of NHS Cheshire and Merseyside ICB.

A Deputy Chair will be identified from within the standing membership of the Committee by the Chair.

The Chair will be responsible for agreeing the agenda with the Senior Responsible Officer for the Programme, and the Programme Director, ensuring matters discussed meet the objectives as set out in these Terms of Reference.

5.2 Quorum

For a meeting or part of a meeting to be quorate a minimum of five Committee members must be present, including:

- the Committee Chair or Deputy Chair
- at least one clinically qualified member
- at least one ICB Executive member.

Committee members may identify a deputy to represent them at meetings of the Committee when they are absent. Committee members should inform the Committee Chair of their intention to nominate a deputy to attend/act on their behalf and any such deputy should be suitably briefed and suitably qualified (in the case of any clinical members). When in attendance, a deputy of a Committee member has the same right to vote as that of the member.

If any member of the Committee has been disqualified from participating on an item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken within the remit of the Committee.

5.3 Decision-making and voting

The Committee will ordinarily reach its conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

5.4 Frequency and meeting arrangements

The Committee will meet in private.

The Committee will meet at least four times each year. Additional meetings may take place as required.

In normal circumstances, each member of the Committee will be given not less than one month's notice in writing of any meeting to be held. However:

- the Chair may call a meeting at any time by giving not less than 14 calendar days' notice in writing.
- a majority of the members of the Committee may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting.
- in emergency situations the Chair may call a meeting with two days' notice by setting out the reason for the urgency and the decision to be taken.

As a Committee of the ICB, meetings may be conducted virtually using telephone, video, and other electronic means, when necessary.

5.5 Administrative Support

The Committee shall be supported with a secretariat function, which will include ensuring that:

- the agenda and papers are prepared and distributed having been agreed by the Chair with the support of the SRO of the programme;
- good quality minutes are taken in accordance with the standing orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept;
- the Chair is supported to prepare and deliver reports to the Integrated Care Board;
- the Committee is updated on pertinent issues / areas of interest / policy developments; and
- action points are taken forward between meetings.

5.6 Accountability and Reporting Arrangements

The Committee is accountable to the Cheshire and Merseyside Integrated Care Board and shall report to its Board on how it discharges its responsibilities.

A summary of key issues discussed and concluded shall be produced and formally submitted to the Integrated Care Board. Reporting will be appropriately sensitive to personal circumstances and will not contain personally sensitive or personally identifiable information.

The Committee will provide the Integrated Care Board with an Annual Report for each year it is in place. The report will summarise its conclusions from the work it has done during the year.

Members of the Committee who are not ICB members have the responsibility to inform their respective organisations prior to and post the meetings with respect to the business undertaken by the Committee and seek their support for any recommendations being considered by the Committee and the Board.

6. Behaviours and Conduct

Benchmarking and guidance

The Committee will take proper account of National Agreements and appropriate benchmarking, for example Agenda for Change and guidance issued by the Government, the Department of Health and Social Care, NHS England, and the wider NHS in reaching their determinations.

ICB values

Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.

Members of, and those attending, the Committee shall behave in accordance with the ICB's constitution, Standing Orders, and Standards of Business Conduct Policy.

Management of Conflicts of Interest

All members shall comply with the ICB's Managing Conflicts of Interest Policy / their relevant organisation COI policy at all times. In accordance with best practice on managing conflicts of interest, members should:

- inform the chair of any interests they hold which relate to the business of the Committee.
- inform the chair of any previously agreed treatment of the potential conflict / conflict of interest.
- abide by the chair's ruling on the treatment of conflicts / potential conflicts of interest.
- inform the chair of any conflicts / potential conflicts of interest in any item of business to be discussed at a meeting. This should be done in advance of the meeting wherever possible.
- declare conflicts / potential conflicts of interest in any item of business to be discussed at a meeting under the standing "declaration of interest" item.
- abide by the chair's decision on appropriate treatment of a conflicts / potential conflict of interest in any business to be discussed at a meeting.

As well as complying with requirements around declaring and managing potential conflicts of interest, members should:

- Uphold the Nolan Principles of Public Life.
- Attend meetings, having read all papers beforehand.
- Arrange an appropriate deputy to attend on their behalf, if necessary.

Equality diversity and inclusion

Members must demonstrably consider the equality, diversity and inclusion implications of any recommendations and decisions they make.

7. Review

The Committee will review its effectiveness at least annually.

These terms of reference will be reviewed at least annually and earlier if required.

Any proposed amendments to the terms of reference will be submitted to the Integrated Care Board for approval.