

NHS Cheshire & Merseyside Integrated Care Board

Women's Hospital Services In Liverpool - Programme Board

Terms of Reference



Document revision history

Date	Version	Revision	Comment	Author / Editor
06.11.23	0.1		First draft	Clare Powell
06.12.23	0.2	Section 2 – duties regarding access, inequalities and lay perspectives added. Section 6 – equality, diversity and inclusion – more detail.	Feedback from shadow programme board members incorporated	Clare Powell
11.01.24	1.0	Deputy chair identified. LUHFT members increased from 2 to 3. AHCH and CCC added to reporting section.	Agreed as final at Programme Board on 10.01.24	Clare Powell

Review due:
November 2024

Women's Hospital Services in Liverpool - Programme Board

Terms of Reference

1. Purpose

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

The Programme Board 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 Programme Board's primary purpose is to:

Develop a clinically sustainable model of care for hospital-based maternity and gynaecology services that are delivered in Liverpool.

This will involve:

- understanding all the clinical sustainability challenges hospital-based maternity and gynaecology services in Liverpool face;
- exploring potential solutions for how those challenges can be addressed and resolved;
- undertaking an options appraisal of the viable solutions for making these hospital services clinically sustainable for the future; and
- making recommendations to the Women's Services Committee of NHS Cheshire and Merseyside.

A wide range of stakeholders will be involved in the work to ensure that there are no unintended consequences for women, their families and other C&M providers and a full impact assessment will be completed on any future proposals.

The programme will follow the process set out in the NHS England Guidance for Planning, Assuring and Delivering Service Change (2018)².

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.england.nhs.uk/publication/planning-assuring-and-delivering-service-change-for-patients/>

2. Responsibilities / duties

The Programme Board's duties are as follows:

- Develop the programme plan for the Women's Hospital Services in Liverpool Programme.
- Establish the operational arrangements for programme delivery including any working groups.
- Identify the key clinical risks and issues in women's hospital services in Liverpool.
- Explore the medium and long term solutions to managing the identified risks and issues.
- Lead the development of the case for change for women's hospital services in Liverpool.
- Lead the development of the future model of care for women's hospital services in Liverpool including identifying service dependencies.
- Lead the option appraisal process to identify potential solutions to delivering the future model of care.
- Lead the production of business case(s) as required.
- Complete equality, quality and sustainability impact assessments on proposals for the future delivery of women's hospital services in Liverpool.
- Ensure there is fair and equitable access to women's hospital services in Liverpool.
- Ensure the future model of care and options to deliver it seek to reduce health inequalities.
- Seek external clinical and professional advice where specialist or independent review is required, including involvement from an NHS Clinical Senate.
- Make recommendations to the Women's Services Committee about the future delivery of women's hospital services in Liverpool; proposals will be informed by clinical evidence, research, and intelligence, and will demonstrate how they meet the needs of women and their families.
- Communicate and engage with clinical services stakeholders such as clinical networks, the C&M local maternity and neonatal system (LMNS) and CMAST (C&M acute and specialist trusts provider collaborative).
- Communicate and engage with other key stakeholders e.g., Liverpool Providers Joint Committee, Place leads.
- Support consultation and engagement processes with staff, stakeholders, patients, and the public.
- Ensure that lay perspectives are considered and reflected throughout the work of the programme.
- Support the Women's Services Committee with the formal change assurance process with NHSE.
- Manage the overall programme risks, issues and dependencies.
- Regularly report progress to the Women's Services Committee, escalating risks and issues as necessary.

3. Authority

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

The Programme Board is authorised by the Women's Services Committee to:

- request further investigation or assurance on any area within its remit;
- make recommendations to the WSC;
- escalate risks and issues to the WSC;
- agree a programme plan to discharge its responsibilities;
- approve the terms of reference of any working groups that support the work of the programme board;
- delegate responsibility for specific aspects of its duties to working groups 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 Programme Board 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 Programme Board being permitted to meet in private.

4. Membership & Attendance

Membership

The Programme Board membership shall be approved by the WSC.

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

The Programme Board Membership will be composed of:

- Programme Board Chair – Interim CEO of Liverpool Women's FT
- ICB Associate Medical Director – Transformation (Deputy Chair)
- An Independent Clinical SRO, from outside the Cheshire and Merseyside ICB footprint
- An Independent Programme Director
- ICB Head of Communications and Engagement
- x3 representatives from Liverpool Women's Hospital NHS FT (LWFT)
- x3 representatives from Liverpool University Hospitals NHS FT (LUHFT)

- x1 representative from Alder Hey NHS FT (AHFT)
- x1 representative from Clatterbridge Cancer Centre NHS FT (CCCFT)
- x1 representative of Liverpool Place (ICB)
- Leads of working groups if not covered by the membership above.

Attendees

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

The Chair may also invite specified individuals to be regular participants at meetings of the Programme Board 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 Programme Board meetings. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting but may not vote.

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 Programme Board will be the interim Chief Executive of Liverpool Women's FT.

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

The Chair will be responsible for agreeing the agenda with 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 four Programme Board members need to be present, including:

- the Programme Board Chair or Deputy Chair
- at least one LWFT representative
- at least one clinically qualified member

Programme Board members may identify a deputy to represent them at meetings of the Programme Board when they are absent. Members should inform the 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 member has the same right to vote as that of the member.

If any member of the Programme Board 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 Programme Board.

5.3 Decision-making and voting

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

Only members of the Programme Board 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 will hold the casting vote.

5.4 Frequency and meeting arrangements

The Programme Board will meet in private.

The Programme Board will seek to meet monthly. Additional meetings may take place as required.

Meetings may be conducted virtually using telephone, video, and other electronic means, when necessary.

5.5 Administrative Support

The Programme Board 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 Programme Director.
- 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 WSC.
- the Programme Board 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 Programme Board is accountable to the Women's Services Committee of NHS Cheshire and Merseyside Integrated Care Board and shall report to the WSC about how it is discharging its responsibilities.

Regular programme reports will be produced and formally presented to the WSC. These reports will also be provided to the LWFT, LUHFT, AHFT and CCCFT Boards. Reporting will be appropriately sensitive to personal circumstances and contain no personally sensitive or personally identifiable information.

Members of the Programme Board have the responsibility to inform their respective organisations prior to and post the meetings with respect to the business undertaken by the Programme Board, and seek their support for any recommendations being considered by it.

6. Behaviours and Conduct

Benchmarking and guidance

The Programme Board 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 Programme Board 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 Programme Board.
- 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.

The programme aims to improve equity and equality of access to women’s hospital services in Liverpool; in particular, in access to other adult acute and emergency services.

The programme board will proactively seek to ensure that equality, diversity and inclusion is considered in the management and mitigation of clinical risks, in the case for change and in proposals for the future model of care.

The communications, engagement and involvement plan will detail how the programme will ensure that a diverse range of views are sought and included in the development of proposals.

Comprehensive impact assessments will be undertaken on proposals.

7. Review

The Programme Board 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 Women’s Services Committee for approval.