MATERNITY GUIDELINES COMMITTEE

TERMS OF REFERENCE

Norfolk and Norwich University Hospitals NHS Foundation Trust

1 CONSTITUTION AND PURPOSE

1.1 At the discretion of the W&C Divisional Board, a **Maternity Guidelines Committee** has been established.

1.2 The **Purpose** of the Maternity Guidelines Committee is:

- To ensure that new or updated guidelines or departmental material developed for use within this Directorate are of high standard, referenced, multi-disciplinary and, wherever possible, evidence-based.
- To co-ordinate and develop patient information, in accordance with the NNUH NHS Foundation Trust Patient Information Guidelines, as recommended by the Patient Information Forum.

2 AUTHORITY

2.1 The Maternity Guidelines Committee has no executive powers other than those specified in these Terms of Reference. The Committee is authorised to investigate any activity within its Terms of Reference and all Trust staff are expected to co-operate with the Committee to facilitate satisfaction of its duties.

2.2 The Maternity Guidelines Committee has authority to establish sub-groups or working groups as it considers appropriate, efficient and necessary

2.3 The Maternity Guidelines Committee has authority for approval and monitoring implementation of policies relevant to its Terms of Reference, as specified at section 11.

3 MEMBERSHIP

3.1 Membership of the Committee shall comprise:

- ❖ Obstetric Lead for Maternity Guidelines (Chair)
- ❖ Clinical Effectiveness Midwife
- ❖ Chief of Service, Obstetrics
- ❖ Consultant Obstetricians
- ❖ Divisional Midwifery Director
- ❖ Deputy Divisional Midwifery Director
- ❖ Quality Improvement Matron
- ❖ Community Midwifery Matron
- ❖ Antenatal and Postnatal Matron

- ❖ Risk & Governance Midwife
- ❖ Intrapartum Matron
- ❖ Team Leader - Midwifery-Led Birthing Unit
- ❖ Team Leader - Cley Ward (Obstetrics)
- ❖ Team Leader – Delivery Suite
- ❖ Team Leader – Blakeney Ward
- ❖ Team leader – Antenatal Clinic
- ❖ Practice Development Midwives

3.2 Members who are unavailable to attend meetings of the Committee shall nominate a deputy to attend, with the agreement of the Chair.

3.3 This is not an exclusive meeting. There is an open invitation to non-members to attend its meetings, including:

- Band 5,6 and 7 midwives
- Junior Doctors
- Allied Health professionals working in Maternity Services
- Neonatal Consultants, Junior Doctors and Nursing staff
- Anaesthetic Consultants and Junior Doctors

3.4 MNVP - Maternity and Neonatal Voices Partnership

The NNUH maternity work closely with the MNVP, and the committee invite the MNVP Lead to attend. It is recognised that the MNVP lead has limited resource to attend trust meetings in addition to competing MNVP requirements. When the MNVP lead is unable to attend, nominated committee members will ensure that meeting minutes are shared and highlights are discussed at the MNVP monthly feedback meetings. It is the responsibility of the committee members to ensure that highlights are escalated to the MNVP lead until further MNVP resource is identified to support their attendance.

4 SUPPORT ARRANGEMENTS

4.1 The Committee Chair will arrange for appropriate administrative support to be provided to the Committee. The Committee will establish a monthly work programme, summarising those items and reports that it expects to consider at forthcoming meetings and this will be reflected in future meeting agendas.

5 MEETINGS AND QUORUM

5.1 Meetings of the Maternity Guidelines Committee shall be scheduled to take place every 4th Friday of the month (14:00 on Microsoft teams). Meetings will only be cancelled or rescheduled in extreme circumstances and extraordinary meetings

may be called occasionally at the discretion of the chair.

5.2 To be quorate at least five members of the Committee must be present, at least one of whom must be either the Chair or a nominated deputy. Committee members must represent a cross section of the Directorate's services, and will include consultants in obstetrics and gynaecology, junior doctors, nurses, midwives, managers – as well as representatives from anaesthetics and neonatology if relevant documents are to be discussed.

5.3 Responsibility for calling meetings of the Committee shall rest with the Committee Chair. Notice of each meeting confirming the venue, time, and date together with the agenda of items for discussion and supporting papers will be circulated to each member of the Committee by one week prior to the meeting. The agenda will include embedded documents to allow a consultation period for new/revised guidelines, patient information leaflets and consent forms to enable members to make comments ahead of the meeting if attendance is not possible.

5.4 Minutes containing a record of Action Points arising from meetings of the Maternity Guidelines Committee shall be made and circulated to its members by the administrative support team following approval of the content by the Chair of the Committee.

6 DUTIES

In furtherance of its Purpose, key duties of the Committee are to:

6.1 Oversee the development of high quality, multi-disciplinary clinical guidelines and departmental material for use within the Directorate, ensuring that these are evidence-based wherever possible. These guidelines should follow the trust wide approved document templates.

6.2 To ensure that these guidelines are ratified by representatives of both the medical and midwifery/nursing teams. The ratification process is by consensus agreement on the guideline content by the committee members and, when necessary, by action on the part of the chair (where a consensus cannot be reached, but there is a majority view). Meetings will be chaired by the Maternity Clinical Guidelines Chair or a designated/nominated Consultant Obstetrician in their absence.

6.3 Patient information leaflets, following production by the author, will be sent to the patient information forum/MNVP for lay comment and suggestions prior to discussion in the guidelines meeting. The clinical effectiveness midwife will keep abreast of relevant patient information leaflets due for review.

6.4 All meetings will be minuted and the minutes agreed at the beginning of the subsequent meeting. These minutes are accessible through the Trust's 'Trustdocs' page of the website.

6.5 To ensure that guidelines are regularly reviewed, no less frequently than every

three years, and that superseded guidelines are safely archived for future reference. The guidelines will be dated from that time they are agreed by the committee, and a commitment to review the guideline within three years by the named author or nominee made explicit by the review date specified in the agreed guideline.

6.6 To ensure that approved guidelines are available to all staff through 'Trustdocs' and the departmental website which links into the Trust Intranet.

6.7 To assess the suitability of adopting/adapting national clinical guidelines from NICE, RCOG etc. for use within the Directorate. Wherever possible, national guidance such as this should be adapted for local use and should, at the very least, be referenced in any locally-developed guideline.

6.8 When appropriate, to advise, and take advice from, the O & G Risk Management Committee, the Maternity Voices Partnership, the lead for Clinical Governance and the Practice Development group in matters relating to the development and implementation of clinical guidelines for use within the Directorate. Advice should also be sought from other relevant specialities such as anaesthesia, neonatology, haematology, radiology etc.

6.9 To develop high quality information for patients, using the guidelines agreed by the Patient Information Forum.

6.10 To develop and maintain procedure specific consent forms.

6.11 Undertake an annual review of Committee effectiveness and satisfaction of these Terms of Reference.

7 REPORTING

7.1 On a monthly basis, an appropriate report shall be made from the Committee to the Maternity Clinical Governance Meeting and Maternity Directorate. The Committee shall draw to the attention of the Maternity Directorate any issues that require its particular attention or require it to act in addition to a report on outstanding Maternity Documents passed review.

7.2 The Committee shall include within each agenda a monthly Work Programme for its future work, summarising those items and reports that it expects to consider at forthcoming meetings.

8 PROCESSES FOR MONITORING THE EFFECTIVENESS OF THE MATERNITY GUIDELINES COMMITTEE

8.1 The Committee will report monthly as per section 7 above to Maternity Directorate and where required produce historic monthly meeting agendas. The monthly agenda will include information on the planned work of the Committee in the months ahead.

8.2 The Terms of Reference of the Committee will be reviewed annually by the Committee and any proposed changes submitted to the Clinical Guidelines Assessment Panel for approval.

9 DECLARATIONS OF INTEREST

9.1 All members must declare any actual or potential conflicts of interest relevant to the work of the Committee, which shall be recorded in the minutes accordingly. Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair will decide whether a declared interest represents a material conflict.

10 REPORTING COMMITTEES

10.1 The following committees or working groups have been established to report to the Committee/Group:

- None

11 RELATIONSHIP WITH DIVISIONS AND GOVERNANCE SUB-BOARDS

11.1 For the avoidance of doubt, it should be noted that the structural position and operation of the Committee is to be consistent with the existing governance and leadership arrangements through the Divisions and Governance Sub-boards. The Chair of the Committee will ensure that in its operation and effect the Committee supports the existing clear lines of escalation, responsibility and accountability through Divisions and Governance Sub-boards.

Date approved by the Clinical Guidelines Assessment Panel: tbc

Date for Annual Review: tbc