

MATERNITY CLINICAL NETWORK MATERNITY CLINICAL EXPERT GROUP

Terms of Reference and Membership

Name of group:	Yorkshire and the Humber Maternity Clinical Expert Group
Accountable to:	Yorkshire and the Humber Maternity Strategy Group
Purpose:	<p>The aim of the group is to:</p> <p>Ensure the delivery of high quality care for people accessing maternity services by working jointly across Yorkshire & the Humber (Y&H) to:</p> <ul style="list-style-type: none"> • Receive national reports / audits / papers and NICE guidance relating to Maternity and act as an expert (secondary / tertiary care) clinical advisory group to clinical commissioning groups and NHS England (Specialised Services) on maternity services. • Review information to identify: issues and challenges within the system e.g. blockages, barriers to change; areas of good practice for sharing. • Provide challenge to the system through informal mechanisms of peer review, support and accountability. • Promote and accelerate the adoption of good and innovative practice across Y&H and beyond. • Support an agreed programme of work for CCGs and NHS England (at their request) with support from the Clinical Network support team. • Improve integrated care and information sharing by working in partnership with Local Maternity Systems and other key stakeholders. • Support the Local Maternity Systems to implement the Maternity Transformation Programme in line with the national key deliverables and the Y&H Maternity Clinical Network work programme. • Represent Y&H clinical view at appropriate maternity meetings on request and be the link for Network RCPCH / RCOG / RCM Advisors.
Scope:	The scope of work for this group is to lead on programmes of work which focus on maternity care in acute hospital settings, primary care and the community across Yorkshire & the Humber region. The group will also contribute to other work programmes which impact on care within the acute hospital setting e.g. neonatal care, provision of community services.
Core membership:	<ul style="list-style-type: none"> • Clinical Leads for Maternity Services in Y&H e.g. Head of Midwifery, Clinical Director, Obstetric Lead (1 per organisation) • LMS Lead Midwife (1 per LMS) • CN Clinical Lead for Maternity Services • Clinical Lead for Y&H Neonatal ODN • GP Advisor

	<ul style="list-style-type: none"> • Safeguarding representation • NHS England Specialised Commissioning Service Specialist Lead for Women & Children • CN Manager • CN Quality Improvement Manager / Lead • CN Perinatal Mental Health representative • Yorkshire Ambulance Service and East Midlands Ambulance Service • Embrace • NEY Regional Maternity Team representative • RCM <p><i>Note: Core members agree to attend a minimum of 75% of meetings each, nominating a deputy who can attend in the event of absence.</i></p>
<p>Invited to attend:</p>	<p>Attendance of non-members will be decided by the group, and agreed by the Chair, upon the basis of specific agenda requirements. Key stakeholders may include:</p> <ul style="list-style-type: none"> • CN Clinical Director • CCG Commissioner representatives – on request • CN Information Analyst – on request • PHE Representative • Health Education England • Academic Health Science Network • Other stakeholders on request of the members e.g. NHS Resolution
<p>Chair:</p>	<p>The Chair will be the Maternity Clinical Lead for the Maternity Clinical Network.</p>
<p>Chair's extra-meeting roles:</p>	<p>The Chair will:</p> <ul style="list-style-type: none"> • Promote engagement of member representatives at all meetings • Foster a network approach to commissioning issues and represent the network at appropriate meetings in relation to key commissioning issues.
<p>Decision making:</p>	<p>The group will make clinical recommendations to the Y&H Maternity Strategy Group whose final recommendations will be made after due consideration of the wider context.</p> <p>Where the work of the group has commissioning implications, NHS England will be the key leads in respect of obtaining advice and supporting proposals for any service developments and or investment in services.</p>
<p>Quorum:</p>	<p>There is no quorum required for the meeting to be held. Where a decision is required, a quorate for approval will require:</p> <ul style="list-style-type: none"> • C&M CN Clinical Lead / Manager. • Y&H Maternity Service member majority i.e. minimum 50% of members.

	<p>For example, with 13 maternity services, 7 Trusts members to be represented for quoracy.</p> <ul style="list-style-type: none"> • Minimum 1 representative from each LMS. • Appropriate representation for topic requiring decision e.g. PMH Clinical Network representative, Neonatal ODN representative.
Responsibilities:	<p>The primary roles and responsibilities of the group are, by working jointly across Yorkshire & the Humber to:</p> <ol style="list-style-type: none"> 1) Support the delivery of relevant aspects of the agreed CN work programme (with support from the CN support team). 2) Actively contribute advice to other relevant CN work areas within other Y&H CNs. 3) Promote sharing and adoption of good practice via agreed routes. 4) Reduce/avoid unnecessary duplication of work across different organisations and/or care settings to enable improvements in patient care, effectiveness/efficiency of working and to maximise capacity within the system. 5) To make evidence-based clinical recommendations to the Y&H Maternity Strategy Group on issues relating to care of patients accessing maternity services, provision of support for carers and family members and other related issues. <p>Individual group members are responsible for:</p> <ul style="list-style-type: none"> • Providing active support to the Chair to progress the work programme. All members of the Group are expected to support delivery of the agreed work programme of the Group. This may involve taking on a leadership role for certain aspects of the programme e.g. user involvement, patient information, service improvement, research etc. or for specific tasks. • At the agreement of the group, seeking views on particular issues from within their host organisation (including both clinicians and managers) and local maternity groups where relevant and feeding these back in the agreed way. • It is the responsibility of the acute trust representatives who attend to ensure that the necessary recommendations/agreements are disseminated to their host organisation and other key stakeholders within their locality area for action/implementation.
Meeting frequency:	Four meetings per financial year.
Administrative Support	CN Office – agendas / notes / room bookings and hospitality - at the request of the Chair.
Minutes circulated to:	Members and members of the Maternity Strategy Group.
Review date:	30 September 2021