

Clinical Network - Maternity Strategy Group

Terms of Reference and Membership

Name of Group:	Yorkshire & the Humber Maternity Strategy Group
Accountable To and Reports To:	<ul style="list-style-type: none"> • Providers via membership. • Commissioners through CCG representation. • NHS England and NHS Improvement (NHSE/I) Specialised Commissioning through NHS England North East and Yorkshire (NE&Y) Region Medical Director, NHSE/I Maternity Transformation Board (MTP) through NE&Y Region Chief Nurse and Chief Midwife.
Values and Principles of Strategy Groups	<p>We will:</p> <ul style="list-style-type: none"> • Be guided by the NHS Constitution and the ‘mandate’ • Place patients at the heart of all our decisions • Seek to achieve the highest quality healthcare and reduce health inequalities for our population • Empower our clinical leaders • Take account of the different needs of local communities • Seek evidenced based best practice. • Respect difference, whilst seeking to build a collective approach where this will deliver added benefits. • Listen to others, share information, be transparent • Embrace innovation and learn from best practice • Seek to work cooperatively to ensure services are integrated across patient pathways. • Develop strong collaborative relationships with partners where decisions are transparent and in line with these values • Above all, work to benefit the population of Yorkshire and the Humber (Y&H).
Purpose and Responsibilities:	<ul style="list-style-type: none"> • Develop the Clinical Network (CN) in line with national policy and the needs of the constituent organisations, ensuring clinical engagement, influence and the patient’s voice is at the heart of CN activities. • Oversee and lead the development and delivery of the CN’s strategy and annual work programme of quality improvement to improve outcomes. Ensure these are in line with the requirements of the national Maternity Transformation Programme (MTP) and NHS Long Term Plan and reflect the role of the CN as defined by

the MTP in supporting the three Y&H Local Maternity Systems (LMS) PMOs in the development and implementation of their LMS Plans . The CN plans will be submitted to NHSE/I NE&Y Region Medical Director as part of the annual Business Planning process.

- Make use of the CN structures and other bodies to take advice before making recommendations.
- Where appropriate take business to the LMS, Regional Chief Midwife /MTP Team and other appropriate bodies
- Foster a culture of clinical leadership and influence and patient involvement in the development, delivery and assurance of services (for the defined CN conditions). This will include defining and securing agreement about input / engagement from constituent organisations / members to ensure successful delivery of the Network annual work programme.
- Serve as an advisory body making recommendations in support of safe, sustainable high quality and cost effective care for the defined conditions (both reactive in response to constituent organisation and member requests and proactive recommendations).
- Foster a culture that promotes collective decision making for the benefit of patients. The support team will also have an 'honest broker' role in facilitating agreement between professionals and organisations to secure improvement.
- Oversee progress of the CN's associated clinical services and network groups in relation to: performance in national work programmes – such as peer review, clinical audit programmes and service specifications.
- Assess the implications of national / regional policy and guidance for CN conditions across the whole pathway and associated services and communities.
- Ensure that robust mechanisms for patient, carer and public engagement exist and that PPI plans are developed alongside network work plans reflecting NHS England Principles of Engagement and best practice.
- Provide support, advice and recommendations to NHS commissioners / providers of NHS services including information from horizon scanning, in support of the development, delivery and assurance of safe, clinically and cost effective pathways of care (from prevention to end of life care). Advice and recommendations will be proactive, reactive and costed.
- Oversee the development and endorsement of LMS clinical guidelines, policies and procedures for recommended use across the CN area.
- Promote the development and delivery of best practice, evidenced based care, with an emphasis on ensuring equitable, consistent high quality service provision and a seamless transition in care across the whole patient pathway.
- Oversee a co-ordinated approach to stakeholder engagement and communication for the CN with clarity on roles and responsibilities with work programme priorities shared with Mat/Neo Service

	<p>Improvement Programme (Mat/Neo SIP), ODN, Public Health England etc.</p> <ul style="list-style-type: none"> • Ensure a coherent and consistent approach to both network development and network activities with partner networks in neighbouring areas. • Support systematic risk management processes to identify, assess, manage and escalate risks associated with the commissioning and provision of CN services within Y&H. • Benchmark outcomes and work with providers to promote best practice to understand variation and feed back to LMS and ICS CCG Commissioners via the Y&H Commissioner Forum. <p>Internal Governance of the CN Strategy Group:</p> <ul style="list-style-type: none"> • Ensure appropriate senior level Chair and membership to be effective to discharge the responsibilities of the group. • Ensure the CN evolves and develops in accordance with the national policy direction and the needs of its local constituent organisations, adding value to the development, delivery and assurance of services (for the defined conditions) within the given geographical area. • Ensure the CN identifies a mechanism to determine when its work is complete and where different arrangements need to be put in place. • Ensure the annual work programmes are aligned with and contribute to QIPP / CQUIN requirements. • Develop resource plans for submission to the Y&H CN Medical Director and Deputy Director of Clinical Networks for approval. Following approval ensuring delivery within the resources agreed. • Monitor planned improvements in quality and outcomes are achieved, with supporting intervention for significant risks to benefits realisation. • Contribute to the delivery of the CNs' Annual Report and other evaluation requirements.
<p>Membership:</p>	<p>Membership:</p> <ul style="list-style-type: none"> • CN Clinical Lead for Maternity • Maternity and PMH CN Manager • Maternity CN Quality Improvement Manager • PMH CN Quality Improvement Manager • Chair or Vice Chair of the Maternity Clinical Expert Group • Y&H CCG Commissioner representative • Y&H LMS SROs (x3) • Y&H LMS PMOs (x3) • Provider Representation • NHS E/I NE&Y Chief Midwife/ Maternity Lead

	<ul style="list-style-type: none"> • Public Health England • Specialised Commissioning Service Specialist for Women & Children • Neonatal ODN representation • CN Quality Improvement Staff for appropriate agenda items • Yorkshire Ambulance Service/ EMBRACE (and EMAS where appropriate) • Other members of a CN Strategy Group are for local determination. <p>Service User representation to be provided via Task and Finish Group membership.</p>
Invited to attend:	<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 will include:</p> <ul style="list-style-type: none"> • Mat/Neo SIP representation if shared work programmes • Third Sector Representation • LA Maternity Commissioning Representation • HEE Representation
Chair:	CCG Chief Officer / LMS SRO
Decision Making Process:	<p>Decisions will normally be achieved through simple majority.</p> <p>Decisions made will inform the commissioning process through the LMS and ICS CCG Commissioners and NHS England Y&H Specialised Commissioning.</p>
Quorum:	<p>For the meeting to be quorate the following minimum representation must be achieved:</p> <ul style="list-style-type: none"> • Chair • CN Clinical Lead or CN Manager • 50% Provider organisation representation • Where a recommendation requires NHS England Commissioning or Ambulance ratification, the named lead or agreed deputy must also be present.
Frequency of Meetings:	Quarterly
Serviced By:	CN Office
Communications:	Strategy Group Members, NHSE/I NE&Y Medical Director, Chief Nurse and Chief Midwife and LMS and ICS CCG Commissioners into which the network reports.
Minutes and Action Log Circulated To:	Strategy Group Members.

Declaration of Interests	If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he / she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the item under discussion has been concluded. All declarations of interest will be recorded in the minutes.
Urgent Matters Arising Between Meetings	In the event of an urgent matter arising between meetings that cannot wait for resolution until the next scheduled meeting the Chair in consultation with the Clinical Lead and CN Manager will convene a virtual or real meeting with at least two other strategy group members to take such action as is necessary. The Deputy Director of Clinical Networks advice can be sought in the event of anything that is deemed contentious or a serious risk issue.
Review Date:	31 October 2021

Version control		
Version	Author	Date
V1	CEH / JP	27 September 2013
V2	Revised C&M Development Group	February 2014
V3	Revised Maternity Strategy Group	3 July 2014
V4	Revised Maternity Strategy Group	14 July 2016
V5	Revised Maternity Strategy Group	19 April 2018
V6	Revised Maternity Strategy Group	08 October 2020
V6.1	Revised Maternity Strategy Group (Commissioner representation)	08.07.2021