



Y&H Maternity & Neonatal Alignment Group

Terms of Reference August 2020

Context

This Alignment Group (AG) covers Maternity and Neonatal activity within the boundaries of the Yorkshire and Humber Neonatal ODN. It consists of representatives able to authorise plans and commit resources on behalf of their organisations with the sole purpose of ensuring that the National Neonatal Critical Care Review Recommendations (NCCR) are coproduced and implemented in partnership and to assure an equitable and consistent approach. By definition this group would therefore be time limited.

Provider organisations that deliver maternity and neonatal services within Yorkshire and the Humber are collectively responsible for delivery of the AG's NCCR recommendations in partnership with the Maternity Clinical Network, LMSs and the Neonatal ODN. This includes risk sharing and the management of any unforeseen adverse consequences identified as a direct result of implementation of the recommendations.

AG members are chosen to represent a particular area of expertise on behalf of the patient pathway and to facilitate improved service delivery and outcomes on behalf of service users.

Scope and Purpose

The AG will look at both the connected and distinct elements of each of the recommendations and actions. They will consider approach and methodologies and will advise on an optimal process of implementation to ensure a high quality and responsive neonatal critical care services if provided for families in the Yorkshire and the Humber footprint considering critical co-dependencies with other essential services.

In particular the group will seek to address the following issues:

- clarify pathway linkages between maternity and neonatal critical care;
- how best to optimise use of neonatal intensive care beds, through consideration of the different levels of critical care required to support pre term babies requiring different levels of acuity;
- maintaining the role of networked models of neonatal critical care, supporting care closer to patients home residence where possible;
- how best to deliver comprehensive transport services for mothers and babies requiring neonatal admission, including In Utero Transfers and in due course, repatriation; and
- critical linkages to other current and forthcoming service reviews.

Principles

The AG works on the principle of a partnership of equals, looking for synergistic and collaborative arrangements. Working together to achieve equitable access to services based on the location of

families and not necessarily via historical referral processes.

In taking forward this work, the group will:

- engage widely, openly and transparently at all times with service users, commissioners, clinicians, arm's length bodies, professional organisations and the public;
- adopt an evidence-based approach, making use of available data to inform assessments of current landscape, issues and future requirements;
- make strategic links with other key reviews and initiatives;
- consider the costs, benefits and implementation challenges of proposals; and
- seek to achieve a broad consensus around final proposals.
- work in co-production with service users where appropriate

Aims and Purpose of the Group

To work in partnership with a wide ranging team of people to implement the recommendations in a way that will deliver a comprehensive, equitable, integrated, safe and sustainable services, local where possible, for babies and families that require the intervention of neonatal care.

The AG has responsibility on behalf of its member organisations to develop and oversee programmes of work that are designed to fulfil the recommendations as outlined in the NCCR report.

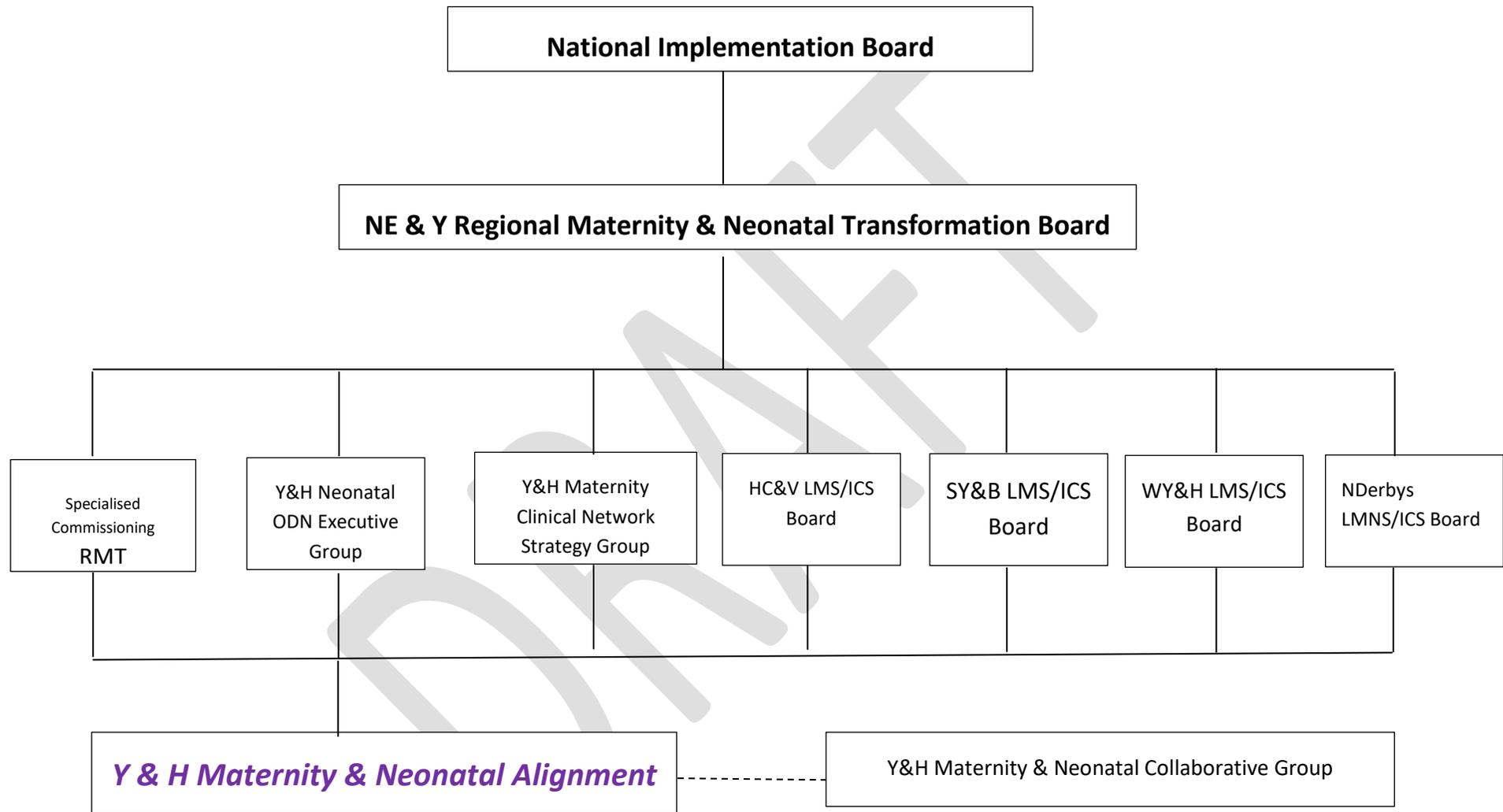
In order to achieve this, the group will be required to establish a co-ordinated and consistent approach to the provision of maternity and neonatal services, ensuring the effective and efficient use of all resources available.

The AG will ensure that the following principles are reflected in the programmes of work:

- Improve operating consistency
- Improve outcomes including experience and quality of care for patients and safer service delivery
- Improve equity of access to neonatal care
- Increase opportunity for collaboration between and across provider and commissioner organisations
- Support stronger collaborative networked design and delivery of services
- Ensure public and patient engagement in the design of services, co-producing where appropriate
- Ensure consistent application of standards which improve access to and egress from services at the right time
- Ensure consistency of messaging and communication across Yorkshire and the Humber maternity and neonatal stakeholders.
- Provide advice to commissioners acting as the voice of the Yorkshire and the Humber.

Governance

Clinical Governance sits firmly within each constituent member organisation and in order that the AG does not complicate formal governance arrangements already in place, the AG will ensure that there is a mechanism in place to address any governance issues that impact on the work being undertaken within the responsibilities of the group. See diagram overleaf.



Participating Organisations

Provider Trusts

There are 15 provider NHS Trusts that participate within the neonatal network incorporating 4 Tertiary units.

Maternity Systems

The North East & Yorkshire Maternity Team

The Yorkshire & Humber Maternity Clinical Network covers all 13 maternity providers excluding Chesterfield.

Units contributing to neonatal care across the ODN fall into 4 LMS footprints which are:

LMS	NICU	LNU	SC
Humber Coast & Vale	Hull	Grimsby Scunthorpe York	Scarborough
South Yorkshire & Bassetlaw	Jessop Wing (Sheffield)	Barnsley Doncaster Rotherham	Bassetlaw
West Yorkshire & Harrogate	Bradford Leeds	Calderdale Pinderfields	Airedale Harrogate
North Derbyshire		Chesterfield	

Current transfer pathways and patient flows do not always mirror LMS footprints.

Commissioners

Neonatal critical care services are commissioned by NHS England, although some peripheral services and all maternity services are commissioned by respective CCGs. The Groups commissioning links will therefore be with both the regional representatives of specialised services team within NHS England and relevant CCGs (via ICS representation).

The AG will also link in with:

- Y&H Neonatal ODN Executive Group
- Y&H Maternity Strategy Group
- HC&V LMS Board & associated ICS Board
- SY&B LMS Board & associated ICS Board
- WY&H LMS Board & associated ICS Board
- N Derbyshire LMNS Board & associated ICS Board
- Specialised Commissioning
- Maternity & neonatal user reps
- Transport services

Membership

Alignment Group

The AG is key to ensuring alignment and consistency in regards to implementation plans relating to NCCR recommendations. It will hold all sub groups to account and be responsible for ensuring the delivery against its agreed work programme.

Membership:

NE&Y Maternity Team

Y&H Neonatal ODN Manager
 Clinical Lead
 Nursing Lead

Y &H Maternity CN Manager
 Clinical Lead

Specialise Commissioning Service Specialist

LMS PMOs
 Obstetric Leads
 Midwifery Leads

Parents/MVPs tbc

A N Others ? CCG reps
 ? ICS reps
 ? HEE reps

Quoracy

The group is quorate when a minimum of 2 LMSs plus ODN & Clinical Network representation are present.

Frequency of Meetings: Meetings will be held as required.

Admin Service and Management Support: The AG will be supported and serviced by ???

Decision making/delegated responsibilities of Alignment Group members are:

- AG representatives have responsibility for providing specialist advice to the group and taking learning and actions back into their organisation and constituent organisations.
- Decisions will normally be achieved through consensus. Otherwise a simple majority vote may be taken.

Responsibilities

The AGs key responsibilities are to:

- Agree an operational model to enable implementation of the National Neonatal Critical Care Review recommendations designed to improve the care and outcomes for babies and their families accessing these services.
- Develop local operational standards where appropriate.
- Make recommendations to commissioners and where appropriate influence service development needs.
- Oversee and monitor the ongoing progress of the NCCR implementation plans.
- Build and maintain effective working relationships and partnerships to support the successful implementation of the NCCR recommendations.

Responsibilities of AG Members

- To ensure that AG recommendations are strategic in focus, are made in the best interests of the

maternity and neonatal services as a whole and avoid locality bias.

- To provide the AG with their personal expertise as informed by professional and locality experience, ensuring their input reflects the breadth of understanding in their locality or specialty, avoiding purely personal opinion.
- To understand and be willing to seek additional expertise or knowledge as relevant to the issues being considered.
- Individuals to provide the AG with the views of the organisation/area of expertise which they represent.
- To have a strong sense of corporate responsibility in communicating accurately the considerations and recommendations of the AG at localities.

Timeframe

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Next steps

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