

# Maternity and Newborn Clinical Network

## Terms of Reference

### Purpose

The Clinical Network's purpose is to take a 'whole of Victoria' approach and provide expert advice to maternity and newborn service providers related to the development and delivery of high quality clinically effective maternity services.

### Key Features

The Clinical Network will involve health professionals and organisations working in a co-ordinated manner and demonstrate the following characteristics:

- Clinician leadership and effective clinical governance principles in operation;
- Multi-disciplinary membership with representation from health services which provide all levels of maternity care throughout Victoria
- working across organisational boundaries

The work of the Clinical Network is underpinned by the principles set out in:

- *Future directions for Victoria's maternity services (June 2004)*
- *Rural birthing services A capability based planning framework (December 2004)*
- *Rural directions for a better state of health (November 2005)*

### Governance

The Clinical Network is not an entity. It is a 'virtual body', the authority for which is established by the consent of the respective CEOs of all Victorian health services that provide maternity care within the scope of the terms of reference for the Network.

The Clinical Network does not replace individual health service accountability for direct service provision. The Clinical Network has clinical and organisational mandate to commit organisations to adopt consistent negotiated operational approaches within its scope, as defined by these terms of reference.

The Terms of Reference will remain in operation for a twelve-month period and then be subject to review.

### Scope

The Maternity and Newborn Clinical Network will have a number of roles to assist DHS and health services, where required or requested, to enhance the capability of maternity and newborn service provision across all levels of maternity care in Victoria. These may include the facilitation of metropolitan/rural clinical collaborations, maternity demand management and mitigation strategies, workforce enhancement, quality and risk management initiatives and support of infrastructure and service planning activities.

### Partnerships within the Clinical Network

- generate proposals to ensure the Victorian maternity system responds effectively to increasing demand for services
- facilitate the establishment of geographically based partnerships between health services to enable effective and efficient use of available infrastructure and workforce
- identify opportunities to maintain access to maternity services in local areas through co-operative use of workforce available

## **Clinical Practice**

- support the development and implementation of clinical guidelines and multi-disciplinary clinical audit processes and clinical review to minimise variations in clinical practice against the statewide maternity performance indicators
- support the development of patient safety and quality solutions where issues are identified within a particular service or related to a particular clinical practice or procedure
- support the development and monitoring of service capability and appropriate levels of role delineation for specific facilities and services
- take a leadership role in advising on processes for credentialing, clinical privileging for all health professionals involved in the provision of maternity care
- advise on GP accreditation and on strategies to increase and improve the participation of GPs especially in rural areas, in maternity services in the context of DHS developed frameworks for these activities
- enhance the linkage between system identified quality and safety issues (through Coronial activities, Health Services Commissioner reports, Consultative Council on Perinatal and Paediatric Obstetric Mortality and Morbidity) and local quality activities and conduct interprofessional/peer and service reviews where required or requested
- support efforts to embed evidence based practice and decision making into maternity practice

## **Workload Management**

- assess work practice and conduct process review of case management and timely patient flow across settings and make recommendations to enhance these functions
- improve the interfacing between hospitals for patients who are transferred between hospitals or to access specialised care
- strengthen the capability and capacity of all levels of maternity services in Victoria in order that care can be provided to women in their home community at every available opportunity

## **Workforce**

- initiate actions to stabilise and increase numbers and capability in all professions that provide maternity services and care
- make best use of existing staffing and resources
- medical, maternity, nursing workforce coordination, education and support

## **Infrastructure and workforce planning**

- assist in the future planning for service capacity (including capital works) in response to possible scenarios to be developed by DHS
- assess future requirements for perinatal medical and midwifery/nursing workforce to enable provision of primary, secondary and tertiary care

In undertaking its role the Clinical Network will consider:

- the development of agreed clinical protocols, algorithms and business rules
- the balance between focus on overall state wide consistency and the need to develop effective protocols at a local level
- the relationship with PERS/NETS to maximise its ability to contribute to achieving these purposes
- the impact of all its recommendations and actions on the provision of appropriate neonatal services throughout the State.

## Membership

The initial membership of the Maternity and Newborn Clinical Network has been determined using three broad geographical zones to ensure representation from across the state. The statewide leadership group will comprise 20 – 25 members, the majority of whom will be clinicians working for or with Victorian health services providing maternity services. Members will be nominated directly by health service CEOs and include representatives from midwifery and nursing of the relevant specialties, obstetrics, management and general practice.

The membership will comprise:

- Clinical leaders nominated by the CEOs of public maternity providers
- Two CEOs (1 tertiary, 1 rural)
- Directors PERS and NETS
- Two consumers
- A representative from private maternity services
- DHS (Director Programs and Rural Regional Director)
- Director, Maternity Clinical Network

The leadership group of the Clinical Network will convene three to four times each year to set directions and receive reports on progress against the workplan. An Executive Group will meet monthly to manage the on-going business of the Network. Subgroups will be formed as required to take on particular aspects of the work program.

The Network will keep records of its decisions. Five days notice of meetings will be provided. Members may not delegate their attendance to others. In all other ways the Clinical Network will govern its own proceedings.

### Deliverables for the First Six Months

One of the first priorities of the Network will be to define the composition and functioning of maternity regional partnerships which will:

- Establish a system for distribution of demand at booking within each of the partnerships
- Map the capability and capacity of all levels of maternity services within their geographical area , including 'real time' variation

## Key Interfaces

It is proposed to establish the Victorian Maternity and Newborn Clinical Network with strong links to neonatal services with a view to expanding the network to include gynaecology as the initial maternity network is well advanced. To facilitate links with neonatal services a neonatologist will be employed on the MNCN management team on part time basis.

The Clinical Network will keep key stakeholders informed. These include MSAC, NSAC, CCOPMM, 3 Centres Collaboration. The Maternity and Newborn Clinical Network will work closely with PERS, NETS, the Education Program and other statewide groups/organisations to draw on relevant expertise and negotiate consistent and aligned work programs to ensure work programs are complementary and 'synergistic'.

The twelve month review of the terms of reference for the Clinical Network will encompass review of the roles and responsibilities of the Maternity Services Advisory Committee and the Neonatal Services Advisory Committee.

## Resourcing

A small management group will coordinate and support the network. The group will comprise clinical director, 0.4, network manager, senior project officer, 3 network facilitators (full time positions) and clinical advisor neonatal services, 0.1.