## Appendix A: NHS Kent and Medway ICB Board Paper (Part 1, Public), 21 July 2026

Board Part 1-Public

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| **Report to** | NHS Kent and Medway ICB Board- Part 1 (Public) |
| **Meeting date** | 21 July 2026 |
| **Report title** | Kent and Medway Maternity Services Review: Terms of Reference and Co-Design Approach |
| **Key question** | *Can the Board take assurance that the elements of the Maternity Services Review's Terms of Reference set out in this paper are ready for approval, and that reserving the remaining elements for provider co-design in August, with final sign-off by Chair's Action, is the right approach to balance pace with proper provider engagement?* |
| **Executive Lead** | Jennie Hall OBE, Chief Nursing, Experience and Quality Officer (SRO); Ed Waller, Deputy Chief Executive and Chief Strategic Commissioning Officer (Deputy SRO) |
| **Author** | Charlotte Gibson, Associate Director for Maternity, Neonatal and Women's Health Services- Programme Lead. SME- Consultant Midwife |

| **Which of the organisation's strategic objectives does the report support:** | |
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| ☒ Commission the right services each year | ☒ To ensure financial sustainability over three years |
| ☒ Lead strategy and ensure commissioning levers deliver impact | ☒ Develop into a high-performing Commissioning Organisation |
| ☒ Renew our culture for long-term sustainability | |

| **Recommendation (outcome / action requested):** |
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| **Meeting action required:**<br>☒ Seek assurance ☒ Decision/approval required ☐ For noting/information |

**Recommendation(s) to the meeting:**

- The Board is asked to approve the elements of the Terms of Reference set out in Section 4 of this paper: governance and accountability, scope, methodology and the indicative timeline.
- To approve delegated authority for the Chair, in consultation with the Chief Executive, to finalise and sign off the complete Terms of Reference by Chair's Action, following co-design engagement with all four provider trusts in August 2026.

## Executive summary:

- The Kent and Medway Maternity Services Review is the ICB's primary commissioning response to the national Maternity and Neonatal Investigation (the Amos Review), published 30 June 2026, and to sustained safety escalation across the system: three of the four provider trusts are currently on NHS England South East Enhanced Support and Oversight, and no strategic system-level review of maternity configuration has previously been undertaken by the ICB. The programme was approved in principle by Executive Committee on 10 June 2026.
- Significant elements of the Terms of Reference are already agreed and are brought to this Board for approval: governance and accountability, scope across the four layers of care, methodology, and an indicative timeline to September 2026 (Section 4).
- A core set of elements is being reserved for co-design with all four provider trusts at an August 2026 engagement event, rather than pre-decided by the ICB: the detailed scope of the acute-layer tabletop, how provider disagreement on scope will be resolved, and what “endorsement” means in practice (Section 5).
- This split directly reflects the Amos Review's central finding- that the system has too often done things to providers and families rather than with them. Presenting the whole Terms of Reference as fixed in July, then closing it out immediately by Chair's Action, would risk the process itself repeating that pattern; reserving open elements for provider co-design is intended to protect both credibility with the four trusts and the substance of what Amos is asking commissioners to do differently.
- No Board meeting is scheduled in August or September 2026. Approving the agreed elements now, and delegating final sign-off to Chair's Action following August engagement, avoids delaying the Terms of Reference to the September Board cycle-which risks the Review being delegated to committee, while ensuring providers have a say on the elements that remain open.

## Proposed next steps:

- August 2026: engagement event with all four provider trusts to co-design the elements of the Terms of Reference that remain open, with attendance requested from each trust's Chief Executive, Director of Midwifery and senior clinical leadership.
- Provider Board endorsement of scope, a confirmed Phase 1 output required before the Terms of Reference are finalised.
- Chair's Action, in consultation with the Chief Executive, to finalise and sign off the complete Terms of Reference following that engagement.
- Independent Clinical Chair appointment to be progressed as a critical path dependency; the Programme Board cannot convene until this is confirmed.

| **Governance and decision pathway to date:** | |
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| Date: | Milestone: |
| 10/06/26 | Executive Committee approved the Maternity Services Review in principle |
| 30/06/26 | National Maternity and Neonatal Investigation (Amos Review) published; Review confirmed as the ICB's primary commissioning response |
| 14/07/26 | First South East Regional Heatmap submission, establishing the methodology baseline |
| 21/07/26 | ICB Board- Part 1 (this paper): approval sought for agreed Terms of Reference elements and co-design approach |
| Aug 2026 | Provider engagement event: co-design of open Terms of Reference elements; provider Board endorsement of scope |
| Following Aug engagement | Chair's Action: final Terms of Reference sign-off |

| **Contact for further information** | Charlotte Gibson |
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| **COMPLIANCE NOTES:** |
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| **Equality, health inequalities and quality impact assessment** |
| ☒ Yes ☐ No/Not applicable<br>A full Equality and Health Inequalities Impact Assessment will be developed through Phase 1 of the Review, informed by the August engagement event and the |

acute-layer tabletop exercise. No configuration decisions are being taken through this paper.

## Conflicts of interest

☒ Yes ☐ No

The author, Charlotte Gibson, was previously a Consultant Midwife at Kings College Hospital (2013-2022) and MTW (2022–2024)- one of the four provider trusts within the Review's scope. This is a declared conflict of interest, managed through standard ICB governance and clinical oversight arrangements.

## FOI status

☒ Yes ☐ No

This is a Part 1 (Public) paper and is disclosable in full under the ICB's standard FOI process

## Financial implications

☒ Yes ☐ No

Financial modelling is deliberately sequenced to follow Phase 1 rather than precede it, so that evidence and engagement inform costed options rather than the reverse. No financial commitment is sought through this paper; full modelling will be brought to Board alongside any future configuration recommendation.

## Legal implications

☒ Yes ☐ No

This paper does not itself engage the statutory service reconfiguration process. Should the Review's findings lead to a recommendation for configuration change, the full statutory route- including HOSC and HASC oversight, a case for change and public consultation where thresholds are met would apply, and would be brought to the Board for decision.

## Quality and safety implications

☒ Yes ☐ No

Central to this paper. The Review is driven by active safety escalation: three of four provider trusts are on NHS England South East Enhanced Support and Oversight and its methodology is grounded in MBRRACE-UK safety thresholds and the national Saving Babies' Lives programme, already reflected in the confirmed 2027/28 commissioning intentions metrics.

## Patient and public engagement

☒ Yes ☐ No

The Maternity and Neonatal Voices Partnership holds a standing governance position within the Programme Board from the outset. Provider engagement is staged through Phase 1, beginning with the August 2026 co-design event described in Section 5.

**Kent and Medway Maternity Services Review: Terms of Reference and Co-Design Approach**

## 1. INTRODUCTION

This paper asks the Board to approve the elements of the Kent and Medway Maternity Services Review's Terms of Reference that are already agreed through Executive Committee, and to endorse the approach proposed for finalising the remainder. With no Board meeting scheduled in August or September 2026, this paper sets out a route that avoids delaying the Terms of Reference to the September Board cycle- which risks the Review being delegated to committee, while ensuring the elements that require provider input are shaped through co-design rather than fixed in advance.

## 2. STRATEGIC ALIGNMENT

This report supports the ICB's strategic objectives to:

- **Commission the right services each year:** the Review is the ICB's primary vehicle for responding to the Amos Review's findings and to sustained safety escalation across Kent and Medway's maternity services, establishing for the first time the evidence base for the right system-level configuration of maternity, neonatal and women's health services across all four layers of care.
- **Lead strategy and ensure commissioning levers deliver impact:** no strategic system-level review of maternity configuration has previously been undertaken by the ICB, and this programme delivers the commitment made in the ICB's Strategic Commissioning Plan 2026–2029 to co-design a consistent system-wide maternity and women's health pathways; which is the foundational commissioning action from which the 2027/28 maternity commissioning intentions follow.
- **Ensure financial sustainability over three years:** Kent and Medway's acute spend on obstetric and maternity services carries a structural premium of approximately 3% above comparator systems, reflecting insufficient resilient, cost-effective midwife-led provision. The Review will quantify this cost and identify the commissioning levers required to address it, with financial modelling sequenced to follow rather than precede Phase 1.
- **Develop into a high-performing Commissioning Organisation:** this is the first strategic system-level review of maternity configuration the ICB has undertaken, and its governance of an Independent Clinical Chair, a Clinical Lead able to call in expert clinical advice as required, and a commissioner-led Programme Board-demonstrates proactive commissioner-led system review, positioning Kent and Medway ahead of national direction and regional peers.
- Renew our culture for long-term sustainability: the Terms of Reference process has been deliberately designed so that providers help shape the

outcome, rather than being asked to endorse a decision already made; the Maternity and Neonatal Voices Partnership in standing governance, provider co-design of scope, and provider co-design of scope, and a Clinical Lead role providing independent clinical assurance all embed this collaborative commissioning culture.

## 3. BACKGROUND AND RATIONALE

Kent and Medway's maternity, neonatal and women's health services are under sustained and escalating pressure. Three of the four provider trusts are currently subject to NHS England South East Enhanced Support and Oversight, and active safety signals are present across the provider landscape. The ICB's aggregated perinatal safety position places Kent and Medway in the upper national quartile on the NHS Oversight Framework; however, this aggregate conceals material provider-level variation. No strategic system-level review of the configuration, resilience or value of maternity services has previously been undertaken by NHS Kent and Medway.

The national Maternity and Neonatal Investigation (the Amos Review) was published on 30 June 2026, following an investigation commissioned in August 2025 that heard from over 450 families and engaged over 9,000 staff. Its central finding is that women, birthing people and families are too often not listened to, heard or believed, with serious consequences for safety. This Review is the ICB's primary commissioning response to those findings at system level, and its governance and methodology have been deliberately designed to reflect them; including ensuring the Maternity and Neonatal Voices Partnership holds a standing position within Programme Board governance from the outset, and that the Terms of Reference process itself models genuine influence over the outcome, not engagement after the decision has already been reached.

The Review was approved in principle by Executive Committee on 10 June 2026. The ICB's confirmed 2027/28 commissioning intentions already establish that, from 1 April 2027, maternity providers will be required to operate against a common Kent and Medway maternity commissioning framework, with the ICB increasingly commissioning against quality, safety and outcomes rather than activity alone. This Review is the mechanism through which that framework, and the contractual requirements that will sit within it, will be developed. This paper brings the elements of its Terms of Reference that are already agreed to the Board for approval, and sets out the approach for finalising the remainder.

## 4. TERMS OF REFERENCE: ELEMENTS ALREADY AGREED

The following elements of the Terms of Reference have been developed through Executive Committee and the confirmed 2027/28 commissioning intentions, and are brought to the Board for approval.

- Governance and accountability: Senior Responsible Officer Jennie Hall OBE, Chief Nursing, Experience and Quality Officer; Ed Waller, Deputy Chief Executive and Chief Strategic Commissioning Officer; Programme Lead Charlotte Gibson.
    - A commissioner-led Programme Board: with midwifery, neonatal and obstetric clinical representation from all four provider trusts-including Directors of Midwifery, Heads of Nursing, Consultant Midwives and Clinical Directors are recognised as critical to programme credibility and consistent with the leadership parity already required of providers under the confirmed 2027/28 commissioning intentions, alongside a standing position for the Maternity and Neonatal Voices Partnership.
    - An Independent Clinical Chair is being progressed as a critical path dependency (the Programme Board cannot convene until this is confirmed, with the SRO able to chair an interim first meeting if required), supported by a Deputy Chair held by the opposite clinical profession to whoever is appointed Chair so that both midwifery and medical leadership and paradigms of health are represented at chair level regardless of the appointment outcome, and by a Clinical Lead role able to call in expert clinical advice as required.
- Scope: all four layers of care: primary care, single neighbourhood, intermediate care, and acute/hospital; with the acute layer prioritised first in Phase 1, given the safety escalation and birth volumes below national thresholds at a number of sites. Scope at the primary care and single neighbourhood layers is already reflected in the confirmed 2027/28 commissioning intentions.
- Methodology: an evidence-led, phased approach, with a tabletop exercise and scope endorsement preceding any configuration conclusions, safety thresholds grounded in the MBRRACE-UK framework and the national Saving Babies' Lives programme, and financial modelling sequenced to follow Phase 1 rather than precede it, so that evidence and engagement inform costed options. The tabletop exercise will explicitly examine patient flow and service interdependency across Kent and Medway's boundaries with South East London, Essex, and Surrey and Sussex, to test rather than assume the basis for the aligned-but-independent regional approach set out in Section 6.
- Indicative timeline: three Phase 1 outputs due by September 2026: revised commissioning intentions; the Programme Board established; and the Terms of Reference agreed, with provider Board endorsement of scope ahead of ICB Board approval. August 2026 is the latest viable date for the provider engagement event without compromising this timeline.

Consistent with the ICB's approach to holding providers to explicit, evidenced requirements, all four provider trusts will be required to participate in the acute-layer tabletop exercise and to supply the activity, outcomes and workforce data needed to inform it. Commissioning accountability: the ICB will hold providers to these Phase 1 requirements through existing contractual and quality oversight mechanisms; any future commissioning position arising from the Review, including revised contractual requirements, will be brought to the Board for decision.

## 5. TERMS OF REFERENCE: CO-DESIGNING WHAT REMAINS OPEN

There are a set of core elements ringfenced for co-design with all four provider trusts at an August 2026 engagement event, with attendance requested from each trust's Chief Executive, Director of Midwifery and senior clinical leadership:

- The framing of the case for change, so that it reads as a shared problem statement rather than a predetermined ICB conclusion.
- The detailed scope of the acute-layer tabletop exercise, including whether an embedded multi-neighbourhood model for maternal medicine is appropriate-a question for the Review rather than an assumption.
- How disagreement between providers on scope will be resolved, and what “endorsement” means in practice- sign-off, conditional agreement, or noted dissent.

The Amos Review's central finding is that the system has too often done things to providers and families rather than with them; fixing the whole Terms of Reference in July and closing it out by Chair's Action immediately afterwards would risk the process repeating that pattern. Reserving these elements for provider input before Chair's Action finalises the Terms of Reference is intended to protect credibility with the four trusts and the substance of what Amos is asking commissioners to do differently.

## 6. KEY RISKS, MITIGATIONS AND CONTROLS

- **Timeline risk:** without a Board meeting in August or September, delaying the Terms of Reference to the next available Board risks the Review losing momentum or being delegated to committee. Mitigated by approving the agreed elements now and delegating final sign-off to Chair's Action following August engagement.
- **Credibility risk**: presenting the Terms of Reference as substantially fixed, with only nominal consultation before Chair's Action, would undermine trust with the four provider trusts and risk appearing inconsistent with the Amos Review's own findings. Mitigated by the explicit agreed/open split in Sections 4 and 5, and by reserving the listed elements for provider co-design as described.
- **Programme delivery risk:** the Programme Board cannot convene until the Independent Clinical Chair is confirmed, and analytical resource for the tabletop exercise is not yet confirmed. Mitigated by progressing the Chair appointment as a critical path dependency, with the SRO able to chair an interim first meeting if required.
- **Cross-boundary risk:** regional alignment with the other three South East ICBs (Surrey and Sussex, Hampshire and Isle of Wight, Thames Valley) is being progressed on an aligned-but-independent basis- propose Kent and Medway contributes to a shared regional analytical framework while retaining its own Programme Board, governance and timeline. This reflects the scale of

cross-border patient flow specifically: approximately 47 women over two years with Surrey and Sussex, which does not of itself support a case for closer integration than this. Mitigated through active dialogue between the four ICBs, through Programme Board representation, and through the acute-layer tabletop's explicit analysis of patient flow and interdependency across Kent and Medway's boundaries with South East London, Essex, and Surrey and Sussex- testing rather than assuming the basis for this approach. Consistent with the approach set out in the Crowborough Birthing Centre paper on this agenda

- A conflict of interest exists in relation to the author's prior clinical roles. This is declared and managed through standard ICB governance and clinical oversight arrangements (see Compliance Notes).

## 7. OTHER CONSIDERATIONS

The proposed Chair's Action route does not remove Board oversight of the Review: it finalises a Terms of Reference whose substantive, contestable content has already been shaped by the trusts it will apply to, and the Board retains full decision-making authority over any future configuration recommendation, which would be brought back for approval in its own right, supported by full impact assessment and, where required, public consultation.

This approach is consistent with the Crowborough Birthing Centre paper on this agenda: CBC's future is explicitly folded into this Review's scope rather than decided in isolation, and the same evidence-led, co-designed methodology will apply to it as to the system's other configuration questions.

## 8. REQUIRED OUTCOMES AND NEXT STEPS

This paper has set out the elements of the Maternity Services Review's Terms of Reference that are already agreed, and key areas being identified for co-design with providers in August. On this basis, the Board can approve the agreed elements now, without either delaying to a September Board that does not currently exist in the meeting cycle, or pre-empting the provider engagement that credibility and the Amos Review's own findings require.

By the end of 2027/28, the ICB expects the Review to have delivered a costed, evidence-based commissioning recommendation for maternity services, embedded through the quality, safety and outcomes-based contractual requirements already set out in the 2027/28 commissioning intentions, and shaped throughout by engagement with the four provider trusts and the Maternity and Neonatal Voices Partnership.

**The meeting is asked to:**

- Approve the Terms of Reference elements set out in Section 4: governance and accountability, scope, methodology and the indicative timeline.

- Endorse the approach set out in Section 5 of reserving the listed elements for co-design with all four provider trusts at the August 2026 engagement event.
- Approve delegated authority for the Chair, in consultation with the Chief Executive, to finalise and sign off the complete Terms of Reference by Chair's Action following that engagement.

**The following next steps should be noted:**

- Independent Clinical Chair appointment to be progressed as a critical path dependency.
- August 2026 provider engagement event to be confirmed by the SRO with provider Chief Executives.
- Provider Board endorsement of scope to be secured ahead of final Terms of Reference sign-off.
- Further Board update as the Review progresses, including any future configuration recommendations brought back for decision.