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**Maternity Patient Safety Learning Network**

**Northern England Clinical Network (NECN)**

**TERMS OF REFERENCE**

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| **Chairperson:** | Shared responsibility with each member organisation acting as Chair of the Group on a rotational basis. |
| **Membership:** | This group will bring together representatives with an interest in risk management from across the Network. Membership of the group is responsible for implementing changes and service development within their own areas and teams. Each representative should have an equal power to make decisions.  Members include representation from:   * Anaesthetics * Clinical Governance * Obstetrics * Local Supervising Authority * Maternity Clinical Network * Midwifery * Patient Safety * Perinatal Mental Health * Trust Risk Management   Every Trust should aim to attend three of the four quarterly meetings. |
| **Frequency of Meetings:** | Quarterly |
| **Quorum:** | There will be a minimum of five core members present for any meeting to go ahead. |
| **Admin:** | Action Points ☒ Minutes ☒  Any Trust or patient identifiable information must be anonymised. |
| **Purpose:** | Purpose of the group to review risk management processes and share learning and good practice.  A regional forum to discuss Quality Assurance, Duty of Candour, Benchmarking and Presentation of Case Reviews:   * Maternal deaths * Intrapartum Stillbirths * Term neonatal deaths within 24 hours * Hypoxic-Ischemic Encephalopathy (HIE) |
| **Accountability:** | Accountable to Northern England Clinical Networks Maternity Clinical Advisory Group. |
| **Ownership of Group Projects and Initiatives:** | All projects, initiatives and outcomes will be owned by each member of the group that has taken part in the group project or initiative. |
| **Ways of Working Together** | All relationships must be handled in an open and transparent manner, which comply with the requirements of guidance issued by the Department of Health. Healthcare professionals have a responsibility to comply with their own codes of conduct at all times.  Learning Community principles have been agreed, setting ground rules that ensure and assure peers are able to meet in a safe space to share their practice, particularly their judgements and uncertainties in complex situations with the purpose of collective improvement. |
| **Communication Arrangements:** | 1. It is the responsibility of all members of the group to communicate agreed actions and decisions and share learning and good practice to and from other groups, locality teams, front line and other relevant staff. 2. To engage and be represented on the Clinical Advisory Group. Ensure progress and areas of concern are reported. 3. To ensure engagement with patients, carers and public, consulting on patient pathways and service reviews when required. |
| **Declaration of Interest:** | The general principle is that all potential or perceived conflicts of interest should be declared. |