**Intrapartum Intrapartum Care Group**

**Northern England Clinical Network (NECN)**

**TERMS OF REFERENCE**

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| **Chairperson:**  | Jemma Yorke Vice-chair Amanda KennettPositions to be reviewed 3 yearly Next review date: August 2021 |
| **Membership:** | This group will bring together labour ward clinicians from across the North East & North Cumbria Clinical 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:* Labour ward lead clinicians
* CDs
* Consultant Midwives
* Clinical Network support

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 and Decision Points ☒ Any Trust or patient identifiable information must be anonymised.  |
| **Purpose:**  | Purpose of the group to review labour ward management processes and share learning and good practice.A regional forum to discuss labour ward issues, to share best practice, to standardise aspects of intrapartum care where appropriate to reduce variations in quality & safety, to develop & lead on identified areas of labour ward care, to provide a supportive network for clinicians, to support/challenge implementation of intrapartum initiatives to ensure compliance with national guidance appropriate to the region. |
| **Accountability:**  | The group is established as part of the Northern England Maternity Clinical Network. Reports to be provided to the Network’s Maternity Clinical Advisory Group and 3 x LMS Boards for the purpose of identifying areas where support might be needed or escalation is required. |
| **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.
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| **Declaration of Interest:**  | The general principle is that all potential or perceived conflicts of interest should be declared. |