MATERNITY UNIT
TERMS OF REFERENCE:

MATERNITY GUIDELINE GROUP TERMS OF REFERENCE

SCOPE:
Members of the Maternity Guideline Group

AUTHOR:
Midwife Educator and Quality Coordinator

PURPOSE:
To support the Maternity and Neonatal Services to manage and monitor the review and development of service level guidelines and clinical pathways in a timely manner and to ensure they are of a high quality and reflect current evidenced based best practice.

DEFINITION:
Service level refers to a guideline document that applies within one clinical or non-clinical service/unit only.

The Guideline Group (GG) will:
• Oversee all guideline reviews and new guideline development as required.
• Oversee clinical pathways and develop as required.
• Implement a guideline review process consistent with the Hauora Tairāwhiti Policy Guideline Toolkit.
• Nominate an author with appropriate knowledge and expertise to review or develop a new guideline.
• Ensure all appropriate health professional representatives have the opportunity to comment on all service level documents.
• Ensure that the feedback from staff on documents is given due consideration.
• Provide feedback to staff on the outcome of the guideline process/clinical pathways.
• Ensure the process adheres to using the correct forms and templates as in the Hauora Tairāwhiti Policy Guideline Toolkit.
• Ensure all guidelines, procedures or clinical pathways reference the relevant Health and Disability Sector Service standard and criteria as applicable.
• Ensure guideline documents and clinical pathways for final approval are forwarded initially to the Head of Department and then the Clinical Care Manager for sign off.
• Implement a schedule to manage regular review of service level guidelines and clinical pathways.

Service User involvement is through the WCY Consumer member/members if available and on occasions the national consumer group.

Cultural Advice
Cultural advice will be sought from Hauora Tairāwhiti Cultural Advisory team if and when required.
CONRAINTS:
- The GG must act to support Organisational and Service goals.
- The GG must uphold compliance with legislative and standards requirements as well as contractual obligations by ensuring appropriate membership on the GG.
- GG will escalate issues beyond their authority to Clinical Care Manager (CCM) or Clinical Director (CD) for Woman, Child & Youth.

CHAIRPERSON & ADMINISTRATION:
- Quality Coordinator will be responsible for chairing & coordinating the GG and oversee adherence to the organisational policy review process.
- Quality Coordinator will be responsible for minute taking, collating feedback on draft documents, formatting documents, and follow up on action points as required by the group and to manage the guideline schedule.

MEETINGS:
- Monthly on the third Thursday of the month, 12.15 - 14.15hrs.
- Attendance at meetings is required.
- Prior to meeting the expectation is that all members will have read the relevant documents and come ready to discuss agenda items.

MINUTES & DOCUMENTATION:
Full minutes will be recorded and issued after each meeting.

MEMBERSHIP:
The membership of the group is as follows:

CORE MEMBERS:
- Midwife Educator & Quality Coordinator (Chair)
- HOD Obstetrics
- CMM (if available)
- Obstetricians
- Core Midwife representative(s)
- LMC representative(s)
- Neonatal Clinical Nurse Manager
- Neonatal Nurse
- Consumer Member(s) (if available)

MEMBERS FOR OCCASIONAL ATTENDANCE:
- Authors nominated by the GG who are not members of the group (the author maybe a staff member with expertise related to the guideline to be reviewed, identified by job title, area of responsibility e.g. paediatrician) will be invited to attend a specific meeting to action feedback to finalise a guideline document.
- The GG may invite other individuals for a specific meeting/s, or part thereof, where it is considered necessary for decision-making.
OUTCOME MEASURES:
- Guideline documents will be reviewed at least every three (3) years (or earlier if needed).
- Consistent processes are used for the creation and review of quality documents.
- Staff are able to access quality documents relevant to their work

QUORUM:
Not less than 3 members. If a quorum is not achieved, the meeting may go ahead but decisions and recommendations will be emailed to all members for agreement, progression and action prior to next meeting.

CONFIDENTIALITY:
The GG members shall be aware of confidentiality issues. When a sensitive item is being discussed, the group shall identify it as an ‘in committee item’, and the issue should not be discussed outside of the meeting unless released at the meeting by way of resolution.

ASSOCIATED DOCUMENTS:
- Hauora Tairāwhiti Policy Guideline Toolkit
- Hauora Tairāwhiti Policy & Guideline Template

Authorised By: HOD - Obstetrics

Authorised By: Clinical Care Manager - Women, Child & Youth

Date of Approval: December 2015
Next Review Date: December 2018