**Terms of Reference Patients First Always**

**Palliative Care Acute Group**

1. **Role and Purpose:**

The NHS GGC Living & Dying Well Palliative Care Acute Group was formed in 2012 with a focus on review and implementation of Living and Dying Well and reported in October 2013

An acute group is being re-established and will report to the Lead Director for Palliative Care (Acute) and will focus on Palliative Care provision across the Acute Division in GGC, develop a work plan and monitor progress against the plan and agreed timelines. The work and output from this group will also be shared with the wider Palliative Care MCN

1. **Membership:**

Membership will be drawn from Hospital Specialist Palliative Care Teams (HSPCT), Palliative Care Practice Development, Specialist Palliative Care Pharmacy and senior management representation.

**Functions of the Implementation Group:**

* Review and support palliative care provision across acute sites within NHS GGC in line with national drivers.
* Identify any inequities and gaps within specialist palliative care provision and explore options to address
* Monitor HSPCT referral activity/ recording and promote consistency across sites.
* Group members will be responsible for the wider dissemination and communication through the HSPCTs and sectors
* Act as a source of guidance, information and support to HSPCTs.
* Identify and influence operational matters of concern, and report on progress to the GGC Lead Director for Palliative Care (Acute).
* Achieve consensusand agreement to proposals and implementation.
1. **Meetings**:

**Frequency:** Bimonthly until the group is established, reducing to quarterly or by

 agreement. Meetings will rotate across sites within GGC

**Chair:** Co-Chairs will be Dr Jane Edgecombe and Claire O’Neill (review at 2 years)

**Secretary:** Administration will be provided by palliative care admin staff

 All members of the Palliative Care Acute Group will have an equal right to ask to place an item on the agenda, provided that item is consistent with the terms of reference for the Group.

**Quorum:** At least half of the total membership at each meeting.

 In the event of a Member being unable to attend, apologies for absence should be sent to the Secretary. It is anticipated that Members will make a commitment to attend all meetings where this is possible. A named deputy should be appointed to attend in the absence of a Member and notified to the chair at the same time as the apologies for absence.

1. **Reporting arrangements:**

The implementation group will report progress to the Lead Director for Palliative Care (Acute)

1. **Review**:

Progress review will be undertaken at each meeting in line with Terms of Reference.