End of Life Care Quality Priority
Delivery Group
Terms of Reference

Purpose

Five quality and safety priorities have been identified through a workshop with representation from across the Health Board and professions. It is recognised that all the quality priorities affect every part of the clinical working. This group provides the overarching governance and accountability arrangements for the End of Life Care Quality Priority.

This group provides a means for each of the Service Groups to work collaboratively to develop a quality improvement programme to achieve the intended outcomes of the Quality Priority.

Membership

Members of the Forum are expected to operate in a way that is consistent with the values of the Health Board; "caring for each other", "working together" and "always improving".		
Helen Griffiths (Chair)	HG	Corporate Head of Nursing
Karen Gronert (vice Chair)	KG	Primary and Community Service Delivery Group
Dr Susan Morgan	SM	Clinical Advisor EOLC
Karen Phillips	KP	Deputy Head of Nursing, Cancer Services (NPTSDG)
Carol Doggett	CD	Interim Nurse Director Morriston Service Group
Marie Williams	MW	Head of Nursing Mental Health and Learning Disabilities Service Delivery Group
Melissa Birchall	MB	Matron, Palliative Care Services
Glenda Morris	GM	CNS End of Life Care
Phillipa Bolton	PB	CNS End of Life Care
Angharad Higgins	AH	Interim Head of Quality and Safety (Corporate)
Tammy Martin	TM	Quality and Safety Facilitator
Emma Smith	ES	Quality Improvement Lead
Samantha Scott	SS	Quality Improvement Lead
David Williams	DW	Business Intelligence Partner
Kimberley Hampton-Evans	KHE	Care After Death Manager

The Chair may also co-opt additional relevant personnel to attend meetings to provide specialist skills, knowledge and expertise as required.

Accountability Reporting Relationships:	This group is a sub-group of the Palliative and End of Life Care Steering Committee Service Group representatives are responsible for ensuring that the aims of this group are taken forward within their individual service groups and that there is effective communication between both.
Frequency of meetings	Monthly incorporating into the Palliative & End of Life Steering Committee every quarter.
Format of Meetings	These will be formal meetings which provide an opportunity to receive progress updates from the quality improvement lead as well as from service groups.
Quorum:	The group will be quorate with a minimum of 5 members present. Decisions require all Service Groups to be represented, if this is not

	possible within the meeting then decisions will be made out of committee.

Duties	The objectives of the group are set against the three principles of Prudent Healthcare
	
	Patients, public and professionals as equal partners through co-production
	• The group will ensure that there is a patient voice in each meeting, through patient or family stories or other forms of feedback
	• Supporting the work of the Palliative and End of Life Care Steering Committee in understanding and improving patient experience
	
	Providing the right care at the right time in the right place
	• Leading on developing an overarching action plan to support delivery of care according to the priorities and preferences of individual in the last year of life, with particular focus on:
	   o advance and future care planning across all chronic/life limiting conditions to ensure anticipation of need and supporting the population to engage in the care they receive
	   o communication
	   o recognising dying and care in the last days of life
	• To support the training and skills development of staff across the Health board with regard to End of Life Care
	• Allocate work streams to individuals or service groups as required to progress the priority
	
	Reduce inappropriate variation using evidence based practices
	• Promote evidence based practice and practice based evidence across all service groups
	• Collating and reporting progress in relation to the Goals, Methods and Outcomes to Quality and Safety Governance Group.
	• Ensuring that improvements are in line with the Health and Care Standards for Wales

Authority	Sub-group of the Palliative and End of Life Care Steering Committee and the Quality Priority Project Board.
Feeder Groups	Sub-groups may be established if required
Communication	The Chair will be responsible for escalating any risk to patient safety or delivery of the quality priority.
Reporting	The Group is directly accountable to the Palliative and End of Life Care Steering Committee
Monitoring and Review	Terms of reference to be reviewed no less than annually.
Applicability of Standing Order	The requirements for conduct of business as set out in the SBUHB's standing orders are equally applicable to the operation of the forum.