**East of England Critical Care Pharmacists Network**

 **Terms of Reference**

Accountable to: East of England Operational Delivery Network Board

1. Membership

Chair: David Sapsford, Consultant Pharmacist – Critical Care, CUH

 Pharmacist Representative from each Provider Trust

 Nursing Representative from East of England Operational Delivery Network

Optional: Clinician Representative from East of England Operational Delivery Network

 Network Management Team

 Additional members invited on an ad hoc basis

2. Responsibility of Members

* To raise any agenda items relating to safe use of medicines in critical care both through formal network meetings and or through the email group
* To raise any agenda items relating to best practice, audit and or research, both through formal network meetings and or through the email group
* To disseminate information to their units/organisation
* To communicate Network business to their units/organisation
* To participate in Network business

3. Purpose

The Critical Care Pharmacists Network is a professional advisory group to the Operational Delivery Network Clinical Board on critical care provision at Levels 1, 2 and 3. The Group has responsibility for reviewing the clinical implications of safe and optimum medicines use and implementing / assisting with the implementation of local and national initiatives and providing evidence based/expert opinion recommendations to Provider Trusts and to the East of England Operational Delivery Network Board.

4. Operating Principles

* The composition of the group will be representative of all Provider Trusts.
* The Critical Care Pharmacists Network will provide expert advice on National and Local policy to the Operational Delivery Network Clinical Board and to Provider Trusts
* The Critical Care Pharmacists Network will identify areas for service improvement, innovation and will ensure the spread of good practice throughout the Network.
* The Critical Care Network Clinical Board will monitor the progress of aims and actions of the work programme.

5. Responsibilities/Duties/Tasks

* To provide a support network across the East of England for Critical Care Pharmacists
* To agree overall priorities which will form the Work plan.
* To monitor work plan progress.
* To audit and report on; National Service Specification for Critical Care Services and relevant service standards, relevant NICE recommendations, Patient Safety Alerts, any sub-group reports and validate data/information.
* Provide reports on progress to the Operational Delivery Network Clinical Board
* To review clinical governance issues, identify lessons learnt for sharing and provide recommendations to Network Clinical Board to minimise risk.
* Identify priority areas for service improvement and innovation. Ensure spread of good practice across the region.

6. Success Criteria

* Ownership and implementation of Network business.

7. Aims of Group

* To agree overall priorities with clear action plans for service improvement, innovation and delivery.
* To have a co-ordinating role across the Network and be a focus for sharing, promoting and developing best practice.
* A forum for professionals to promote consensus during discussions of critical care issues.
* Work plan and Clinical Governance Framework development.
* Clinical audit data reports available and evidence of discussion of results and recommendations for improvement of practice.
* Evidence of improved systems of work and better utilisation of resources that are shared and spread across the Network.

8. Reporting Mechanisms

Minutes circulated to the Network Clinical Board and Critical Care Delivery Groups.

9. Links to Other Groups

The Operational Delivery Network Clinical Board will ratify all work produced by the Pharmacists Network.

Pharmacist representatives from the provider Trusts are responsible for feeding back information and instigating actions locally.

The Pharmacists Network will direct the priority work areas for any subgroups that may be formed. Other time limited task and finish groups will be developed a required.

10. Frequency of Meetings

Quarterly with at least one face to face meeting annually

Created: September 2019

Agreed: