

## Cwm Taf Morgannwg Tracheostomy Care Steering Group Terms of Reference

<b>INITIATED BY:</b>	Exec Medical Director
<b>FOR APPROVAL BY:</b>	Tracheostomy Care Steering Group
<b>DATE APPROVED:</b>	
<b>VERSION:</b>	Draft 1.1
<b>OPERATIONAL DATE:</b>	
<b>DATE FOR REVIEW:</b>	
<b>DISTRIBUTION:</b>	ILG Directors Steering group members
<b>FREEDOM OF INFORMATION STATUS:</b>	Open

### Minor Amendments

If a minor change is required to the document, which does not require a full review please identify the change below and update the version number.

Type of change	Why change made	Page number	Date of change	Version 1 to 1.1	Name of responsible person
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## **1. Introduction and Purpose**

Tracheostomy care is an area within Cwm Taf Morgannwg where a need for service improvements has been identified. The Tracheostomy Care Steering Group (TCSG) is a multidisciplinary group, including health professionals across all Integrated Locality Groups (ILGs), which aims to provide direction and support for service changes across the whole of Cwm Taf Morgannwg University Health Board.

The purpose of the Tracheostomy Care Steering Group is:

- To improve patient safety and the service offered to tracheostomy patients across the Health Board.
- To provide input into Trust policies and guidelines, and to support the development and implementation of best practice clinical pathways.
- To identify areas for service improvement in the short, medium and long term, and work with the Health Board to address these.

This approach is informed by:

- National guidance as and when published by Welsh Government
- Guidance published by specialist bodies and Royal Colleges
- Learning from other organisations and their experiences in providing dedicated tracheostomy services.

## **2. Constitution**

Group membership will comprise:

### **2.1 Core membership**

- Chair: Medical Director Fellow
- Vice Chair: Member(s) of the Executive Medical Directors Team
- Senior doctors and/or nurses from critical care
- ENT/Maxillofacial Surgeons
- Critical Care Outreach representatives
- Nursing representatives
- Speech and Language Representatives
- Physiotherapy Representatives

Representatives are invited from each ILG of CTMUHB. If members are unable to attend they should nominate a fully briefed member of staff with decision making ability

### **2.2 Co-opted membership**

The committee may, from time to time, co-opt members with particular skills or experience to advise on specific agenda items. Such co-opted members will continue to be part of the committee until the agenda items for which they were co-opted are resolved.

## **2.3 Quorum:**

The Committee is likely to meet virtually and it is expected that a consensus will be reached whenever possible;.

(suggest Chair or Vice Chair, plus at least 4 other members including at least one ILG representative)

## **3. Frequency of Meetings**

The group will meet bi-monthly, with the option to increase the frequency of meetings in response to need.

It is anticipated that meetings will be virtual, via MS Teams.

## **4. Relationships and Context**

The committee will liaise with other groups as necessary and provide support for development of patient care pathways and staff support.

## **5. Role of the Tracheostomy Care Steering Group**

The Committee will provide leadership and direction where tracheostomy care services are being considered or are already embedded.

To discharge these obligations the Committee will:

### **5.1 Leadership and Culture**

- Provide leadership and direction to staff in collaboration with local teams
- Ensure that consideration of tracheostomy care is made in development of clinical pathways, policies and guidelines

### **5.2 Training and Education**

- Develop Health Board clinical tracheostomy guidelines as required, and update as circumstances change.
- Engage with all clinical teams in tracheostomy related issues and respond to educational needs
- Support specific educational events relating to tracheostomy care as required by different groups of staff.
- Work with each ILG to disseminate and share learning.

### **5.3 Standards, Policies and Procedures**

Support the UHB in implementing up-to-date, evidence based decision-making, employing current clinical tracheostomy guidelines

## **6. Reporting Arrangements**

The steering group will report formally to the Executive Medical Director (who will escalate matters to the relevant Management and Executive Boards) and will advise and support operational decisions as appropriate.

## **7. Review**

These Terms of Reference shall be adopted following approval and will be reviewed tri-annually or as service changes/national guidance develop.

## **8. Process for Agenda Setting**

In addition to agreed standing agenda items, the steering group will review other urgent business by individual request.

Items for inclusion in the agenda should be submitted to the Medical Director Fellow in good time for circulation of the necessary papers.

Papers for the meeting will be electronically circulated as required. For routine discussion, this will be at least 7 days before the scheduled meeting. Non-urgent agenda items submitted after this time cannot be considered until the following meeting.

Urgent items should be discussed with the chair for inclusion. If agreed, the 7-day rule will not apply.