

# NORF

## NATIONAL OUTREACH FORUM

### Terms of Reference

#### **Purpose and Mission Statement**

- To provide a representative forum for Critical Care Outreach Service providers and recipients across the country.
- To optimise the quality of the patient's treatment, care and experience.
- To meet the Department of Health's objectives for critical and acute care, and to ensure there is a strategic approach to delivery of Critical Care Outreach Services nationally, which reflects that of the National Strategy and those of the Critical Care Networks
- To underpin Critical Care Outreach practice and service development with the best evidence where it is available.

#### **Remit of the Forum**

1. To develop and foster good collaborative relationships between critical care outreach services nationally and internationally.
2. To provide effective channels of communication with other relevant regional, national and international organisations.
3. To provide the means to achieve consensus views/approaches/opinion on matters relating to critical care outreach provision.
4. Put forward evidence-based recommendations, where it exists, to the Department of Health Emergency Care Strategy Team as appropriate on Critical Care Outreach Services.
5. When there is no evidence the group will provide expert consensus guidance
6. To provide a forum to share and progress all aspects of critical care outreach service delivery.
7. To advise and guide best practice.
8. To facilitate and support the educative and clinical role of Critical Care Outreach through sharing and debate.
9. To conduct and support specific research / audit projects that will benefit and inform the ongoing developments of Critical Care Outreach Services.
10. To promote Critical Care Outreach, its principles and its development at all levels, from locally to internationally.
11. To provide a support network for Critical Care Outreach Teams and practitioners working with acutely ill patients, in meeting the stated DH objectives for Critical Care Outreach services and so contribute to improved care for the acutely and critically ill patients outside of designated critical care areas.
12. Subgroups or expert groups may be raised and specialist expert advisors co-opted as necessary to take forward any particular matters

### **Membership**

- Critical Care Outreach practitioners, clinicians, acute care providers and key stakeholders nationally.
- Executive Board roles include Chair, Vice Chair, Secretary, Treasurer, and Lay Membership.
- Membership is renewable annually.

### **Quorum**

- All members entitled to vote at the meeting, or one tenth of the total membership at that time (whichever is the greater) – as per point 11.2 in the Constitution

### **Frequency of Meetings**

- Annual AGM and other meetings as deemed necessary.
- The Executive Board will meet twice per year as a minimum.

### **Communications**

- Outreach and Critical Care Practitioners
- Department of Health
- BACCN
- RCN
- Critical Care Consultant Nurse Forum
- CC3N
- Network Medical Leads
- ICS
- RCA
- RCP
- Intercollegiate Board
- AHP's - Critical Care Pharmacists, Healthcare Scientists, Physiotherapists, Dieticians
- Independent Healthcare Association
- SAMUK
- Surviving Sepsis
- IHI
- NICE
- NPSA
- NIII
- CCIAG

Other professional organisations as appropriate and as collaboration arises

### **Review Date:**

- Every 2 years