

## **Leeds Palliative Care Network -**

*A Managed Clinical Network*

## **MEMORANDUM OF UNDERSTANDING**

### **Between providers of palliative and end of life care services in Leeds**

Leeds Teaching Hospital NHS Trust

Leeds Community Healthcare NHS Trust

St Gemma's Hospice

Sue Ryder Wheatfields Hospice

Leeds City Council Adult Social Care

Leeds & York Partnership NHS Foundation Trust

**April to March 2018/21 (3 years)**

**To be read alongside Leeds Palliative Care Network - Terms of Reference**

# MEMORANDUM OF UNDERSTANDING

## Between providers of palliative and end of life care services in Leeds

### 1. Purpose

This Memorandum of Understanding sets out the nature of the partnership between providers of palliative and end of life care services in Leeds and provides a framework within which all parties can address strategic and operational issues of mutual interest.

It sets out our shared purpose and ambition, agreed principles for engagement and the partnership's governance structure. The Appendix to the Memorandum sets out the Terms of Reference of the Managed Clinical Network (MCN) for palliative and end of life care; this is the delivery vehicle for the partnership outlined in this Memorandum of Understanding.

This Memorandum of Understanding is not legally binding and shall not give rise to any rights or liabilities for any party.

### 2. Background

Managed Clinical Networks have been in place since 1999 and are increasingly used as a means to support partnership working across systems. Clinicians from all professions and sectors focus on patients and services rather than the constraints of organisational boundaries. Managed Clinical Networks have been defined as:

'linked groups of health professionals and organisations from primary, secondary and tertiary care working in a co-ordinated manner, unconstrained by existing professional and organisational boundaries to ensure equitable provision of high quality, clinically effective services'  
(<http://www.nhsggc.org.uk/CONTENT/default.asp?page=s1449>)

In Leeds, Palliative and End of Life care services are commissioned by NHS Leeds CCG. Services are currently commissioned from a number of end of life care service providers; a broad range of private and third sector organisations are also engaged in providing end of life care. Close partnership working is required to deliver the new model of care defined within the Leeds End of Life Care Commissioning Strategy for Adults 2014 - 2019 and to achieve the best possible outcomes for patients.

Leeds has a well-established Palliative Care Strategy Group, made up of commissioners and providers of end of life care services, which reports to NHS Leeds CCG-. A Palliative Care Operational Group formerly reported into the Strategy Group; this has been replaced by the Managed Clinical Network. The inclusive nature of these groups provides the opportunity for joint working between commissioners and providers to develop and improve end of life care services in Leeds.

The Managed Clinical Network enables clinical leadership for service change to be used effectively, supported by management with an understanding of service re-design, development and performance management. This will provide the structure and accountability to drive real change in the system across multiple providers in health, social care and the third sector.

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## **3. Shared purpose**

### **3.1 Ambition and Aims**

The Terms of Reference of the Managed Clinical Network are attached, setting out the purpose and ambitions of the MCN. These Terms of Reference will evolve as the MCN continues to develop.

The priorities and work programme of the MCN will be based on the Leeds End of Life Care Strategy 2014 – 2019 (June 2014) approved by commissioners and providers in the city; together with any updates, refinements or new strategy developed during the MOU timeframe.

Outside of this programme, we recognise that individual providers will have their own organisational priorities and issues.

### **3.2 Principles of engagement**

MCN member organisations agree to:

- Work together openly, transparently and constructively
- Co-operate in pursuit of our shared objectives
- Appropriately reflect the content and the spirit of the Memorandum in each other's business plans and strategies.
- Brief each other on matters of mutual interest and alert each other to emerging issues which may raise concerns.
- Subject to reasonable confidentiality restrictions, advise each other of matters of mutual concern

## **4. Governance Structure**

### **4.1 Accountability arrangements**

As set out in the Terms of Reference, the Managed Clinical Network is accountable to the Palliative Care Strategy Group which in turn is accountable to NHS Leeds CCG.

### **4.2 MCN Staffing arrangements**

Considerable time is already given to cross city working from commissioners and providers in the city; it is anticipated that this contribution will continue via the MCN within the existing resources of each organisation.

In addition to this input, the CCG has agreed to recurrently fund dedicated time to staff the MCN Executive team to enable time for progressing the work of the MCN. The MCN Executive is expected to comprise the roles outlined below, although some flexibility may be required over time to match to available funding. This will be reviewed annually. There may be implications of loss of funding on redundancy dependant on length of service of employee.

The clinical leaders may include medical, nursing and AHP roles although a strong clinical presence is always expected.

# MEMORANDUM OF UNDERSTANDING

## Between providers of palliative and end of life care services in Leeds

Role Title	Weekly Hours
Clinical Lead (MCN Chair)	4.0
Network Manager	22.5
Network Administrator	22.5
Workstream Leads (2 hours for each of 5 leads)	10.0
Primary Care Representative	
<b>TOTAL</b>	<b>59.0</b>

2 Clinical Leads are unfunded as agreed with their organisations senior management. The resource is flexible within the cost envelope available.

### 4.3 Responsibilities

**MCN Executive** comprising Clinical Lead (Chair), Network Manager, Work Stream Leads and Network Administrator will champion End of Life Care services and will facilitate the strategic collaboration of health and social care providers and professional groups in Leeds in order to deliver improved outcomes for patients and families.

The MCN Clinical Lead and Workstream Leads will nominate a named deputy who will act as Clinical Lead in the event of the absence of the MCN Chair.

The group will link with other network staff across the wider Leeds Health and Social Care economy to embrace service improvement as an integral part of service delivery.

Regular communication will take place to ensure a common approach to developments and issues and avoid duplication of work/effort.

The MCN Clinical Lead and Workstream Leads have appropriate delegated responsibility to make decisions on behalf of their organisations.

**MCN Members** will fully participate in meetings and sub-group work where appropriate and will:

- Implement service changes or recommendations which are agreed by the MCN and within its delegated authority.
- Respond to requests from the MCN Executive for information to progress network business
- Ensure the needs and views of people with end of life care needs are represented on the network at all levels
- Support the development of the network plan and projects reflecting needs as identified by members of the steering group
- Share information and political intelligence
- Minimise risk by working collaboratively and openly to develop End of Life Care services in Leeds
- Participate in research/audit where appropriate and advise and support service improvement work
- Provide updates on national issues
- Maintain network profile among clinicians of all levels and professions
- Support and advise on network wide initiatives, encouraging sharing of good practice and collaborative working

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**CCG Commissioners**, through the Palliative Care Strategy Group, delegate authority to the MCN to implement changes/developments/new guidance to the end of life care pathway and services in Leeds in accordance with the End of Life Care Commissioning Strategy and other instructions. The MCN will escalate decisions for service changes/developments to CCG commissioners where MCN recommendations will result in:

- Significant cost pressures for any partner, or other requirement for additional resources or funding
- A significant service change or shift in activity or specification, which requires amendment/variation to CCG contracts or service agreements.
- An interruption (whether temporary or long term) of any CCG commissioned service

The MCN will provide clinical advice and strategic leadership links to commissioning decisions on delivering the Leeds End of Life Care Commissioning Strategy and Leeds Palliative and End of Life Care model

CCG Commissioners will receive reports/updates at agreed intervals through the Palliative Care Strategy Group and other forums informing commissioning intentions and highlighting any areas of risk

**MCN Host**, St Gemma's Hospice, will act as the host organisation for the MCN; the MCN partnership remains a separate and impartial body that St. Gemma's does not seek to unduly influence.

Acting in this capacity the responsibilities of St Gemma's are to:

- Recruit the MCN Executive team through a fair and equitable selection process Provide line management arrangements for the Network Manager and Network Administrator and organise office accommodation for the Manager and Administrator
- Manage the budget associated with the MCN in agreement with NHS Leeds CCG commissioners
- Provide oversight of the operation of the MCN
- Work with commissioners to evaluate the success of the MCN, including an Annual Report of MCN activities and achievements for the Palliative Care Strategy Group

All participating organisations will support St Gemma's in this role.

## 5. Other End of Life national clinical networks/forums

The MCN will represent Leeds at Local and Regional forum and networks where appropriate  
The MCN will share information and best practice nationally as appropriate

## 6. Risk Management

The MCN commissioners and providers work collaboratively to identify, manage and control risks affecting each organisation and the population they serve. Providers escalate all significant risks concerning palliative and end of life care with a potential citywide impact for discussion and review to the Palliative Care Strategy Group. A System Issues log will be maintained. Through this arrangement, providers will maintain oversight and identify solutions to control risks relating to:

- Serious Incident Management
- Complaints Management
- Risk Management

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## **7. Escalation / Disputes / Termination**

Each organisation has demonstrated its commitment to work within the principles and arrangements outlined within this Memorandum.

It is expected that where possible members would share concerns and issues with colleagues and try to resolve them informally first.

Should there be disagreement between the parties to this agreement the matter will be escalated to the executive for settlement via negotiation. Should parties be unable to reach an agreement the matter will be referred to a named officer of the funding body (NHS Leeds CCG) who has authority to make a final and binding decision.

Should CCG funding end the MCN would cease and plans to fold would be instigated.

## **8. Data Protection**

The MCN work relates to service improvement and redesign, collaborative working practices and the systems and processes that support this. The MCN does not discuss or use for its business any patient identifiable details or data. Population data and reports are provided to the MCN by the CCG and are used to inform the performance of the collaborative system.

It is noted that professionals employed by the partners delivering clinical and care services do so under the existing information sharing agreements held by provider organisations.

The MCN members contact details are held securely within a restricted access network drive at St. Gemma's Hospice, to enable effective communication and distribution of information relevant to the MCN business and improving clinical practice. These contacts details will not be used for the purposes of marketing and promoting other external events.

## **9. Changes / In Year Variations**

In light of the changing environment in which all the Providers operate, all parties to this agreement will seek to ensure that the content of the agreement continues to meet the requirements of NHS Leeds CCG.

## **10. Organisations who are party to the Memorandum of Understanding**

Leeds Teaching Hospital NHS Trust

Leeds Community Healthcare NHS Trust

St Gemma's Hospice

Sue Ryder Wheatfields Hospice

Leeds City Council Adult Social Care

Leeds & York Partnership NHS Foundation Trust

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## 11. Signatories

On behalf of: \_\_\_\_\_ (Organisation name)

Name: \_\_\_\_\_ (Individual name)

Role: \_\_\_\_\_ (Individual role – Board level)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Review Date: March 2021