



**Leeds Palliative
Care Network**

Leeds Palliative Care Network

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Managed Clinical Network

TERMS OF REFERENCE

Issue Date: April 2018

Review Date: March 2021

Approval Body: Leeds Palliative Care Network

To be read alongside Leeds Palliative Care Network – Memorandum of Understanding

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1. Introduction

- 1.1 The Leeds Managed Clinical Network (MCN) for Palliative and End of Life Care (EoLC) was established in April 2016 following citywide consultation on collaborative working models. The Leeds Clinical Commissioning Groups (CCGs) supported its development.
- 1.2 The MCN provides a collaborative forum for the continuous improvement and transformation of services for people at the end of life.
- 1.3 The network's membership and responsibilities are outlined in a Memorandum of Understanding (MOU). Each member organisation has demonstrated its commitment to work within the principles and arrangements outlined within the MOU. These TOR should be read alongside the MOU.

2. Vision and Purpose

- 2.1 The vision for the MCN is taken from the Executive Summary of *Ambitions for Palliative and End of life Care 2015-2020*(Appendix 1):

As organisations with experience of, and responsibility for, palliative and EoLC we have made a collective decision to act together to do all we can to achieve for everyone what we would want for our own families.

- 2.2 The purpose of the MCN is to facilitate strategic and operational collaboration between providers of health and social care services in Leeds in order to deliver the best possible palliative and EoLC for patients and families. The focus is on patients and their families achieving the outcomes described in *Ambitions for Palliative and End of life Care*:

- Each person is seen as an individual.
- Each person gets fair access to care.
- Maximising comfort and wellbeing.
- Care is coordinated.
- All staff are prepared to care.
- Each community is prepared to help.

- 2.3 The MCN enables this by:

- Working together openly, transparently and constructively.
- Working to reduce inequalities and inequities of service
- Co-operating in pursuit of our shared objectives.
- Appropriately reflecting the content and the spirit of the MOU in each other's business plans and strategies.
- Briefing each other on matters of mutual interest and alerting each other to emerging issues which may raise concerns.
- Subject to reasonable confidentiality restrictions, advising each other of matters of mutual concern.

3. Function

- 3.1 The MCN is one body (MCN Group) with a supporting executive team (MCN Executive).
- 3.2 The MCN Group is a decision making forum with overall responsibility for delivering the vision and purpose of the MCN within the framework of the MOU. The MCN Group comprises all core providers of palliative and EoLC, together with co-opted members as appropriate.

The MCN Group oversees and approves the work programme, monitors the progress of projects and approves recommendations arising from the project work.

4 MCN Membership

4.1 The MCN Group Membership

- MCN Clinical Lead (Chair)
- MCN Executive members
- MCN Deputy Lead
- Senior clinical, education and research representatives nominated by their organisations, from:
 - LTHT
 - LCHT
 - LYPFT
 - St Gemma's Hospice
 - Wheatfields Hospice
 - Adult Social Care
 - Primary Care (EoLC GP Leads)

MCN Members will:

- Fully participate in meetings and sub-group work where appropriate.
- 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 Palliative and EoLC needs are represented on the network at all levels.
- Support the development of the network plan and projects as identified by members of the executive group.
- Share information and political intelligence.
- Minimise risk by working collaboratively and openly to develop Palliative and EoLC services in Leeds.
- Participate in research/audit where appropriate and advise and support service improvement work.
- Provide updates on national issues.
- Raise the profile of the network among professionals of all levels and professions.
- Support and advise on network wide initiatives, encouraging sharing of good practice and collaborative working.
- Members will be of an appropriate delegated responsibility to make decisions on behalf of their organisations.

The MCN Group is accountable to the Palliative Care Strategy Group and NHS Leeds CCG.

4.2 MCN Executive Committee

- MCN Clinical Lead (Chair)
- Workstream Clinical Leads
- Network Manager
- Network Administrator

The MCN Clinical Lead has overall responsibility for collaboration of providers to deliver the work plan for the city. Within the Executive there will be a Deputy to the Clinical Lead that will be nominated and agreed by the MCN Executive and MCN Group.

The Workstream Leads are responsible for leading and accounting for the projects in their work streams which are identified as:

- Education & Research
- Quality Assurance & Patient Experience (including Pharmacy and Complaints)
- Workforce & Service Improvement
- Medicines Management

The MCN Executive will:

- Establish working groups as required which report to the respective work stream lead; working group members are supported by their provider organisation
- Have oversight of the work programme, allocating, monitoring and reporting on the progress of the work within each work stream
- Identify and report on metrics showing improvements in Palliative and EoLC in the city
- Report on the ongoing costs of the MCN
- Makes recommendations to the MCN Group about future work plans and strategic priorities

4.3 MCN Group Co-opted Membership

Other individuals may be co-opted from the wider health and social care network in Leeds for particular items of development as required and proposed by the MCN members such as:

- Allied Health Professionals
- Adult Social Care – operational representative
- Carers Leeds
- Chair of the City Wide Bereavement Group
- Chair of the Y&H EoLC Strategy Group
- Independent Care Homes
- Leeds Academic Partnership
- Leeds Involving People
- Medicines Management
- Nurse Consultant for End of Life Care
- Lead Nurse(s) for End of Life Care
- Research representative
- Third Sector
- Universities of Leeds, education representative
- Yorkshire Ambulance Services

5 **Succession, resignation, retirement, rotation and removal**

5.1 Succession planning

Succession planning should be considered regularly to ensure the composition of the network at executive and sub group level demonstrates equal representation of the MCN Partnership. The aim is to achieve a balance between retaining specific expertise and ensuring fresh viewpoints and perspectives from across the network.

5.2 Resignation, retirement and rotation

MCN Chair and Executive Committee

The MCN Chair and the Executive Committee period of office is 3 years from date of commencement in the role.

Maintaining the balance of organisational representation from all partner member organisations and enabling the flexibility to do so is important. Therefore if required, executives may remain in post 2 further additional years, agreed annually through open debate and vote process, until 5 years. This will enable continuity and stability for the MCN, ensure the network's balance and expertise is achieved and the functions are being performed effectively. It would also allow for a hand over year from one Chair to another.

Mandatory retirement will take effect after 5 years continuous service; except by exception where an organisation or speciality is unable to identify an alternative representative.

An individual organisation would not normally exceed 3 consecutive years in the role of Chair unless it poses a risk to the stability and continuity of MCN functioning.

Wherever possible, the MCN Chair and Executive Committee members should give adequate notice of their intention to step-down. This will allow time for a replacement to be found. A period of not less than 3 months should be given before demitting from office. A further handover period of 3 months is recommended to facilitate a smooth transition of roles.

All resignation, retirement and rotation queries should be raised first through the MCN Executive Committee with an expectation that the employing organisation replaces the representative where possible.

If more than one application is submitted for a new appointment and a decision cannot be reached by the Executive Committee or agreed by members, the decision will be made by a full membership vote.

5.3 Removal

The MCN Executive Committee are responsible for the balance and effectiveness of the committee and should be willing to consider making replacements where either is compromised.

5.4 Disputes resolutions

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.

6 Accountability and reporting arrangements

- 6.1. Accountability and reporting arrangements are summarised in the charts below (Appendix 2 and 3).
- 6.2 The MCN Group reports and makes recommendations to the Palliative Care Strategy Group and provides an annual report.
- 6.3 The MCN will be hosted by St Gemma's Hospice providing support and oversight to the MCN and managing the MCN Manager and MCN Administrator.
- 6.4 Each provider has agreed to an MOU outlining their responsibility.

7 Financial Decision Making

- 7.1 The MCN will maintain accurate and up to date accounts for all income and expenditure.
- 7.2 A summary budget report will be provided to the MCN Group at each meeting.
- 7.3 Where there is underspend or slippage the MCN Group will discuss this each quarter and agree how the funds should be spent in supporting the achievement of the MCN overall aims and objectives.
- 7.4 To facilitate this process and also to ensure effective preparation for making bids for additional funding, should the opportunity arise, there will be a routine system of MCN bid proposal and prioritisation in place.

8 Quoracy

- 8.1 The MCN Executive will be quorate if either the MCN Manager or MCN Clinical lead is present in addition to representatives from two of the work streams.
- 8.2 MCN Group will be quorate if there is representation from the MCN Executive as defined above and over 50% of the provider organisations are represented. Meetings which are not quorate may proceed but decisions must be subsequently ratified by the MCN Group.
- 8.4 Decisions include but are not limited to budget approval, extension of terms, bid approval.
- 8.3 Attendance will be monitored and the MCN Executive are expected to achieve a minimum of 75% annual attendance and the MCN Group 50% annual attendance.

9 Frequency of Meetings and Minutes

- 9.1 The MCN Group will meet 2 monthly ahead of the EoLC Strategy Group
- 9.2 The MCN Executive will meet monthly subject to requirements
- 9.3 The host organisation will provide an appropriate venue for MCN Group and MCN Executive meetings. Other working groups will be accommodated by respective providers
- 9.4 Minutes will be shared with the Palliative Care Strategy Group and minutes of that group will be shared with the MCN Group. Minutes can then be cascaded through organisations as appropriate

10 Date of Approval and Review

[To be approved by MCN Group on recommendation of MCN Executive and submitted for final ratification by the Palliative and End of Life Care Strategy Group]

Approve date: October 2018

Review date: March 2021

Approval name and organisation: Leeds Palliative and End of Life Care Strategic Group

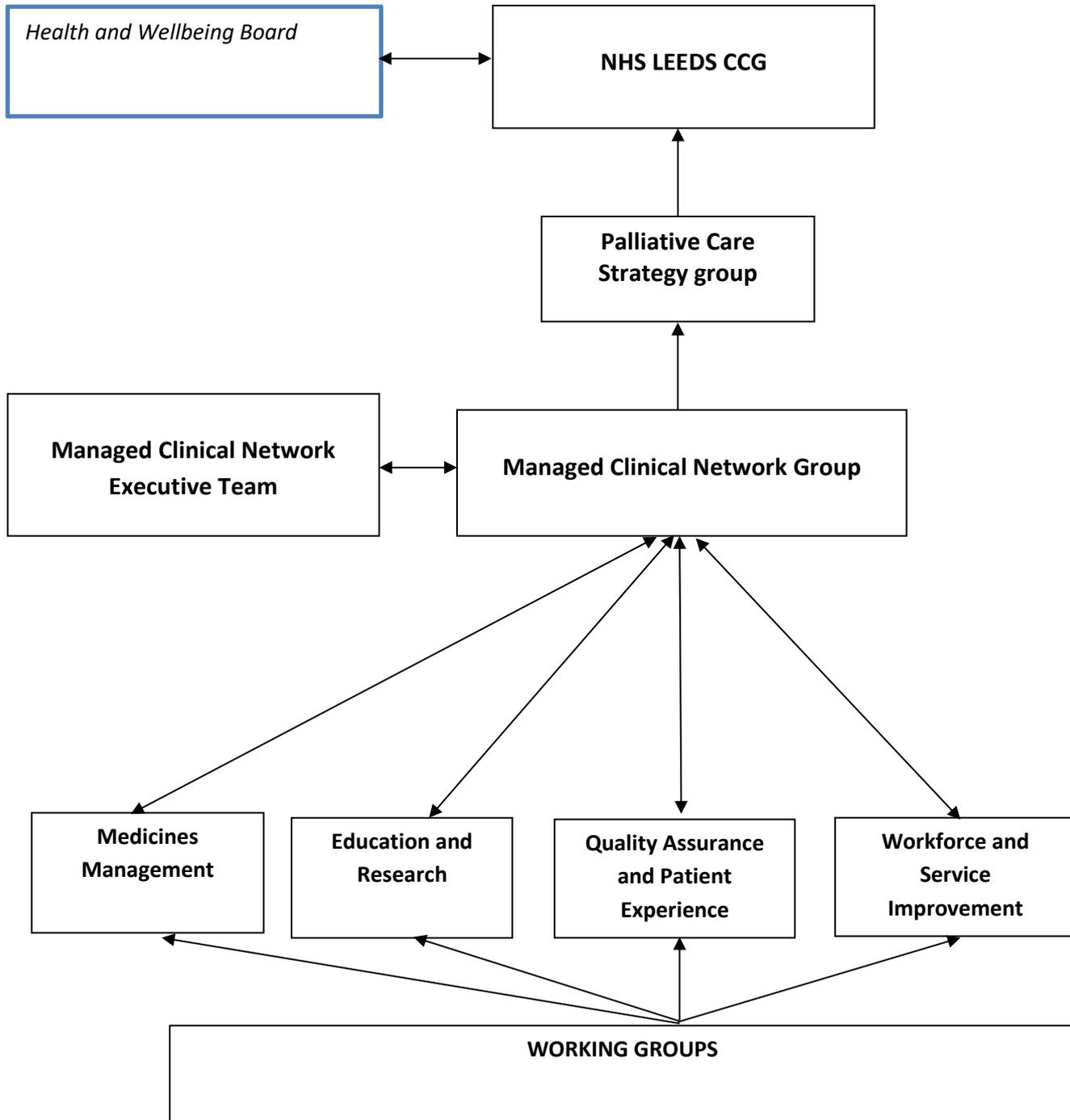
**Leeds Palliative and End of Life Care
Managed Clinical Network (MCN)
VISION**

As organisations with experience of, and responsibility for, palliative and end of life care we have made a collective decision to act together to do all we can to achieve for everyone what we would want for our own families.

‘Executive Summary: Ambitions for Palliative and End of life Care’.

AMBITIONS FOR PALLIATIVE & END OF LIFE CARE							
	6 Ambitions	The MCN have adopted the ‘foundations for the ambitions’ to guide their work and achieve the vision.					
1	Each person is seen as an individual.	1.1 Honest conversation 1.2 Clear expectations 1.3 Systems for person centred care 1.4 Access to social care	1.5 Good end of life care includes bereavement 1.6 Helping people take control 1.7 Integrated care				
2	Each person gets fair access to care.	2.1 Using existing data 2.2 Generating new data 2.3 Population based needs assessment	2.4 Community partnerships 2.5 Unwavering commitment 2.6 Person centred outcome measure				
3	Maximising comfort and wellbeing.	3.1 Recognise distress whatever the cause 3.2 Skilled assessment & symptom management 3.3 Priorities for care of the dying person	3.4 Address all forms of distress 3.5 Specialist palliative care 3.6 Rehabilitative palliative care				
4	Care is coordinated.	4.1 Shared records 4.2 A system-wide response 4.3 Clear roles and responsibilities	4.4 Everyone matters 4.5 Continuity in partnership				
5	All staff are prepared to care.	5.1 Professional ethos 5.2 Knowledge based judgement 5.3 Awareness of legislation	5.4 Support and resilience 5.5 Using new technology 5.6 Executive governance				
6	Each community is prepared to help.	6.1 Compassionate and resilient Communities 6.2 Practical support	6.3 Public awareness 6.4 Volunteers				
Foundations – necessary for each ambition and underpin the whole							
Personalised care planning	Shared records	Evidence & information	Involving, supporting and caring for those important to the dying person	Education & training	24/7 access	Co-design	Leadership
NICE (2015) Care of the dying adult in the last days of life – key themes							
Recognising when the person is in the last days of life	Communication	Shared decision making	Maintaining hydration	Pharmacological interventions	Anticipatory prescribing		

MCN Accountability and Reporting Structure 1



Appendix 3

Managed Clinical Network (MCN)
Accountability & Reporting Structure

