# Leeds Palliative Care Network

# TERMS OF REFERENCE

**Issue Date:** **April 2021**

**Review Date:** **March 2024**

**Approval Body: Leeds Palliative Care Network**

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

**Index**

## 1. Introduction

1.1 The Leeds Managed Clinical Network for Palliative and End of Life Care was established in April 2016 following citywide consultation on collaborative working models. The Leeds Clinical Commissioning Groups (CCGs) supported its development.

1.2 The network became known as **Leeds Palliative Care Network (LPCN)** in September 2018.

1.3 The LPCN provides a collaborative forum for the continuous improvement and transformation of services for people at the end of life.

1.4 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 Terms of Reference (TOR) should be read alongside the MOU.

## 2. Vision and Purpose

2.1 The vision for the LPCN 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 LPCN 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 End of Life Care (EoLC) for patients and families. The focus is on patients and their families achieving the Population Outcomes described in the Leeds Palliative and End of Life Strategy 2021-26:

**People in Leeds who need palliative and /or end of life care will:**

1. Be seen and treated as individuals who are encouraged to make and share advance care plans and to be involved in decisions regarding their care.
2. Have their needs and conditions recognised quickly and be given fair access to services regardless of their background or characteristics.
3. Be supported to live well as long as possible, taking account of their expressed wishes and maximising their comfort and wellbeing.
4. Receive care that is well-coordinated.
5. Have their care provided by people who are well trained to do so and who have access to the necessary resources.
6. Be assured that their family, carers, and those close to them are well supported during and after their care, and that they are kept involved and informed throughout.
7. Be part of communities that talk about death and dying, and that are ready, willing and able to provide the support needed.

2.3 The LPCN 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 LPCN is one body (LPCN Group) with a supporting executive team (LPCN Executive).

3.2 The LPCN Group is a decision making forum with overall responsibility for delivering the vision and purpose of the LPCN within the framework of the MOU. The LPCN Group comprises all core providers of palliative and EoLC, supported by commissioners, with appropriate co-opted members. The LPCN Group oversees and approves the work programme, monitors the progress of projects, identifies and agrees resources to ensure delivery and approves recommendations made.

## 4 LPCN Membership

4.1 The LPCN Group Membership

- LPCN Chair / Clinical Lead
- LPCN Executive members
- Senior clinical, education and research representatives nominated by their organisations, from:
  - LTHT
  - LCHT
  - LYPFT
  - St Gemma's Hospice
  - Sue Ryder Wheatfields Hospice
  - Adult Social Care
  - Primary Care
  - Third Sector
  - NHS Leeds CCG

LPCN Members will:

- Fully participate in meetings and sub-group work where appropriate.
- Implement service changes or recommendations which are agreed by the LPCN and within its delegated authority.
- Respond to requests from the LPCN 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 LPCN Group is accountable to the Palliative and End of Life Care Oversight Group and NHS Leeds CCG (or future NHS Commissioning body).

4.2 LPCN Executive Committee

- LPCN Chair
- Executive Clinical Leads
- Network Manager
- Network Administrator

The LPCN Chair has overall responsibility for collaboration of providers to deliver the work plan for the city.

The Clinical Leads are responsible for providing clinical leadership for the development and implementation of the LPCN Programme plan, quality improvements and any other national guidelines/policies relating to end of life care. All main partners within the LPCN will have Executive Clinical Leadership representation. (See also Executive Member Job Purpose)

The LPCN Executive will:

- Establish working groups which report to the respective project and clinical 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 LPCN.
- Make recommendations to the LPCN Group about future work plans and strategic priorities.

4.3 LPCN 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 LPCN members such as:

- Allied Health Professionals
- Adult Social Care – operational representative
- Carers Leeds
- Independent Care Homes
- Leeds Academic Partnership
- Leeds Involving People
- 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 Absence, Succession, resignation, retirement, rotation and removal

### 5.1 Absence

If absence is planned for example maternity or paternity leave the Chair or Clinical lead will notify the Executive and plans will be made for a replacement in a managed and timely way.

If the Chair has unplanned absence for more than one month then the employing organisation will look to identify a temporary suitable replacement. If this is not possible the LPCN Executive will identify and agree a temporary replacement from the existing membership.

If a Clinical Lead has unplanned absence for more than one month the employing organisation will look to identify a temporary suitable replacement. If this is not possible the Executive will agree whether to approach other partners or manage with a vacancy for a period of up to 9 months.

After 9 months of vacancy or temporary position being held for any executive post a permanent replacement would be sought.

### 5.2 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 LPCN Partnership. The aim is to achieve a balance between retaining specific expertise and ensuring fresh viewpoints and perspectives from across the network.

### 5.3 Resignation, retirement and rotation

LPCN Chair and Executive Committee

The LPCN 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 LPCN, 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 LPCN functioning.

Wherever possible, the LPCN 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 LPCN 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.

5.4 Removal

The LPCN Executive are responsible for the balance and effectiveness of the committee. Where there is a conflict of interest, non-attendance or where representation is compromised an Executive would be removed and replacement sought.

5.5 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 NHS funding body 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 1 and 2).

6.2 The LPCN Group reports and makes recommendations to the Palliative and End of Life Care Oversight Group and provides an annual report to this group and NHS Leeds CCG (or future NHS commissioning body).

6.3 The LPCN will be hosted by St Gemma's Hospice providing support and oversight to the LPCN and managing the LPCN Manager and LPCN Administrator.

6.4 Each provider has agreed to an MOU outlining their responsibility.

## 7 Financial Decision Making

7.1 The LPCN will maintain accurate and up to date accounts for all income and expenditure.

7.2 A summary budget report will be provided to the LPCN Group at each meeting.

7.3 Where there is underspend or slippage the LPCN Group will discuss this each quarter and agree how the funds should be spent in supporting the achievement of the LPCN 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 LPCN bid proposal and prioritisation in place.

## 8 Quoracy

8.1 The LPCN Executive will be quorate if either the LPCN Manager or LPCN Chair is present in addition to attendance by 3 other Executive Clinical Leads.

8.2 LPCN Group will be quorate if there is representation from the LPCN 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 LPCN 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 LPCN Executive are expected to achieve a minimum of 75% annual attendance and the LPCN Group 50% annual attendance.

## 9 Frequency of Meetings and Minutes

9.1 The LPCN Group will meet 2 monthly.

9.2 The LPCN Executive will meet monthly subject to requirements.

9.3 The host organisation will provide an appropriate venue for LPCN Group and LPCN Executive meetings. Other working groups will be accommodated by respective providers.

9.4 Minutes will be shared with the Palliative and End of Life Care Oversight Group and minutes of that group will be shared with the LPCN Group. Minutes can then be cascaded through organisations as appropriate.

## 10 Date of Approval and Review

[To be approved by LPCN Group on recommendation of LPCN Executive and submitted for final ratification by the Leeds Palliative and End of Life Care Oversight Group / NHS Leeds CCG]

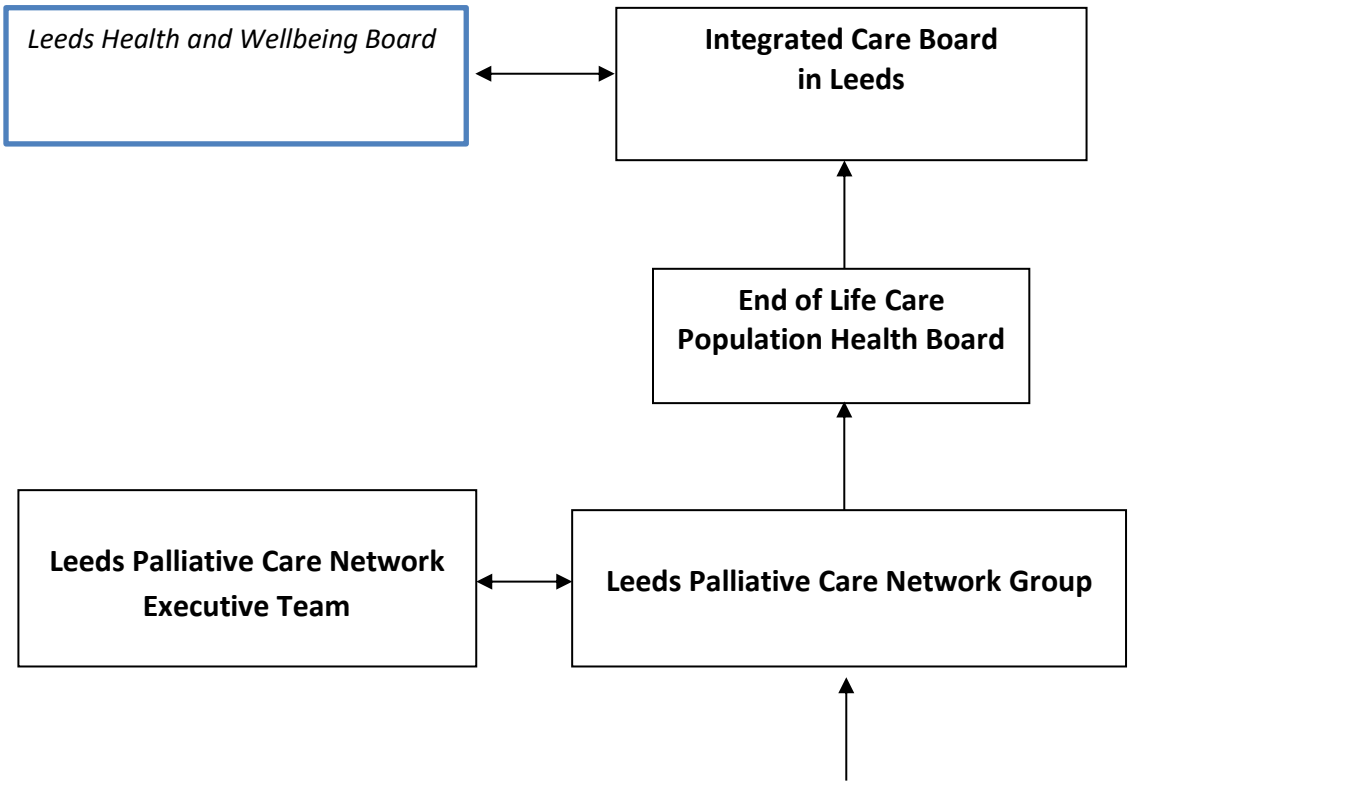
Approve date: April 15th 2021

Review date: March 2024

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

**Appendix 1 – Updated January 17th 2023**

**LPCN Accountability and Reporting Structure**

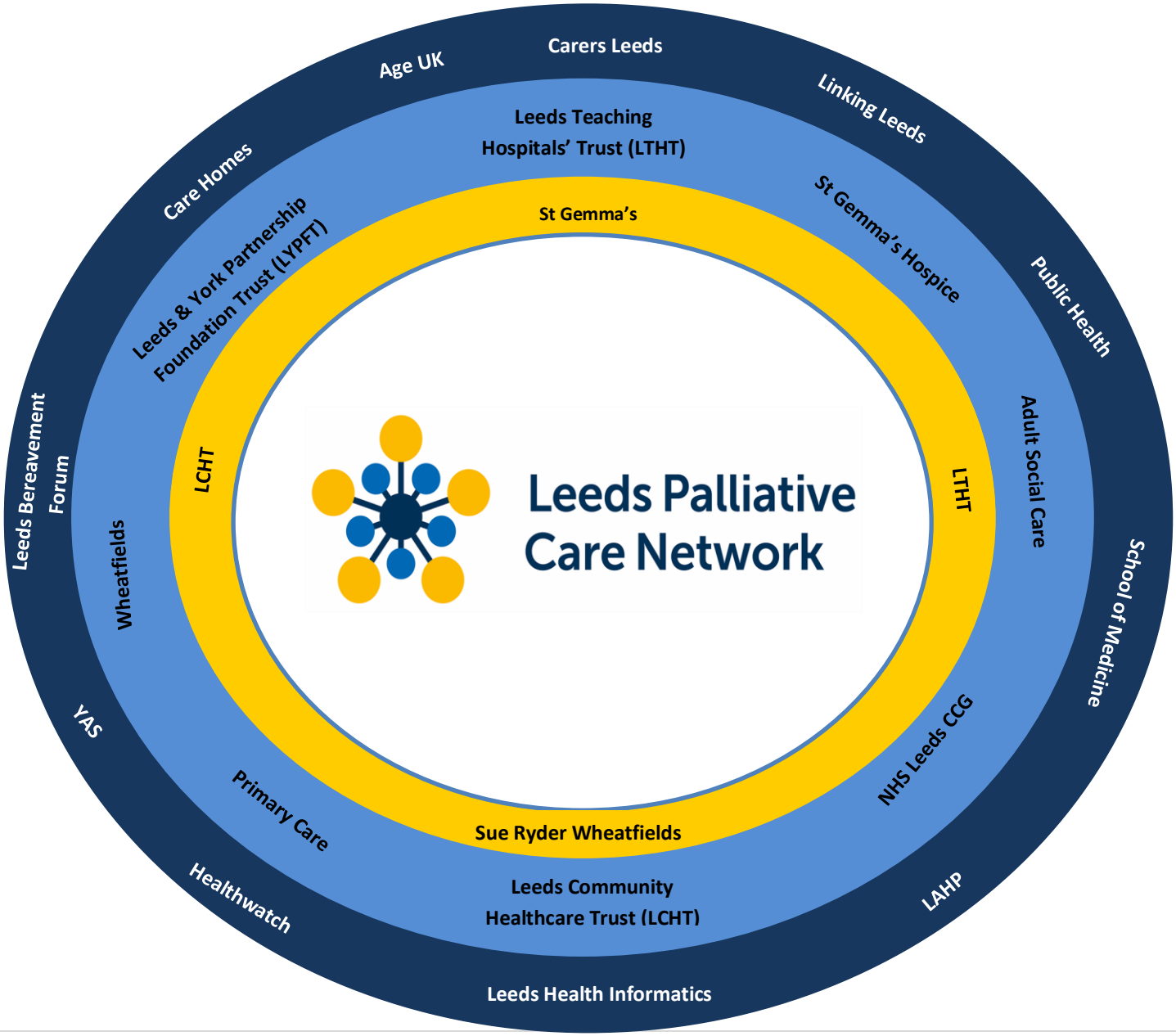



**WORKING GROUPS**

- **Bereaved Carers Survey**
- **Community Flow Improvement**
- **Communications and Website**
- **Dementia and EOLC**
- **Dying Matters**
- **Education**
- **Equality Diversity and Inclusion**
- **Evidence into Practice**
- **Heart failure**
- **Homelessness**
- **Informatics and Metrics**
- **Medicines**
- **Planning Ahead**
- **Respiratory**
- **Transfer of care**

This list is not exhaustive but provides examples of project groups established within the LPCN Programme.

Appendix 2


Age UK
Carers Leeds
Linking Leeds
Public Health
School of Medicine
LAHP
Leeds Health Informatics
Healthwatch
YAS
Leeds Bereavement Forum
Care Homes
Leeds & York Partnership Foundation Trust (LYPFT)
Leeds Teaching Hospitals' Trust (LTHT)
St Gemma's Hospice
Adult Social Care
NHS Leeds CCG
Leeds Community Healthcare Trust (LCHT)
Primary Care
Wheatfields
St Gemma's
LCHT
LTHT
Sue Ryder Wheatfields
Leeds Palliative Care Network