

End of Life Care Clinical Leadership Group (CLG) Terms of Reference

Background

Strategic Clinical Networks (SCNs) are a new type of healthcare network hosted by NHS England and will adopt a whole-system approach to change management working with providers and other stakeholders across complex pathways of care as well as offering specialist advice to commissioners on standards and variations in service. Using the NHS Change Model as the framework for development SCNs will support change management and quality improvement thought innovation and transformational leadership.

Clinical Networks (CNs) are a variation of Strategic Clinical Networks, the only variation being that clinical networks are not mandated by central policy and are subsequently created via local need and priority.

Each CN has a Clinical Leadership Group (CLG) chaired by a clinical director. The CLG will be the expert vehicle for driving forward change and improvement in the CN and a source of strategic advice and knowledge to NHS England, the Clinical Senate and other bodies and organisations.

Purpose

The EOLC CLG provides a forum for multi-professional clinicians to meet and share their specialist expertise, clinical experience, and strategic knowledge in an impartial and bi-partisan manner. The CLG will act as the clinical expert arm of the CN and exist to provide collective knowledge and strategic leadership on behalf of the CN community.

Role

- To provide objective, evidence based solutions on major clinical strategies areas which address quality and safety issues in London.
- To provide a space where clinical leaders can meet to share collective knowledge on end of life care (EOLC) clinical issues, both to each other and to relevant stakeholders.
- To support and expert advise to clinical pathways spanning organisations and localities.
- To encourage collaboration, participation, joint understanding and a holistic view of London's health system.
- To support research, innovation and diffusion of best practice around end of life care and pathways
- Where appropriate maintain the 'legacy' programmes that have been inherited from previous structures closing or adapting to future work as necessary.

Key Functions

Quality and performance

- Direct clinical conversations on performance in London; provide expertise of key indicators and outcomes that measure improved patient care.
- Support health organisations across London to develop and make recommendations for strategy and vision and future alignment with national and local priorities.

Patient Involvement and advocacy

- Demonstrate evidence of patient / carer and public involvement.
- Develop systems for accessing patient / carer and public involvement (this may range from service users being members of the CLG to working with the voluntary sector to developing an external patient platform / panel).
- Work with a PPI manager / lead from the CN team to work with the CLG around patient / carer and public involvement. In absence of any formalised systems having been established the PPI manager / lead will be the proxy for patient voice / representation.
- Review and audit patient / carer and public involvement within an identified time frame and feedback results to the SCN Oversight Group. The PPI / manager / lead will be responsible for this.

Clinical Leadership

- Offer strategic leadership on EOLC issues pertaining to London and be a source of legitimate specialist expertise on policy, operational, commissioning, and workforce matters.
- Serve as clinical champions on future service re-design.
- Make recommendations as required and be able to produce evidence based oral updates and written reports to internal and external stakeholders.

Partnership and networking

- The EOLC CLG will work in partnership across the other SCLGs and CLGs and identify areas for shared working. EOLC Clinical directors will be encouraged to meet with other colleagues (as a minimum at least twice a year) to update each other to outcomes, progress and challenges.
- The EOLC CLG will develop partnership working with other strategic clinical networks including Maternity and Children's services and adult mental health, dementia, cardiac and stroke. Shared projects will be identified and agreed.

Each SCLG and CLG will be expected to nominate a EOLC lead with whom the EOLC CLG can develop working partnerships.

- The CLG will develop working relationships with the other EOLC expert groups across England and share best practice and information. External links may be established by the clinical directors, associate director, and other members of the CN team.
- The EOLC CLG will develop strong working partnerships with the Clinical Senate, the three academic health science networks (AHSNs), the 5 STPs and with HEE. Where ASCNs clinical priorities overlap with that of the CLG it would be useful for the CLG to identify an AHSN link from within its membership.
- Establish clear routes to and from the EOLC National Clinical Director and her team.

Commissioning

- Provide expert advice into key aspects of commissioning plans, including service changes.
- Consider how quality and safety are maintained within commissioning services.
- Develop strong working relations with the various CCGs, the London clinical commissioning council, and specialised commissioning.

Research and Innovation

- To support research with partners in CLAHRCs, AHSN, NIHR LCRNs and other research and academic organisations.
- To collaborate with research organisations and clinical researchers to access data routinely collected on death experience
- To support research, education and innovation into improving end of life activities from risk assessment to early warning systems, from premature death prevention to aftermath management

Accountability and Governance

CNs are non statutory bodies. However, they are able and charged with adopting whole system approaches to healthcare design, working with commissioners and providers to reduce service variation as well as with providers across complex pathways of care.

Each CN has a clinical expert group, the CLG, which will act as a vehicle for change and pathway improvement. The expert groups are chaired by clinical directors. Subsequent outcomes, work plans and results from these groups are routed up

through the London NHS England London Region Medical Directorate. The CN also has a strong relationship with the London Clinical Senate which provides an assurance function.

CLG management

Chair

The chair/s of the CLG will be the CN clinical director/s. CLGs will be encouraged to appoint a vice chair (although this is not mandatory) to help support the chair and co-ordinate duties in the absence of the chair. If neither is available the SCN team prior to the meeting will identify a chair in discussion with the clinical director/s

Membership

Membership is mostly drawn from the clinical community and comprising of clinicians who are able to offer strategic leadership and vision at a London / national level and whom are driven to improve EOLC outcomes across London. Individuals who are not clinicians should be able to display skills, knowledge and experience to complement membership. The size of the group will vary on the speciality, as a suggestion numbers should be between 15 - 25.

Members represent collective interests'. Members must complete a declaration of interest form. Members *cannot* send deputies as substitutes.

Attendees

Attendees will be invited by the chair. Attendees may be invited temporarily or on a more regular basis. In the likelihood of the CLG needing to vote on an issue attendees will not have voting rights.

Frequency

Meetings will take place as determined by the membership but quarterly will be considered the minimum.

Quorum

A quorum for meeting will be 51% plus one person for majority, including the chair.

Participation

It is expected that members will commit the time necessary to read the CLG papers and attend the meeting (and in doing so be supported by their employing organisation). Members are expected to attend a minimum of 50% of meetings during the course of the year. Attendance below this will be monitored and may be addressed individually by the chair.

Outcomes

Each CLG will be expected to develop a work plan which will be signed off by the group. The work plan will be presented to the HS England London Region Medical Directorate for agreement. The work plan will be informed by national, regional and local strategies. CLGs will be expected to develop work streams to address actions identified in the work plan.

Terms of Reference

Terms of Reference will be agreed by the CLG and presented to the NHS England London Region Medical Directorate for approval. The Terms of Reference will be reviewed annually and refreshed as necessary.

Dr Caroline Stirling

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