

Terms of reference

End of Life Care Programme Board

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Document management

Revision history

Version	Date	Summary of changes
1.1	07/12/2016	Governance diagram amendment, membership updates, meeting dates removed, clarity over role of Ambitions partnership in relation to the programme and role of the members to promote work of the board.

Reviewers

This document must be reviewed by the following people:

Reviewer name	Title/responsibility	Date	Version
Jacque White	Deputy Director, Long Term Conditions	06/12/2016	1.1
Louise Corson	Programme Manager End of Life Care	07/12/2016	1.1

Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version
Bee Wee		National Director for End of Life Care		
Sir Bruce Keogh		National Medical Director		
Jacque White		Deputy Director, Long Term Conditions		

Related documents

Title	Owner	Location
NHS England Mandate 2016-17	Department of Health	https://www.gov.uk/government/publications/nhs-mandate-2016-to-2017
Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020	National Palliative and End of Life Care Partnership	http://endoflifecareambitions.org.uk/
Our commitment to you for End of Life Care	Department of Health	https://www.gov.uk/government/publications/choice-in-end-of-life-care-government-response

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1 Background

The national End of Life Care Programme aims to deliver a number of objectives:

- Embed the Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020
- Deliver the government's response to the 'Choice Review' including the six point 'End of Life Care Commitment'
- Deliver the NHS England Mandate objective that by 2020 we should *"significantly improve patient choice, including in maternity, end-of-life care and for people with long-term conditions, including ensuring an increase in the number of people able to die in the place of their choice, including at home"*.

To support achievement of these objectives NHS England is proposing to lead the EoLC programme through cross-system governance, supporting commissioners and providers through three workstreams, to:

1. Enhancing physical and mental well-being of the individual

- To optimise the person's mental and physical wellbeing so that they can 'live as well as they wish' until they die
- To optimise support for their families, carers and those important to them to maximise their wellbeing before and after the person's death

2. Transforming experience of end of life care the community and hospitals

- To significantly improve the experience of end of life care at home, in care homes, hospitals, hospices and other institutions

3. Commissioning quality services that are accessible to all when needed

- To support commissioners and service providers to design and implement models of care which promote integration and care that feels coordinated to those using, and delivering, end of life care

The work of the programme board is supported and influenced by the national 'Ambitions Partnership for Palliative and End of Life Care', a partnership of 27 statutory and voluntary organisations who collectively produced the *'Ambitions framework for palliative and end of life care: National framework for local action'*. The partnership is represented by two members on the board who represent the views of their members and consider how they can support the board to deliver its objectives.

2 Aim of the End of Life Care Programme Board

The purpose of the End of Life Care Programme Board is to ensure and support progress against the three end of life care work streams. This includes to:

- Provide accountability, challenge and assurance of programme delivery

- Ensure coherence and a common sense of direction across the three work streams
- Identify where further work, within or across individual work streams might be needed to achieve the government's response to the Choice Review, NHS Mandate and Ambitions for Palliative and End of Life Care: A national framework local action 2015-2020, and to commission work accordingly
- Identify synergies between individual projects and recommend changed or additional deliverables to help exploit these with programme board members and other Arm's Length Bodies, individual project groups, voluntary sector organisations
- Identify and manage high-level risks to delivery
- Be accountable for the project's expenditure

3 Accountability

The End of Life Care Programme Board is accountable to the National Medical Director of NHS England as the SRO for this programme.

The National Medical Director will provide strategic direction and leadership to the End of Life Care Programme Board to ensure delivery of the programme outcomes and benefits in line with the objectives of the national programme.

4 Membership

End of Life Care Programme Board		
Name	Title	Organisation
Adrienne Betteley	Interim Head of Health & Social Care (representative from Ambitions Partnership)	Macmillan Cancer Support
Jane Barnacle	Regional Director of Patients and Information (London Region)	NHS England
Malcolm Senior	Programme Director for Integration and Social Care (tbc)	NHS Digital
John Clark	Director and Dean of Education and Quality - South of England	Health Education England
Louise Corson	Programme Manager for End of Life Care	Medical Directorate, NHS England
Jane Cummings	Chief Nursing Officer	Nursing Directorate, NHS England
Claire Henry	Chief Executive, Dying Matters	National Council for Palliative Care
Deborah El Sayed	Director of Digital and Multi Channel Development, Information & Operations	NHS England

End of Life Care Programme Board		
Name	Title	Organisation
	Directorate	
Sam Higginson	Director of Strategic Finance, Finance Directorate	NHS England
Anthony Kealy	Head of Integration Delivery	NHS England
Sir Bruce Keogh	National Medical Director (SRO)	NHS England
David Levy	Regional Medical Director - Midlands and East of England	NHS England
Jonathan Marron	Director of Community, Mental Health and Seven Day Services	Department of Health
Jacqueline McKenna	Director of Nursing - Professional Leadership	NHS Improvement
Catherine Millington-Sanders	National Clinical End of Life Care Champion (representative from Ambitions Partnership)	RCGP
John Powell	Corporate Director of Health and Social Care Integration	ADASS
Mike Richards	Chief Inspector of Hospitals	Care Quality Commission
James Sanderson	Director of Personalisation and Choice, Commissioning Strategy	NHS England
Julia Verne	Clinical Lead - National End of Life Care Intelligence Network	Public Health England
David Warriner	End of Life Care Clinical Fellow	NHS England
Bee Wee	National Clinical Director, End of Life Care	Medical Directorate, NHS England
Jacque White	Deputy Director, Long Term Conditions, Older People and End of Life Care Unit	NHS England
NHS Clinical Commissioner (tbc)	tbc	tbc
NHS Providers (tbc)	tbc	tbc

The composition of the programme board allows for members to be co-opted onto the board for specific topics under consideration, for example, urgent and emergency care, dementia and cancer.

The meeting will be quorate through attendance by 10 members, not including any deputies attending in a proxy capacity.

5 Senior responsible owner (SRO) and programme board members

The National Medical Director for NHS England is the programme Senior Responsible Owner (SRO). The SRO is ultimately accountable and provides overall direction and leadership for delivery of the programme.

Programme board members will be expected to:

- Provide accountability for progress against deliverables within their organisation or represented group
- Understand high level project/programme plans and have the ability to monitor progress against them
- Understand and act on those factors that affect the successful delivery of the programme and projects within it
- Broker relationships with stakeholders within and outside the programme
- Provide delegated authority, as required, to ensure the project/programme meets its objectives
- Be aware of the broader perspective.

Programme board members will:

- Attend all scheduled steering group meetings, and only in exceptional circumstances, nominate a proxy
- Where members represent an interdependency area, to act as the conduit for awareness-raising, identification and supporting resolution of any issues arising
- Share communications and information
- Be responsible for defined acceptable risk profiles and thresholds for their individual programmes and projects
- Provide assurance for operational stability and effectiveness throughout the programme
- Understand and manage the impact of change to the programme and deliverables
- Be responsible for benefits estimating and realisation for deliverables they own
- Resolve dependencies
- Own the resolution of programme risks and issues
- Promote and communicate the work of the programme through their own networks

6 Frequency of meetings

- Bi-monthly programme board meetings will be held for 2 hours by videoconference in London and Leeds
- Regular working group meetings will be held with leads for deliverables in between programme board meetings

7 Standing agenda

1. Welcome and apologies
2. Review minutes and actions from previous meeting
3. Update from workstreams
 - Enhancing physical and mental well-being of the individual
 - Transforming experience of end of life care in the community and hospitals
 - Commissioning quality services that are accessible to all when needed
4. In depth review of workstream / deliverables / subject X
5. AOB
6. Future meetings

8 Secretariat

The Secretariat function will be provided by the Long Term Conditions, Older People and End of Life Care unit, this includes:

- Preparing and providing agenda and supporting papers
- Preparing meeting notes and information
- Agenda items will be agreed at the end of the previous meeting. Papers must be submitted no later than 14 days in advance of the meeting.

Meeting agenda, action notes and papers will be provided to members 5 days before the meeting.

9 Governance structure

This structure lists the groups in place underneath the EoLC programme board, some of which are 'task and finish' groups:

