

## **Haematological Oncology Cancer Pathway Board**

### **Terms of Reference**

These terms of reference were initially agreed on 10<sup>th</sup> April 2014 by Mike Dennis and revised on 13<sup>th</sup> November 2017 by Eleni Tholouli, Pathway Clinical Director for Haematological Oncology Cancer, and Mr David Shackley, Medical Director of Greater Manchester Cancer Services, on behalf of the Greater Manchester Cancer Services Provider Board. The terms of reference will be subject to future review.

#### **1. The Pathway Board**

- 1.1. The Haematological Oncology Cancer Pathway Board is a cancer care specific board with responsibility to improve cancer outcomes and patient experience for local people across Greater Manchester and areas of Cheshire (a catchment population of 3.2 million). This area is synonymous with the old Greater Manchester and Cheshire Cancer Network area.
- 1.2. The Pathway Board is led by a Pathway Clinical Director and is formed of a multidisciplinary team of clinicians and other staff from all of hospital trusts that are involved in the delivery of Haematological Oncology cancer care in Greater Manchester. The Pathway Board also has membership and active participation from primary care and patients representatives.
- 1.3. The Haematological Oncology Cancer Pathway Board reports into and is ultimately governed and held to account by the Greater Manchester Cancer Services Provider Board.

#### **2. Greater Manchester Cancer Services Provider Board**

- 2.1. The Greater Manchester Cancer Services Provider Board is responsible for the service and clinical delivery arm of Manchester Cancer, Greater Manchester's integrated cancer system. Manchester Cancer has two other arms: research and education (see appendix for the structure of Manchester Cancer).
- 2.2. The Provider Board is independently chaired and consists of the Chief Executive Officers of the acute hospital trusts in the Greater Manchester area:
  - Bolton NHS Foundation Trust
  - Manchester University Hospitals NHS Foundation Trust

- East Cheshire NHS Trust
- Pennine Acute NHS Trust
- Salford Royal NHS Foundation Trust
- Stockport NHS Foundation Trust
- Tameside Hospital NHS Foundation Trust
- The Christie NHS Foundation Trust
- Wrightington, Wigan and Leigh NHS Foundation Trust

2.3. The Provider Board regularly invites representatives of commissioners, the Strategic Clinical Network, and Manchester Cancer to its meetings.

### **3. Purpose of the Pathway Board**

3.1. The purpose of the Pathway Board is to improve the delivery and development of cancer care for patients on the Greater Manchester Haematological Oncology cancer pathway. Specifically, the Pathway Board aims to save more lives, put patients at the centre of care, and improve patient experience. The Board will represent the interests of local people with cancer, respecting their wider needs and concerns. It is the primary source of clinical opinion on this pathway for the Greater Manchester Cancer Services Provider Board and Greater Manchester's cancer commissioners.

3.2. The Pathway Board will gain a robust understanding of the key opportunities to improve outcomes and experience by gathering and reviewing intelligence about the Haematological Oncology cancer pathway. It will ensure that objectives are set, with a supporting work programme that drives improvements in clinical care and patient experience.

3.3. The Pathway Board will also promote equality of access, choice and quality of care for all patients within Greater Manchester, irrespective of their individual circumstances. The Board will also work with cancer commissioners to provide expert opinion on the design of any commissioning pathways, metrics and specifications.

### **4. Role of the Pathway Board**

The role of the Haematological Oncology Cancer Pathway Board is to:

4.1. Represent the Greater Manchester Cancer Services professional and patient community for Haematological Oncology cancer.

4.2. Identify specific opportunities for improving outcomes and patient experience and convert these into agreed objectives and a prioritised programme of work.

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- 4.3. Gain approval from Greater Manchester's cancer commissioners and the Greater Manchester Cancer Services Provider Board for the programme of work and provide regular reporting on progress.
- 4.4. Develop and maintain a risk register for the pathway board's objectives and work programme, reporting risks to the Medical Director. Trusts will maintain responsibility for clinical governance within cancer services provision.
- 4.5. Design and implement new services for patients where these progress the objectives of commissioners and Greater Manchester Cancer Services, can be resourced, and have been shown to provide improvements in outcomes that matter to patients.
- 4.6. Ensure that diagnosis and treatment guidelines are agreed and followed by all teams in provider trusts, and are annually reviewed.
- 4.7. Ensure that all providers working within the pathway collect the pathway dataset measures to a high standard of data quality and that this data is shared transparently amongst the Pathway Board and beyond.
- 4.8. Promote and develop research and innovation in the pathway, and have agreed objectives in this area.
- 4.9. Monitor performance and improvements in outcomes and patient experience via a pathway scorecard, understanding variation to identify areas for action.
- 4.10. Escalate any clinical concerns through provider trusts.
- 4.11. Highlight any key issues that cannot be resolved within the Pathway Board itself to the Medical Director of Greater Manchester Cancer Services for assistance.
- 4.12. Ensure that decisions, work programmes, and scorecards involve clearly demonstrable patient participation.
- 4.13. Share best practices with other Pathway Boards within Greater Manchester Cancer Services.
- 4.14. Contribute to cross-cutting initiatives (e.g. work streams in living with and beyond cancer and early diagnosis).
- 4.15. Discuss opportunities for improved education and training related to the pathway and implement new educational initiatives.
- 4.16. Develop an annual report of outcomes and patient experience, including an overview of progress, difficulties, peer review data and all relevant key documentation. This

report will be published in July of each year and will be the key document for circulation to the Provider Board. A template for this report is available so that all Pathway Boards complete the report in a similar manner.

## **5. Membership principles**

5.1. All ten member organisations of Greater Manchester Cancer Services, Patient Representatives and Commissioning will have one voting representative each on the Pathway Board creating the core group (in total 12 members).

5.2. Also represented are key specialties and professions involved in the delivery of the pathway (extended members; non-voting):

- Allied Health Care Professional
- Cancer Pathway Manager
- Clinical Nurse Specialist
- Clinical Oncologist
- General Practitioner (GP)
- Haematological Cancer Diagnostic Partnership (HCDP)
- Paediatrician
- Teenage and Young Oncologist

5.3. The Board will have at least one patient or carer representative within its extended membership.

5.4. One professional member of the Pathway Board will act as a Patient Advocate, offering support to the patient and carer representative(s).

5.5. The Board will have representatives / named leads for:

- Data collection (clinical outcomes & experience)
- Education
- Living with and beyond cancer ('survivorship')
- Research
- SACT/Chemotherapy
- Stem Cell Transplantation

5.6. Each Trust will have named leads for:

- Chemotherapy
- Histopathology
- MDT

- Morbidity & Mortality
- Radiotherapy
- Radiology – musculo-skeletal, lymphoma, interventional
- Research
- Stem cell transplantation
- Surgery – ENT, breast, general

Leads are available to ensure patient pathways are streamlined within each Trust but are not considered regular members of the pathway board and do not routinely attend the meetings.

- 5.7. It is possible for an individual to hold more than one of these posts. The Pathway Clinical Director is responsible for their fair appointment and holding them to account.
- 5.8. The named leads will link with wider Greater Manchester Cancer Services Boards for these areas where they exist.
- 5.9. All members will be expected to attend regular meetings of the Pathway Board to ensure consistency of discussions and decision-making (meeting dates for the whole year will be set annually to allow members to make arrangements for their attendance).
- 5.10. A register of attendance will be kept: members should aim to attend at least 5 of the 6 meetings annually and an individual's membership of the Pathway Board will be reviewed in the event of frequent non-attendance.
- 5.11. Each member will have to send a deputy who will attend on the rare occasions that the member of the Board cannot.

## **6. Frequency of meetings**

- 6.1. The Haematological Oncology Cancer Pathway Board will meet every two months.

## **7. Quorum & Voting**

- 7.1. Quorum will be the Pathway Clinical Director plus five core members of the Pathway Board or their named deputies.
- 7.2. A majority of >50% of all core members present (board must be quorate) is required for an item to be approved and sanctioned.

## **8. Communication and engagement**

- 8.1. Accurate representative minutes will be taken at all meetings and these will be circulated and then validated at the next meeting of the Board.
- 8.2. All minutes, circulated papers and associated data outputs will be archived and stored by the Pathway Clinical Director and relevant Pathway Manager.
- 8.3. The Pathway Board will design, organise and host at least one open meeting per year for the wider clinical community and local people. This meeting or meetings will include:
  - An annual engagement event to account for its progress against its work programme objectives and to obtain input and feedback from the local professional community
  - An annual educational event for wider pathway professionals and interested others to allow new developments and learning to be disseminated across the system
- 8.4. Representatives from all sections of the Greater Manchester Cancer Services professional body will be invited to these events, as well as patient and public representatives and voluntary sector partners.
- 8.5. An annual report will be created and circulated to the Medical Director of the Greater Manchester Cancer Services Provider Board by 31<sup>st</sup> August of each calendar year.
- 8.6. The agendas, minutes and work programmes of the Pathway Board, as well as copies of papers from educational and engagement events, will be made available to all in an open and transparent manner through the Greater Manchester Cancer Services website once this has been developed.

## **9. Administrative support**

- 9.1. Administrative support will be provided by the relevant Pathway Manager with the support of the Greater Manchester Cancer Services core team. Over the course of a year, an average of one day per week administrative support will be provided.

**Appendix – Greater Manchester Cancer structure**

