



## **North Cancer Skin Pathway Board (NCSPB) Terms of Reference (January 2019)**

### **1. Aim**

The overall aim of the **North Cancer Skin Pathway Board (NCSPB)** is to provide the strategic focus and vision for the successful integrated delivery of the national cancer agenda for people not only receiving care within the North of Scotland, but also for those residents who travel to receive care outside of the area.

### **2. Objectives**

The NCSPB will provide leadership, direction and strategy, set priorities and support the skin cancer community in regionally delivering the National Cancer Strategy: Beating Cancer; Ambition and Action, the cancer elements of the Regional Delivery Plan and the work plan of the Pathway Board.

The key objectives of the group are:

1. To report to and work under the direction of the North Cancer Clinical Leadership Group (NCCLG)
2. Lead an effective, collaborative approach to the development of regional, evidence based-guidelines and policies, including those detailed in CEL 30 (2012)
3. Support the development, implementation and review of regional Clinical Management Guidelines (CMGs)
4. Highlight risk and support service sustainability & equitability across the North of Scotland
5. Contribute to the strategic planning of cancer services across the North of Scotland
6. Oversee the performance of skin cancer services against national Quality Performance Indicators (QPIs) and progress regional actions to improve performance where required
7. To develop and maintain a work plan which will detail, prioritise and progress specific areas of service improvement in skin cancer
8. To collate general issues affecting skin cancer service delivery across North Cancer and undertaken an analysis of risk, escalating to the NCCLG where appropriate
9. To share best practice and learning across the region with regards to Melanoma practice
10. To consider other areas, as and when required, relating to Skin Cancer service delivery in the North

### **3. Vision**

The NCSPB contributes to the aims of the North Cancer Alliance (NCA) to significantly improve outcomes in the North of Scotland, making step changes in earlier diagnosis and radically reducing variation. The NCA will, in time, provide a mechanism for collective accountability across North of Scotland Boards and to provide assurance to the Chief Executives of the North.

The NCSPB provides assurance and oversight over melanoma cancer services in the North, ensuring boards are delivering their plans at the right pace and to a high quality so that the objectives of the NCA can be met.

The NCSPB will seek to contribute to sustainability of cancer services in the North, improving outcomes for patients and providing a mechanism to provide a true regional service.

#### **4. Structure and Membership**

Membership is aimed at representing the whole North region with key healthcare professionals from the units delivering skin cancer services.

##### NHS Grampian, Highland and Tayside

Representatives from each cancer centre including:

- North Cancer Skin Clinical Director (chair)
- Surgical colleagues

##### All North NHS Boards

- Board cancer leads & managers
- MDT Coordinators & administrative support
- Radiologists
- Oncologists
- Pathologists
- Cancer Nurse Specialists

##### North Cancer

Support from the North Cancer team will also be present at the meeting including:

- North Cancer Support Manager
- Audit & Information Manager
- Administrative support

#### **5. Expectations of Members**

Membership of the NCSPB is aimed at representing the functions and needs of the whole sector whilst remaining small enough to be an effective and responsive forum for region-wide decision-making. Therefore it is expected that the representatives on the NCSPB will proactively seek to understand and represent the needs and views of those they represent and that decisions of the NCSPB in relation to required service changes are accepted by the boards and implemented. Resolutions of issues and disputes will be facilitated by the NCCLG.

Each member will be required to commit to being a member of the board, building rapport, mutual accountability and expectation, with the expectation that they will:

- a) Ensure regular attendance at meetings
- b) Allocate appropriate time in job plans (where possible) to carry-out actions allocated
- c) Reflect the view of their constituent Health Boards/units at meetings (being clear when individual views are being presented ) and respect the views and opinions of others
- d) Support, and where appropriate, participate in the development of North Cancer policies and guidelines as identified and prioritised by NCSPB within the work plan – including Clinical Management Guidelines (CMGs) and action planning to improve performance against Quality Performance Indicators (QPIs)
- e) Work collaboratively with the NCSPB and local colleagues to facilitate the development of the identified regional guidelines
- f) Ensure timely communication within constituent Health Boards, and the NCSPB, it's sub-groups or short-life working groups
- g) Ensure that group minutes or key actions are shared appropriately with local teams
- h) Participate in agreed regional and national audits of compliance with CEL 30 (2012) within their own Health Board or as an external reviewer in audits of compliance of other constituent Health Boards within the North (where invited to)

- i) Declare any private interests or interests of their organisation relevant to their involvement in meetings

It is expected that board members engage with colleagues to ensure appropriate buy-in to recommendations and decisions. In addition, the North Cancer team will:

- a) Ensure minutes of NCSPB meetings are distributed to the community
- b) Ensure that comments can be fed back through one nominated member of the board
- c) Set up an annual event bringing everyone together to agree priorities for the forthcoming year
- d) Post information on the NCA website and include any relevant details in quarterly newsletter
- e) Provide updates via attendance at Board Cancer Groups to ensure all members of the partnership are engaged

## **6. Meetings**

The NCSPB will meet four times a year with

- a) Meetings will be chaired by the North Cancer Skin Clinical Director or appointed Deputy Chair
- b) The group will meet quarterly and administrative support will be provided by the North Cancer team
- c) Dates of meetings will be identified a minimum of 6 weeks in advance
- d) For meetings to be quorate, the chair and/or deputy chair must be present and at least NHS Grampian, NHS Highland and NHS Tayside represented. Colleagues from surgical cancer services must be present for meetings to be quorate.
- e) The agenda and papers will be circulated no less than 3 working days in advance of the meeting and a call for items will be circulated to all members beforehand
- f) Minutes will be circulated within 10 working days after each meeting.
- g) The draft work plan will be circulated to members within 10 working days of each meeting
- h) Sub-groups or short life working groups may be formed to progress specific pieces of work or the development of key documents. Each sub-group will have clear terms of reference and follow the document development processes
- i) Email communication will take place if decisions are required in a shorter timescale and additional meetings may be convened to consider urgent issues if appropriate
- j) The chair will provide an update of the group's work plan to the Regional Cancer Manager, who will update the NCCLG on progress. The Clinical Director may also be invited to present to the NCCLG on behalf of the Pathway Board.
- k) The terms of reference and membership of the group will be reviewed annually
- l) Resolutions of issues and disputes will be facilitated by the North Cancer Regional Manager

## **7. Governance and Accountability**

The North Cancer Melanoma Pathway Board is accountable to the North Cancer Clinical Leadership Group (NCCLG). The North Cancer Regional Manager will be the first point of contact for escalating any issues to the NCCLG.