

UCLH CANCER COLLABORATIVE VANGUARD BOARD TERMS OF REFERENCE

1. PURPOSE & SCOPE

Picking up the challenge and aspirations of the five year forward view and the Cancer Taskforce, the UCLH Cancer Collaborative provides leadership for cancer services, driving changes in delivery of cancer care across a whole health system that will save hundreds of lives, reduce variation and improve quality of care. Our mission is to achieve world leading patient outcomes and experience for the population we serve

The purpose of the Cancer Vanguard Board (CVB) is to provide direction and strategy, set priorities and support project leads in delivering the priority programmes established in relation to the national New Care Models (Vanguard) and Cancer Taskforce (Alliance) agendas and their composition at Sustainability and Transformation Plan (STP) level:

1. Earlier & faster diagnosis
2. Centre for Cancer Outcomes
3. Tumour Pathway Boards & Expert Reference Groups
4. New care models
5. Cancer Academy
6. Integrated Cancer Care

The Vanguard programme is about significantly improving outcomes in the whole NCEL and West Essex region, making step changes in earlier diagnosis and radically reducing variation.

The CVB will provide a mechanism for collective accountability across partner organisations and to provide assurance to the UCLH Executive board and the Cancer Commissioning Boards for the North Central London and North East London STP regions. It will not encroach on the statutory responsibilities of provider, commissioner and local authority boards and their decision-making rights, and if any significant service changes were to be recommended then due process would be followed. Members of the CVB will seek approval of their statutory boards for decisions as required. It is recognised that each Trust and Commissioner will have their own cancer strategy relevant to their local population. It is the aim of the CVB to work with and influence those strategies to enable implementation and ensure the benefits of system-level working are exploited.

The CVB will provide assurance and oversight that the six programme areas identified above are delivering their plans at the right pace and to a high quality so that the benefits outlined in the Vanguard Value Proposition and Cancer Alliance Delivery Plan are realised for patients. Within this there is a strong emphasis on the delivery of cancer access standards across NCEL.

The CVB will be responsible for providing a check and balance that programme proposals are in the best interests of patients and affordable by the NHS, and that the national value proposition expenditure is effective and appropriately prioritised. With time the CVB will be able to determine as an Alliance that the cancer spend across the sector provides best value based healthcare for the sector, maximising clinical outcomes and patient experience achievable with the available resources.

It will ensure issues across the six programmes are picked up and addressed including escalating to provider executive boards, commissioners, STP Cancer Commissioning Boards, the London Cancer Commissioning Board and UCLP Execs where delivery is not happening on the ground and to ensure that the allocation of resources is appropriate for delivering the plan.

Membership of the CVB is aimed at representing the functions and needs of the whole sector to focus on improving population outcomes and entire pathways of care for cancer patients. Therefore it is expected that

the representatives on the CCB will proactively seek to understand and represent the needs and views of those they represent and that decisions of the CVB relating to required service changes are accepted by the providers and commissioners and implemented. Resolution of issues and disputes will be facilitated by UCLP Executives and the STP Boards.

The CVB will meet monthly, alternating between Tuesday morning and Wednesday afternoon to maximise the opportunity for members to attend at least 50 percent of the meetings.

2. MEMBERSHIP & RESPONSIBILITIES

Membership must be representative of our STP regions (NEL and NCL), it must have

- Hospitals: a representative from each multi-specialty hospital (it is recognised that the three specialist hospitals have an open invitation and will typically only attend on exceptional occasions where the agenda warrants it).
- STPs: STP CCG commissioner leads and clinical leads from the regional cancer commissioning boards (NCL & NEL).
- Specialised commissioning: representation from NHS England (London) Specialised Commissioning.
- GPs: designated GPs with an interest or formal role in cancer services (NEL & NCL).
- Public Health: designated representatives with expertise in public health.
- Patients: a patient representative from the UCLH Cancer Patient & Public Advisory Group, joined each month by a rotating patient member whom has been involved in development of a reporting workstream.

Each of the groups will be asked to nominate a representative, but the Vanguard SRO will have the right to reject the suggested representative (and ask for an alternative) if the overall balance is not achieved. Members will need to have an identified deputy not necessarily from the same organization, but from the same group or area. Full attendance of the member or their deputy is expected.

Each member and organization must commit to being a member of the vanguard, building rapport, mutual accountability and collaboration, with the expectation that they will

- attend meetings
- read papers before-hand and comment
- bring engagement and expertise not just a representative voice
- cascade the relevant papers, particularly the monthly CMO report to their relevant cancer meetings and leadership
- drive implementation in their constituency

ROLE	NAME / COVER	RESPONSIBILITIES
Chair	Pelham Allen	<ul style="list-style-type: none"> - Provide advice, support and challenge and to ensure delivery against improving outcomes and experience for patients. <ul style="list-style-type: none"> - Provide an independent outlook for change and keep patient voice and experience as the fundamental guiding principle.
Vanguard SRO & UCLH Executive	Geoff Bellingan	<ul style="list-style-type: none"> - As SRO to provide a link to RM Partners, Manchester Cancer, and the National Vanguard New Care Models team. - Ensure the vanguard priorities are maintained to drive delivery for the whole sector. - Ensure buy-in and delivery of proposals affecting UCLH.
NCL Strategic Planning Group commissioner	Ed Nkrumah & Clare Stephens	<ul style="list-style-type: none"> - Represent and report back to NCL Cancer Commissioning Board & STP - Lead engagement in NCL, ensuring there is buy-in and delivery of proposals affecting NCL - Provide commissioning challenge, ideas, solutions and advice - Link to planning work and implement changes to contracts as required
NEL STP Strategic Planning Group commissioner	Paul Haigh & Angela Wong	<ul style="list-style-type: none"> - Represent and report back to NEL Cancer Commissioning Board & STP - Lead engagement in NEL, ensuring there is buy-in and delivery of proposals affecting NEL - Provide commissioning challenge, ideas, solutions and advice - Link to planning work and implement changes to contracts as required
NHS England London Region Cancer Lead	Liz Wise	<ul style="list-style-type: none"> - Represent and report back to NHS England (London) - Ensure programmes are aligned with NHS England commissioning intentions - Influence specialist commissioning intentions to support delivery - Link with TCST and wider Healthy London Partnership programme.
NHS England Specialised Commissioning	Michael Marsh	<ul style="list-style-type: none"> - Represent and report back to NHS England Specialised Commissioning - Ensure programmes are aligned with NHS England commissioning intentions - Influence specialist commissioning intentions to support delivery
GP Cancer Leads	Tania Anastasiadis (NEL) Clare Stephens (NCL)	<ul style="list-style-type: none"> - Provide primary care cancer provider expertise - Provide a route of communication and engagement with GP communities
Public Health Leads	Mick Peake Julie Billet (NCL) Matthew Coles (NEL)	<ul style="list-style-type: none"> - Provide public health expertise - Provide a route of communication and engagement with public health communities and colleagues in Local Authorities

Director level lead from BH, RFL, BHURT, Whittington, Homerton, NMUH (7 people)	Ajit Abraham / Mark Johnson – Barts Health Robin Woolfson / Derralynn Hughes – RFL Sherif Raouf – BHRUT Fiona Isaacson – WH David Feuer – HUH Richard Gourlay – NMUH Andy Morris – PAH	<ul style="list-style-type: none"> - Represent and report back to the provider board - Ensure buy-in and delivery of proposals affecting the provider - Provide assurance that respective Trust operational teams are supporting the programme and delivering to expectations - Ensure proposals are realistic
Patient Voice	Representative from Cancer Patient & Public Advisory Group	<ul style="list-style-type: none"> - Provide a patient perspective in discussions at the CVB - Provide a consistent conduit between the CVB and the Cancer Patient Public Advisory Group
Vanguard CMO and London Cancer clinical leadership team	Kathy Pritchard-Jones	<ul style="list-style-type: none"> - Represent the pathway directors and expert reference groups - Provide expert cancer knowledge and challenge - Lead on the Centre for Cancer Outcomes - Support the SRO in joint working with RM Partners, Manchester Cancer and the National New Care Models team - Provide link to UCLPartners at the Cancer Programme Director for the AHSN - With UCLH manager lead strategic development
Cancer Collaborative management lead & UCLH Divisional Manager	tbc	<ul style="list-style-type: none"> - Fulfil programme director responsibilities for the UCLH Cancer Collaborative - Lead the team of senior programme managers - Provide primary link to finance, workforce and ICT leads - Support the SRO in joint working with RM Partners, Manchester Cancer and the National New Care Models team - With CMO lead strategic development
Secretariat	Senior Programme Managers, Project Managers and PA to Divisional Manager and CMO	<ul style="list-style-type: none"> - Provide assurance to the CVB that the programme is on track - Provide Project Management Office and Secretariat support to the CVB - Provide regular updates to the CVB of progress

3. ENGAGEMENT WITH ORGANISATIONS AND HEALTH SYSTEMS

It will be expected that the representatives on the board engage with and disseminate appropriate information to their constituent bodies and colleagues to ensure appropriate buy-in to recommendations and decisions. In support of this, the secretariat will:

1. Ensure minutes of CVB meetings are sent to all chief executives, chief officers and relevant public health leads (or their nominated deputies).
2. Ensure that comments can be fed back through one nominated member of the board appropriate for the stakeholder.
3. Arrange an annual cross sector engagement event bringing everyone together.
4. Create a regular briefing and feedback mechanism through email and web communication. We envisage this to be the main route of broad communication to board members and domain experts.
5. Provide updates via the UCLPartners Executive group to ensure all members of the partnership are engaged.
6. There will be close collaboration with neighbouring Alliances, in particular East of England in relation to the long standing partnership with PAH and West Essex CCG.
7. There will be close collaboration with partners of the National Cancer Vanguard.

8. There will be close collaboration with partners pan-London, especially in relation to objectives which are best delivered once across the capital and in sharing best practice.
9. There will be close collaboration with University partners.

4. GOVERNANCE & REPORTING ARRANGEMENTS

Roles of other groups:

UCLH Executive

- Ensure that the CVB drives forward sustainable change at pace
- UCLH assurance over financial governance
- UCLH assurance over delivery
- Champion cancer issues in the sector
- Escalation through UCLH executive to UCLP executive for external issues

STP Cancer Commissioning Boards

- Commissioner assurance
- Decisions on commissioning business cases
- Support in escalating issues with local commissioners or providers
- Ratification of changes to plans
- Commissioners will continue to account for their delivery of performance standards including cancer waiting times and deliverables set out in the national cancer taskforce and commissioning intentions

NHS England New Care Models Programme

- Hold the National Cancer Vanguard to account for delivering contracted deliverables
- Support and enable the National Cancer Vanguard in relation to any bottlenecks that are experienced.

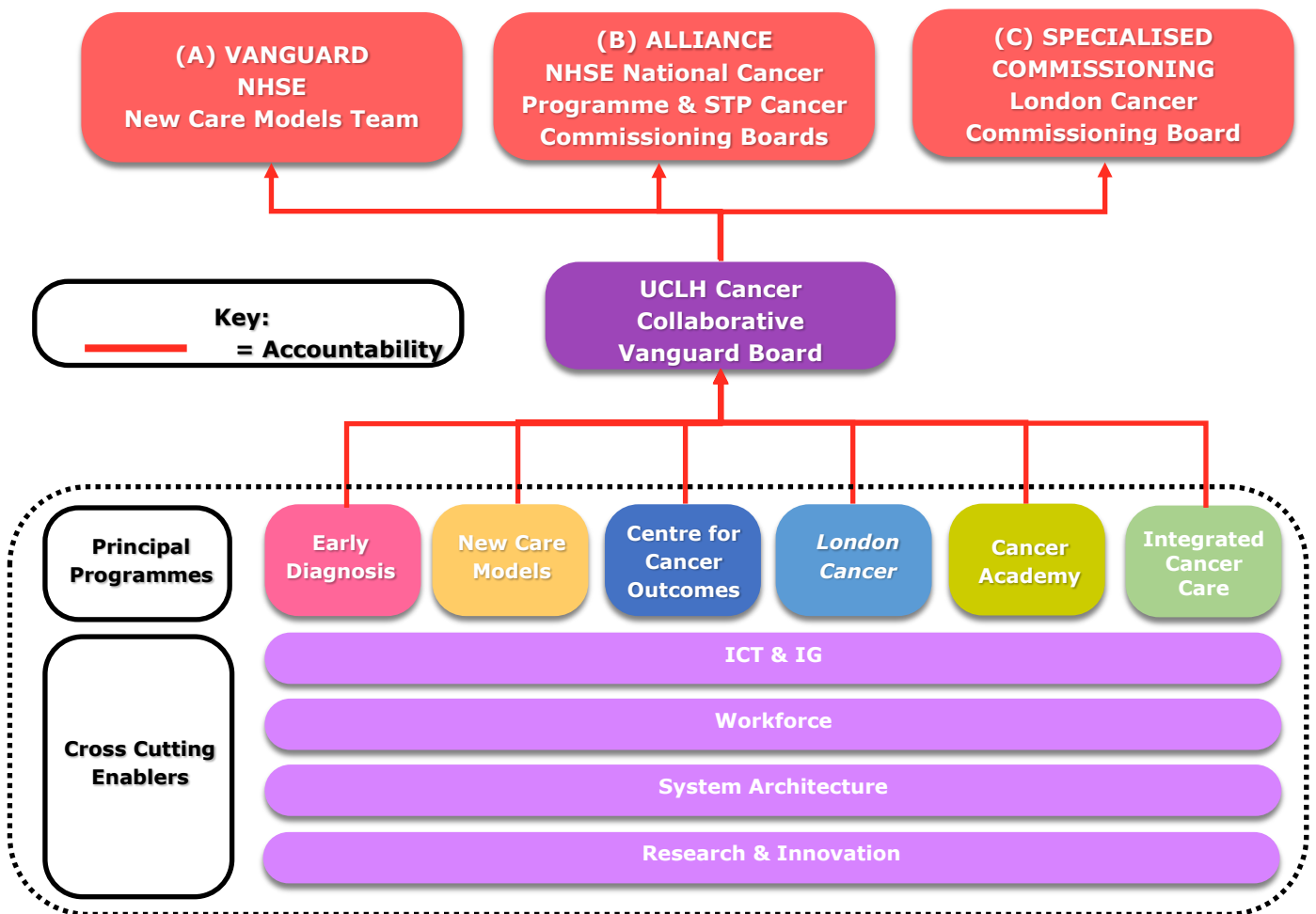
NHS England Cancer Programme

- The governance relationship between the UCLH Cancer Collaborative and the National Cancer Programme will be determined in 2017 and will concern the delivery of interventions enabled by national transformation funds through the Alliance process.

London Cancer Commissioning Board

- Assurance over Alliance delivery plans
- Assurance over specialized commissioning delivery plans

Figure 1: Cancer Collaborative Structure & Reporting



Progress reports and assurance documents will be provided to UCLH Executive Board quarterly, to STP Cancer Commissioner Boards bimonthly and others as required.

The CVB will receive two types of update reports on a regular basis:

1. CMO report: this will contain an overarching summary narrative highlighting strategically relevant points and including a detailed appendix containing status updates for all projects.
2. Programme update reports: every month one of the six programme areas will submit a formal presentation updating on progress and future plans. This will include a patient who is involved more closely in the individual programme area.

In the event that an individual project is failing to meet its milestones the CVB will recommend corrective actions where relevant. Consensus is required from the CVB that milestones are being sufficiently met across all work streams and that the process can move onto the next stage.

These terms of reference will be reviewed on an annual basis.