

Trust Leads Board Terms of Reference

These terms of reference were agreed on 28th July 2014 by the Manchester Cancer Trust Leads Board. The terms of reference will be subject to future review.

1. The Trust Leads Board

- 1.1. Each provider trust in Greater Manchester has up to three cancer leads: clinical, nursing and managerial (although the latter two are sometimes combined). These trust cancer leads are a great source of knowledge and expertise and they are committed to improving cancer services across the region.
- 1.2. Clinical, nursing and managerial groups have continued to meet during the transition between the end of the cancer network and the setting up of Manchester Cancer. In addition, the allied health professionals involved in the region's cancer pathways have also continued to meet.
- 1.3. Manchester Cancer will take full advantage of the knowledge, experience and commitment of the trust cancer leads and allied health professionals through the formation of a Trust Leads Board.
- 1.4. The Trust Leads Board will report into both the Manchester Cancer Provider Board (through the Medical Director) and to the Greater Manchester Director of Operations Group (see appendix 2).

2. Manchester Cancer

- 2.1. *Manchester Cancer* is Greater Manchester's integrated cancer system. It has three strands: service delivery, research and education (see appendix for the structure of Manchester Cancer).
- 2.2. The services strand of Manchester Cancer is overseen by the Manchester Cancer Provider Board. The Provider Board is independently chaired and consists of the Chief Executive Officers of the ten acute hospital trusts in the Greater Manchester and East Cheshire area:
 - Bolton NHS Foundation Trust
 - Central Manchester University Hospitals NHS Foundation Trust
 - East Cheshire NHS Trust
 - Pennine Acute Hospitals NHS Trust
 - Salford Royal NHS Foundation Trust

- Stockport NHS Foundation Trust
 - Tameside Hospital NHS Foundation Trust
 - The Christie NHS Foundation Trust
 - University Hospital of South Manchester NHS Foundation Trust
 - Wrightington, Wigan and Leigh NHS Foundation Trust
- 2.3. The Provider Board has appointed 20 Pathway Clinical Directors to each lead the improvement of services across a cancer-specific pathway or cross-cutting area.
- 2.4. Each Pathway Clinical Director has formed a multidisciplinary Pathway Board or Cross-cutting Board made up of colleagues from across the region to deliver this.

3. Role of the Trust Leads Board

The role of the Trust Cancer Leads Board is to:

- 3.1. Represent the cancer clinical, nursing, allied health professional and managerial cancer leads from across Manchester Cancer.
- 3.2. Provide a forum for the escalation of important issues raised by the four individual professional groups, which will continue to meet for the discussion of detailed business.
- 3.3. Provide a forum for the discussion of common issues and the agreement of appropriate actions, monitoring progress on these actions in a rolling action log.
- 3.4. Act as a source of operational intelligence to inform the clinical and strategic discussions and proposals of the Pathway Boards and Cross-cutting Boards.
- 3.5. Scrutinise the proposals of Pathway Boards and Cross-cutting Boards from an operational perspective and advise on their feasibility and implementation.
- 3.6. Undertake to resolve operational issues that may be preventing the delivery of standardised pathways and other proposals from the Pathway Boards and Cross-cutting Boards.
- 3.7. Provide a forum at which pathway issues affecting the ability of trusts to meet operational targets can be raised and directed to the appropriate Pathway Director and Board.
- 3.8. Provide the Medical Director, individual Pathway Clinical Directors and the Manchester Cancer core team with a single point of contact with trust cancer leads.
- 3.9. Identify specific opportunities for improving outcomes and patient experience and convert these into agreed actions.
- 3.10. Highlight any key issues that cannot be resolved within the Board itself to the Medical Director of Manchester Cancer for assistance and escalation to the Provider Board.

4. Membership

- 4.1. The Board will be chaired by the Associate Director of Manchester Cancer: the Medical Director will be a member of the Board.
- 4.2. Each trust should ensure that they have at least one representative from their named clinical, nursing and managerial leads at each meeting.
- 4.3. The chairs of the clinical, nursing and managerial groups should endeavour to attend every meeting. The chair of the allied health professional group will also be a core member of the Board.
- 4.4. The chair of the Greater Manchester Director of Operations Group will also be a member of the Board to ensure good links with this group.
- 4.5. Provider trusts not part of Manchester Cancer can be represented on the Board if they have patient flows in to Manchester Cancer hospitals.
- 4.6. Other members of the Manchester Cancer core team and Pathway Clinical Directors will be invited to attend as required.
- 4.7. Summary of membership:

Organisation	Representative(s)
Manchester Cancer	Associate Director (Chair) and Medical Director
Bolton NHS Foundation Trust	At least one on clinical, nursing and managerial lead at each meeting
Central Manchester University Hospitals NHS Foundation Trust	
East Cheshire NHS Trust	
Pennine Acute Hospitals NHS Trust	
Salford Royal NHS Foundation Trust	
Stockport NHS Foundation Trust	
Tameside Hospital NHS Foundation Trust	
The Christie NHS Foundation Trust	
University Hospital of South Manchester NHS Foundation Trust	
Wrightington, Wigan and Leigh NHS Foundation Trust	
GM Director of Operations Group	Chair of the group
Allied Health Professionals Group	Chair of the group
Other trusts	Tbc

5. Frequency of meetings

- 5.1. The Manchester Cancer Trust Cancer Leads Board will meet every two months.

6. Quorum

- 6.1. Quorum will be at least one representative from 8 of the Manchester Cancer provider trusts.

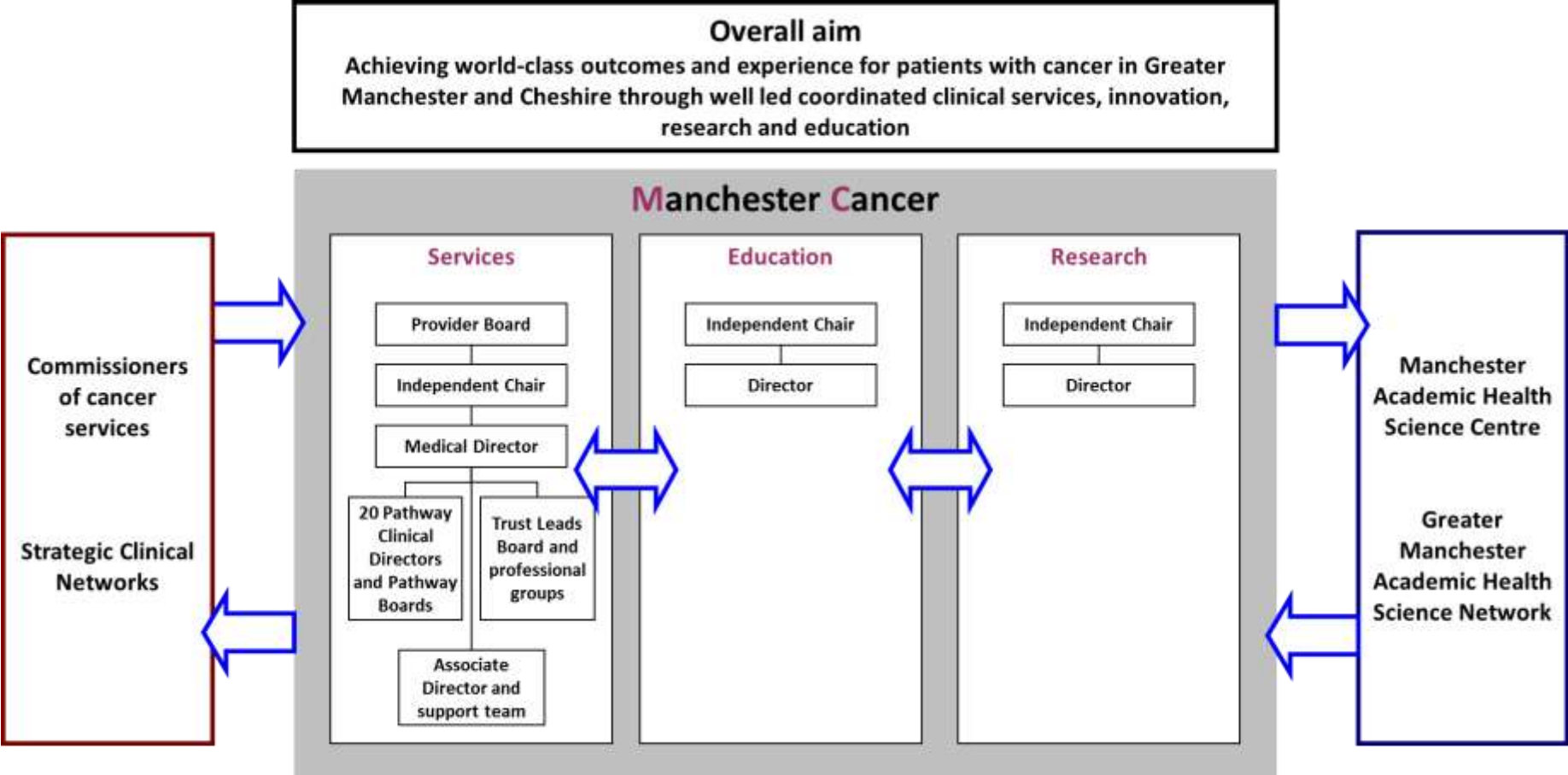
7. Communication and engagement

- 7.1. Accurate and representative minutes will be taken at all meetings and these will be circulated and then validated at the next meeting of the Board.
- 7.2. All minutes, circulated papers and associated data outputs will be archived and stored by the Manchester Cancer core team.
- 7.3. The agendas, minutes and work programmes of the Board will be made available to all in an open and transparent manner through the Manchester Cancer website www.manchestercancer.org.

8. Administrative support

- 8.1. Administrative support will be provided by the Manchester Cancer core team.

Appendix 1 – Manchester Cancer structure



Appendix 2 – structure of Manchester Cancer services arm

