

## East of England Cancer Alliance - Clinical Advisory Board

### Terms of Reference

January 2018 – v1.0

#### 1. Mission statement

*The East of England Cancer Alliance Clinical Advisory Board will provide clinical leadership and oversight into the Cancer Alliance Board. It will ensure the views and experiences of clinicians and patients informs all aspects of the Cancer Alliance work programme, taking a special interest in improving quality, safety, equity, value, outcomes and patient experience by driving innovation and improvement.*

#### 2. Objectives of the Clinical Advisory Board

- To provide clinical leadership, advice and scrutiny and challenge to the Cancer Alliance Board.
- To champion the needs of patients and carers in the development and delivery of the cancer transformation work programme, and to monitor its progress.
- To ensure representation of a wide variety of views and experiences.
- To clinically drive and champion the work of the East of England Cancer Alliance with the wider community.
- To clinically drive improvements to patient experience, safety and cancer outcomes.
- To support the work of the Cancer Alliance Board, Patient Advisory Board, Research Advisory Board, STP groups, Clinical Working Groups, specialist groups and task-and-finish groups via communication and representation.

#### 3. Background

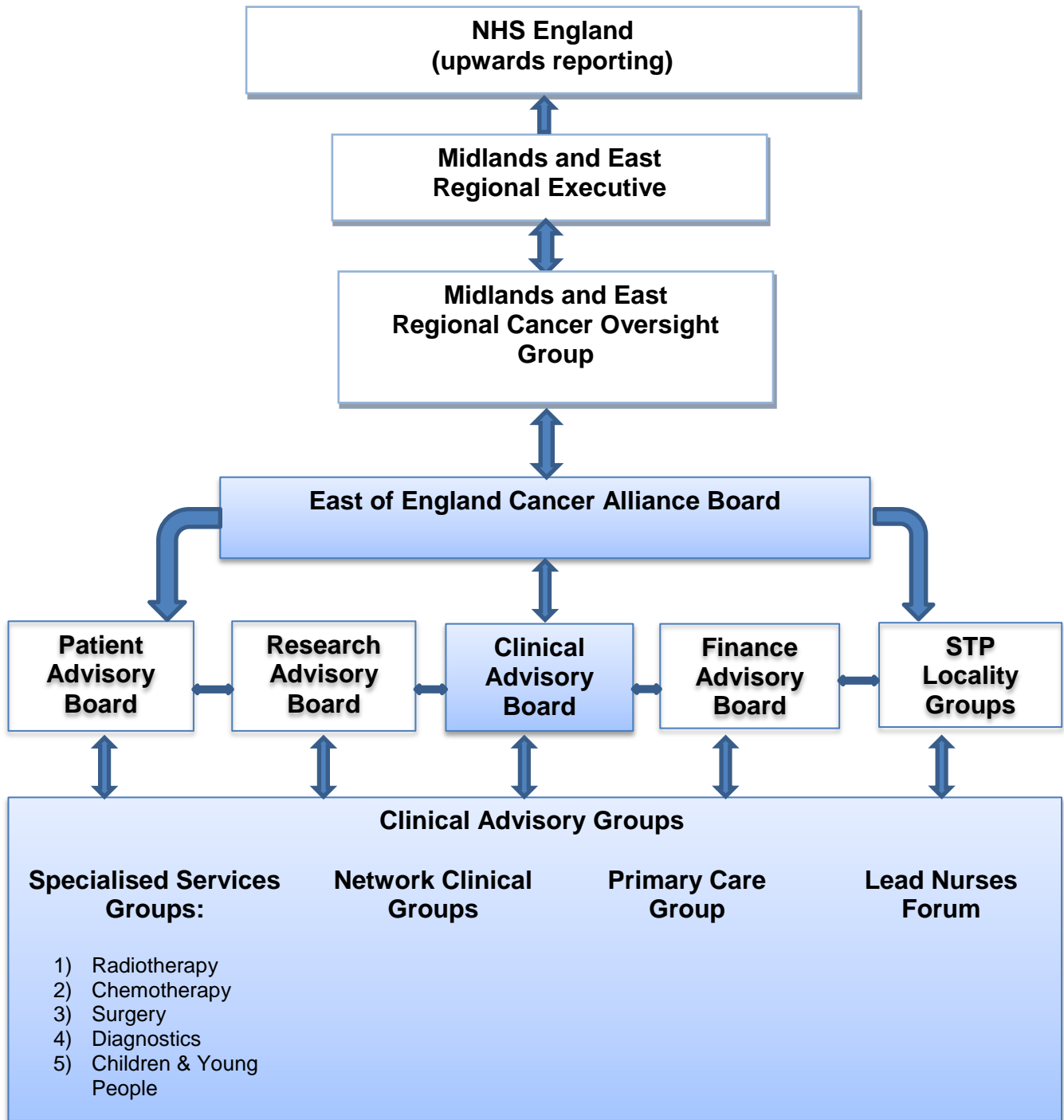
The East of England Cancer Alliance is one of 15 nationally that were set up in the autumn of 2016, following recommendations in the National Cancer Strategy 2015-2020. It is the largest Cancer Alliance with a population of 6.3m.

The East of England Cancer Alliance Board will be informed and advised by five sub groups:

1. Patient Advisory Board;
2. Clinical Advisory Board;
3. Research Advisory Board;
4. Finance Advisory Board; and
5. STP Locality Groups.

The Clinical Advisory Board will be a group of clinical leaders and patients, who will collaborate across boundaries to lead, innovate and advice on making cancer services the best that they can be.

It is part of East of England Cancer Alliance as shown in *Figure 1*.



*Figure 1*

#### 4. Governance and Accountability

- The Clinical Advisory Board is accountable to the East of England Cancer Alliance Board.
- The Board will have one Chair as agreed with the Cancer Alliance Chair.

- The Board will meet at least four times a year in alignment with the Cancer Alliance Board. Business in between times will be conducted by task-and-finish working groups and through a virtual communications network.
- Membership will be for an initial period of two years.
- Each STP is responsible for nominating a lead clinician from within its constituent organisations.
- A description of the accountability and responsibilities of the Clinical Advisory Board and other Boards and groups is shown in Figure 2 below.

Delivery Mechanism							
	Cancer Alliance Board	STP Network Locality Groups	EoE Finance Advisory Board	Clinical Advisory Board	Patient Advisory Board	Working Groups	Cancer Networks/ Alliance PMO
Delegated authority of member organisation	Accountable for STPs identifying lead organisations and lead individuals	Responsible for identifying the lead organisation and individual with delegated authority	Consult	Informed	Informed	Informed	Supportive
Allocation of priorities & funding	Accountable and responsible for allocation to STP lead organisation	Accountable and responsible for allocation to constituent organisations	Consult	Consult	Consult	Informed	Supportive
Delivering the work programme	Accountable	Responsible for delivery	Consult	Responsible/ consult	Consult	Responsible for delivering agreed items	Supportive
Monitoring the work programme	Accountable & responsible	Accountable & responsible	Responsible	Responsible	Responsible	Accountable & responsible	Responsible
Assessing the impact & outcomes	Accountable	Accountable & responsible	Accountable & responsible	Responsible	Consult	Responsible	Responsible

Figure 2

## 5. Values of the Clinical Advisory Board

The Clinical Advisory Board will:

- Champion clinical excellence for patients, in outcomes and experience.
- Champion the transformation required for service improvement at scale and pace and across all cancers.
- Challenge variation, focusing on equity of access to services, and improving patient experience and cancer outcomes.
- Champion research, development and innovation.
- Take account of the needs of different communities and interest groups, including those who are seldom-heard.
- Work in partnership with patients, carers, voluntary sector and other stakeholders, preferring co-production as the usual way of working.

- Be guided by the NHS Constitution and the NHS Mandate.

## 6. Membership

There will be up to 27 Members of the Clinical Advisory Board. Its core and affiliate membership is as follows:

<b>Clinical Advisory Board Core membership</b>			
<i>Core members are expected to ensure that they personally attend or are represented at all meetings</i>			
<b>Role/group represented</b>	<b>Notes</b>	<b>Number of places</b>	<b>Min. number for quorum</b>
Chair	Appointed by the Cancer Alliance Board	1	1
Patient rep		3	1
STP Cancer Clinical Leads		6	4
Clinical Advisory Group Leads	Specialised Service Groups for Radiotherapy, Chemotherapy, Diagnostics, Surgery, Children & Young People	5	3
GP Leads	One a member of the Cancer Alliance Board as well	3	1
Nursing Leads	One a member of the Cancer Alliance Board as well	3	1
Lead Commissioner		1	1
AHP		1	
Public Health Clinician		1	
Research and Development Clinical Lead	CRN Eastern or Thames Valley rep	1	
Pharmacist Lead		1	
Alliance Support Team		1	1
<b>TOTAL</b>		<b>27(max)</b>	<b>13 (min)</b>

## 1. Review

These Terms of Reference will be reviewed by the Clinical Advisory Board annually or sooner if required.

Date TOR approved by Clinical Advisory Board: 18 January 2018