North West Children's Cancer
Operational Delivery Network

1. Report	North West Children's Cancer ODN Oversight Group
2. Paper prepared by	Davina Hartley
3. Subject/Title	Final Terms of Reference (ToR) for the North West Children's Cancer Network Oversight Group
4. Document ref	ToR V1.0 Final
5. Purpose	The purpose of this paper is to set out the ToR for the North West Children's Cancer Network Oversight Group
6. Action for the reader	To ratify final version of TOR.
7. Recommendation	
8. Version	

9. Revision/circulation history

Date	Version	Author	Revisions/ Comments	Circulation List
30/10/22	V0.1	DH		SLT
5/12/22	V0.2	DH	BB & CL	SLT
11/01/23	V0.3	DH	JD, AH & LH	NWCCODN NOG
24/02/23	V0.4	DH	NOG	NWCCODN NOG
16.04.23	V1.0	DH	NWCCODN NOG	NWCCODN NOG

North West Children's Cancer Operational Delivery Network

Terms of Reference

1. Name of Group:	North West Children's Cancer Operational Delivery Network (NW CC ODN) Oversight Group (NOG)
2. Accountable To:	NHS England through the local specialised commissioning team via the host trust(s) (MFT & AHFT) and the North West Paediatric Partnership Board (NWPPB). Operationally responsible to the 3 NW Cancer Alliances (Greater Manchester, Cheshire & Merseyside, and Lancashire & South Cumbria) and, through these, to the broader Integrated Care Board's (ICB) & Integrated Care System (ICS) framework for developing and delivering an agreed annual programme of work.
3. Aims and Purpose:	Operational Delivery Networks (ODNs) exist to improve the quality of care available to patients within a defined service across a specific geography. They do this by: • Ensuring equity of access to a range of services regardless of geography. • Ensuring seamless care provision across the network and at various stages of transition (between locations, providers, age-groups, services and co-morbidities). • Ensuring high quality care is delivered by providers, that meet the requirements of nationally agreed standards including the NHS England service specification. • Supporting providers to carry out continuous service development to address unwarranted variation. • Ensuring service capacity meets demand (predicting demand and developing systems to collectively manage capacity in response to this including at times of surge or emergencies).

	• Ensuring the provision of high-quality data and information for all patients, families, staff and commissioners. • Creating a culture of collaboration and action to continually improve services with a strong, collective voice for network stakeholders including patients and their families who use these services. • Taking responsibility, through the management of the network team, for the development of an effective operating structure for the Network including robust governance, risk and monitoring arrangements. The Children's Cancer Operational Delivery Network is responsible for the delivery of an agreed annual work programme which will aim to: • Support the development of care closer to home • Monitor POCSU and PTC compliance with the national service specifications via a comprehensive service review • Agree and develop network wide pathways and protocols including an operational policy for Children's Cancer across the North West • Support good governance between the POSCUS's and PTC's • Coordinate and monitor access to clinical trials & research • Develop workforce contingency arrangements and a secure communication system across the network between the POSCUS's and PTC's

4. **Objectives and Responsibilities:**	i. Service Review of current provision against the clinical requirements set out within the service specification for Children's Cancer Network -Principal Treatment Centres & Children's' Cancer ODN – Paediatric Oncology Shared Care Unit (NHSE). ii.. Consideration of future service planning requirements. iii. Development of proposals for Network service configuration which meet the clinical service requirements set out within the Service Specification for the ODN, PTC's and POSCU's, including the establishment of partnership arrangements between two or more provider teams where these are required. iv. Establish regular performance review mechanisms to ensure the services are effective and efficient. This includes improvement in service efficiency and the implementation of NHS England Clinical Commissioning Policies. Such arrangements must also include regular review of any agreed mitigations put in place to enable continued local delivery of services for less common and rare cancers. v. Agreement of Network-wide peer review, quality assurance programmes and audit processes. vi. Develop a Network data sharing agreement and IT infrastructure proposals to explore opportunities for greater integration between and within teams within the Network, to maximise staff utilisation and quality improvement. vii. Development of a Network-wide children's' cancer workforce sustainability strategy which considers the impact of service change, contingency planning arrangements, capacity and demand planning, innovative approaches to recruitment and retention, job shares and joint appointments and agreed Network developments. This should support individual provider plans, maximise sharing and learning opportunities and harness the strength of the Network. viii. Agreement of strategies for improving access to clinical trials within the Network, including supporting local access for common cancers as well as appropriate referral to a clinical trial centre.

	ix. Support the improvement of operational efficiency, effectiveness, consistency, and equity (improve integration between different children's cancer services; Improve the transition between Children's and TYA services, in particular ensuring that there is no age gap between different services. x. Support achievement of the Long-Term Plan aims and objectives (Embed genomic medicine within children's cancer services. Increased clinical trial participation. Increase tumour banking rates.) improve the experience of care (via improved experience and greater pathway integration)

5. **Membership:**	**Chairperson/s** Dr Lisa Howell / Professor Bernadette Brennan (Clinical Lead/s) Co Chair with Andrea Doherty (NHSE) **Deputy Chair** Professor Bernadette Brennan / Dr Lisa Howell **Members** • Paediatric Oncology Primary Treatment Centres (PTC) (lead clinician & lead nurse & strategy manager) • All Paediatric Oncology Shared Care (POSCUs) within the Network, this includes all shared care overseen by the Primary Treatment Centre (PTC) both specialist and non-specialist (lead clinician & lead nurse) • Children's community outreach teams • Regional Service Commissioners. • Cancer Alliances within the Network; (Greater Manchester, Cheshire and Merseyside, Lancashire and South Cumbria) • Nursing • Patient and public voice representatives and local charities (where these exist) • Pharmacy • Allied Health professionals including expertise in psychological support • ICB CYP Lead within the network (Greater Manchester, Cheshire and Merseyside, Lancashire and South Cumbria) • CYP Transformation Board Clinical Lead • Practice Educator • Local Cancer Research Network; and • Cancer Lead from the Genomic Laboratory Hub • North West Paediatric Partnership Board representatives & Host Trust representative • NW TYA Cancer ODN With the agreement of the Chair/s, the group may co-opt new members as required for the purpose of delivering the programme of work or any specific part of the programme. With prior agreement of the Chair/s each member is permitted to be represented by a deputy.

6. Members' responsibilities	1. Confidentiality In the event materials of a confidential nature are required to be discussed these will be discussed in 'a part 2' private section of the agenda. All meeting material and supporting information in the private section of the agenda, whether verbal or written, electronic or hard copy, is deemed to be commercially sensitive and is shared on the basis of commercial in confidence. It is the responsibility of each network group member to ensure that information remains confidential. 2. Communicating within member organisation It is the responsibility of each network group member to ensure that they communicate appropriate information within their organisation and represent views from within their organisation/teams to the network group. 3. Decision taking

	Members of the network group are authorised to take decisions on behalf of their organisations at the Network Oversight Group within the boundaries of each Trust's approval processes. 4. Attendance Members are expected to attend meetings on a regular basis and when not available will identify a deputy to attend.
7. Quorum:	To be quorate, at least 40% of network group members are present at the meeting, which *must* include a chair, a clinician, a service manager and a commissioner. All ICS localities should have representation. If quorum is not achieved within fifteen minutes from the time appointed for a Board meeting, the meeting shall stand adjourned.
8. Frequency Of Meetings:	The Network Oversight Group will meet quarterly. Papers requiring decisions will be circulated five working days in advance. The meetings will take place via teams 3 x per year with one face to face meeting per annum. The location of the face-to-face meeting will rotate.
9. **Governance and accountability**	The Oversight Group will be accountable to the NHS England via the NW specialised commissioning team. To the 3 ICS Boards via required reporting and to the NW Partnership Board via required reporting as the host trust/s (MFT & AHFT).
10. Review Date:	The terms of reference for the Network Oversight Group will be reviewed by the Group annually starting from November 2022 or sooner at the Chair's discretion.