

Terms of Reference

Children's Cancer Operational Delivery Network Board

Context

This network relates to the following clinical services:

The geography of the network includes Yorkshire and The Humber

The following organisations are members of this network:

- Airedale NHS Foundation Trust
- Barnsley Hospital NHS Foundation Trust
- Bradford Teaching Hospital NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Hull University Teaching Hospitals NHS Trust
- Leeds Teaching Hospitals NHS Foundation Trust
- North Lincolnshire and Goole NHS Foundation Trust
- Sheffield Children's Hospital NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- Mid Yorkshire Hospitals NHS Trust
- The Rotherham NHS Foundation Trust
- York and Scarborough Teaching Hospital NHS Foundation Trust

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 that there is equity of access to a comprehensive range of services across the network regardless of geography.
- Ensuring that care is provided seamlessly across the network and its various stages of transition (between locations, providers, age-groups, services and co-morbidities).
- Ensuring that high quality care is delivered by participating providers, that meets the requirements of NHS England's service specification and other nationally agreed standards, and each carries out continuous service development to address unwarranted variation.

- Ensuring service capacity meets demand, including predicting demand and developing systems to collectively manage capacity in response to demand including at times of surge or emergencies.
- Ensuring the provision of high quality and inclusive information for all patients, families, staff and commissioners is supported.
- 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.

Accountability

Operational Delivery Networks (ODNs) are required to have a formally constituted governing body or board, with members drawn from all providers of that specialised service within the network, and commissioner representatives and patient representatives.

ODN boards are accountable to the specialised commissioning team within their region, for delivery of the ODN's agreed programme. They are independent of the host provider. The ODN board provides direction and leadership to the ODN team.

ODN boards agree an annual work plan with their host regional specialised commissioning team. This will include a clear work plan and deliverables and an agreed approach to monitoring delivery. Similarly, ODN boards will be expected to produce an annual report.

The network annual work programme should reflect the three core functions of ODNs:

- Operational efficiency, effectiveness, consistency and equity
 - i) Improve integration between different children's cancer services.
 - ii) Improve the transition between Children's and TYA services, in particular ensuring that there is no age gap between different services.
- Achieving Long Term Plan aims and objectives
 - i) Embed genomic medicine within children's cancer services.
 - ii) Increased clinical trial participation.
 - iii) Increase tumour banking rates.
- Improving the experience of care
 - i) Secure improved experience and greater pathway integration.

Each network's programme should include both national and locally agreed elements. The network board will support the network team in delivering the programme.

While networks have a responsibility for improving quality, and supporting providers in achieving high quality care, individual providers remain contractually accountable for the quality of care that they provide to their patients.

Ways of working

The ODN Board will achieve its aims by:

- Supporting a culture of collaboration, partnership working, sharing learning and best practice and effective communication between the network, provider organisations and other stakeholders
- Agreeing an annual work plan and supporting the network team in its delivery
- Monitoring progress of the network by regularly reviewing performance
- Reviewing and mitigating risks to delivery of the network plan
- Establishing subgroups and task and finish groups for the effective conduct of the network's business
- Ensuring patient and carer views are at the heart of the network's work
- Providing a forum to raise and address concerns relating to service quality, delivery, capacity and outcomes
- Holding organisations to account for implementation of board decisions through a defined escalation process

Membership

Chair

The Board will elect a chair with tenure of three years. The chair will be an appropriately experienced leader who is credible across the whole network and able to show alignment to the needs of the network. Where the chair is not the network clinical lead (and separation of these roles is preferred) they may, for example, be a board member from one of the provider organisations in the network (ideally not the host, to underpin the collective nature of these arrangements) or a patient representative where a suitable candidate is available.

The chair of the network board helps set the network's strategic direction, holds the network team to account, shapes and chairs meetings of the network board ensuring that

all views are heard, with a particular responsibility for supporting patient and public voice representatives, and that decisions are made that support the network's purposes and plans. A Vice-Chair will also be appointed to deputise in instances of unavailability.

Membership

ODN Sub-stream meeting

The following groups should be represented on the Network ODN Sub-stream meeting:

- Paediatric Oncology Primary Treatment Centres (PTC)
- 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.
- Children's community Teams
- Service Commissioners.
- Cancer Alliances within the Network.

West Yorkshire and Harrogate Cancer Alliance

Humber and North Yorkshire Cancer Alliance

South Yorkshire and Bassetlaw

- Relevant medical disciplines combined with a strong nursing representation
- Patient and public voice representatives and local charities (where these exist);
- Local Cancer Research Network; and
- Cancer Lead from the Genomic Laboratory Hub.

Additional members may be co-opted as necessary.

ODN Board

- ODN Board Chairperson (a deputy chairperson will be nominated from the group of existing members)
- ODN Clinical Leads
- ODN Lead Nurses
- ODN Manager
- Local Commissioner

Meetings

ODN Board Meeting

The chair or vice-chair shall preside as chairperson at every board meeting.

The ODN Board will serve as the oversight function for both TYA and Paediatric Cancer ODN Subgroups.

Quorum will be achieved when at least 40% of board members or nominees are present at board meetings, which must include a chair, a clinician, a manager, a nurse and commissioner. If quorum is not achieved within fifteen minutes from the time appointed for a board meeting, the meeting shall stand adjourned.

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the item under discussion has been concluded. All declarations of interest will be recorded in the minutes.

Board decisions will be made following due consideration by consensus where possible. In the event of a consensus not being reached a majority decision will be sought.

The frequency of meetings will be twice yearly. In the event of an urgent matter arising between meetings that cannot wait for resolution until the next scheduled meeting, the Chair of the ODN Board, in consultation with the ODN Board Members, will convene an extraordinary (virtual or face to face) meeting to take such action as is deemed necessary.

Administrative support for the meetings will be provided by the network management team. Formal minutes will be taken and circulated in draft form within 14 working days of each meeting. These minutes will be publicly available upon request, subject to appropriate consideration of any restricted/sensitive items.

There will be no provision of funding for time or travel for members, except travel expenses for lay members, which will be reimbursed from the ODN budget.

The Chair, through the network manager shall report to the regional specialised commissioning team through the locally established arrangements. This will include submission of agreed formal work programmes and annual reports, the submission of minutes and other written reports and details of any significant matters under consideration.

Members of the board may have access to confidential information about patients, staff or other health service material or information. This must not be shared with anyone other than authorised NHS personnel involved with the ODN Board and its work. Any requests for information of this nature should be referred to the ODN Board chair.

TYA/Children's ODN Subgroup Meeting

The TYA and Children's ODN Subgroup meeting will be chaired by the Clinical Lead for the respective ODN subgroup. The Lead Nurse for each ODN will act as vice chair and deputise for the chair when necessary.

The frequency of meetings will be quarterly. In the event of an urgent matter arising between meetings that cannot wait for resolution until the next scheduled meeting, the Chair of the ODN, in consultation with the ODN Members, will convene an extraordinary (virtual or face to face) meeting to take such action as is deemed necessary.

Quorum will be achieved when at least 40% of the ODN subgroup representative members or nominees are present at the meetings. Each member organisation will provide a representative to 3 out of every 4 ODN Subgroup meetings in any one calendar year.

Administrative support for the meetings will be provided by the network management team. Papers for each meeting will be circulated no less than seven working days prior to the meeting. Formal minutes will be taken and circulated in draft form within 14 working days of each meeting. These minutes will be publicly available upon request, subject to appropriate consideration of any restricted/sensitive items.

There will be no provision of funding for time or travel for members, except travel expenses for lay members, which will be reimbursed from the ODN budget.

The ODN Subgroup will decide on matters for escalation to the ODN Board and contribute to work plan development and progression. ODN Subgroup members will provide service and clinical governance updates to the group and escalate any matters affecting service provision or clinical risk.

Key Relationships

The Network Board will develop and maintain effective working relationships with:

- NHS England Clinical Reference Groups and national Programmes of Care
- Clinical Senate(s)
- Strategic clinical network(s)
- Academic health science network(s)
- TYA Operational Delivery Network
- Radiotherapy Operational Delivery Network
- Charitable Organisations

