

## Clinical Quality Group Terms of Reference

<b>Name:</b>	<b>Sarcoma</b>																				
<b>Purpose:</b>	The CQG will provide clinical leadership, direction and strategy and set priorities to improve cancer care for patients. They are the primary source of clinical opinion to Cheshire & Merseyside and Lancashire & South Cumbria. The CQG is tumour specific or has cross-cutting themes.																				
<b>Membership:</b>	<p>The CQG should have active engagement of all MDT/nominated service leads from the constituent organisations in both Cheshire &amp; Merseyside and Lancashire &amp; South Cumbria Cancer Alliances.</p> <p>Membership of the CQG is aimed at representing the functions and needs of the two regions as an effective and responsive forum for decision making. Therefore it is expected that the members on the CQG will proactively seek to understand and represent the needs and views of those they represent and that decisions of the CQG in relation to required service changes are accepted by the relevant boards and implemented.</p> <p>Each group will include:</p> <p><b>Core Membership:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Role</th> <th style="text-align: left;">Description</th> </tr> </thead> <tbody> <tr> <td>Chair</td> <td>Nominated from the membership to take the Chair for a period of 3 years</td> </tr> <tr> <td>Administrative Support</td> <td>CMCA provided</td> </tr> <tr> <td>Programme / Project Management</td> <td>CMCA Project Manager will lead</td> </tr> <tr> <td>Lead Clinicians</td> <td>Lead Clinician for the specialty from each provider Trust</td> </tr> <tr> <td>Lead Nurses/AHPs</td> <td>One lead for the specialty from each provider Trust</td> </tr> <tr> <td>Research Lead</td> <td>Lead and inform research opportunity</td> </tr> <tr> <td>Service Users</td> <td>Lay members representing service users (overseen by the Patient Experience Advisory Group)</td> </tr> </tbody> </table> <p><b>Extended membership across both Cancer Alliances:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Role</th> <th style="text-align: left;">Description</th> </tr> </thead> <tbody> <tr> <td>Service Managers</td> <td>Relevant service line managers by invitation if operational issues to be discussed</td> </tr> </tbody> </table>	Role	Description	Chair	Nominated from the membership to take the Chair for a period of 3 years	Administrative Support	CMCA provided	Programme / Project Management	CMCA Project Manager will lead	Lead Clinicians	Lead Clinician for the specialty from each provider Trust	Lead Nurses/AHPs	One lead for the specialty from each provider Trust	Research Lead	Lead and inform research opportunity	Service Users	Lay members representing service users (overseen by the Patient Experience Advisory Group)	Role	Description	Service Managers	Relevant service line managers by invitation if operational issues to be discussed
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Primary Care	GPs with special interests or providing community services in the specialty
Commissioners	CCG and Specialised Commissioning representatives by invitation if reconfiguration or commissioning issues to be discussed
Third Sector	Charities and community groups with special interest by invitation
Invited guests	Experts in the specialty by invitation

### Expectations of Members

Each member of the CQG will be required to:

- Ensure regular attendance at meetings
- Allocate appropriate time to carry out actions
- Reflect the view of their organisation / peer group and respect the views and opinions of others
- Support, and where appropriate, participate in the development of Cheshire and Merseyside and Lancashire & South Cumbria policies and guidelines as identified and prioritised within Cancer Alliances work plans. This may include Clinical Management Guidelines and action planning to improve performance and Quality / Outcome Indicators
- Ensure that group actions are shared appropriately with local teams
- Participate in agreed regional and national audits
- Declare any private interests or interests of their organisation relevant to their involvement in meetings

The Terms of Reference and membership of the group will be reviewed annually.

Resolutions of issues and disputes will be facilitated by the Medical Director at either the Cheshire and Merseyside Cancer Alliance or Lancashire and South Cumbria Cancer Alliance.

#### **Quorum:**

The meeting will be quorate when the Chair and 50% of the constituent members, or a nominated deputy, are present.

#### **Attendance:**

Each core CQG member, or nominated cover, is expected to attend a minimum of 75% of meetings.

#### **Meeting Frequency:**

CQG meetings will meet 3 times a year.

Meetings will be by video-conference however ideally a minimum of one of these each year may be face to face and a minimum of one each year must contain an educational component.

Additional meetings may be necessary for short term task and finish projects or to develop key documents.

Email communication will take place if decisions are required in a shorter timescale and additional meetings may be convened to consider urgent issues if appropriate.

	<p>A schedule of meetings will be produced in April to cover the following 12-month period and meeting dates may only be changed in exceptional circumstances.</p>
<p><b>Secretariat:</b></p>	<p>Administrative support will be provided by the CMCA Cancer Alliance team, to include:</p> <ul style="list-style-type: none"> <li>• Maintaining active membership and distribution lists</li> <li>• Sending out agendas, notes and papers for each meeting</li> <li>• Booking venues</li> <li>• Meet and greet with attendance list at meetings</li> <li>• Liaising with invited guests</li> <li>• Forwarding relevant guidelines and protocols to membership as required</li> <li>• Set up an annual event bringing everyone together to agree priorities for the forthcoming year</li> <li>• Post information on the Cheshire &amp; Merseyside website and share with colleagues in Lancashire &amp; South Cumbria for their publications</li> </ul> <p>The agenda and papers will be circulated no less than 5 working days in advance of the meeting and a call for items will be circulated to all members beforehand.</p> <p>Actions will be approved by the chair within 10 working days after each meeting to then be circulated to the CQG Members.</p> <p>Agendas and actions will be posted on the Cancer Alliance website.</p>
<p><b>Key Responsibilities:</b></p>	<p>The CQGs are the source of expert clinical and professional opinion from which to lead, inform, support and advise on a wide range of cancer services issues.</p> <p>CQGs will adopt an evidence-based approach, incorporating national best practice guidance into local practice to ensure common standards and pathways for cancer patients.</p> <p>CQGs will develop, maintain and report a work plan which will detail, prioritise and progress specific areas of service improvement in line with the Cancer Alliance transformation programme.</p> <p>Key Responsibilities include:</p> <ul style="list-style-type: none"> <li>• Take action to implement relevant national guidelines/standards</li> <li>• Review clinical outcome and performance data identifying and addressing variation</li> <li>• Develop regional referral guidelines in line with national guidance and optimal pathways and review these as required</li> <li>• Development of local pathways and service specifications</li> <li>• Take steps to increase research capacity at both regional and MDT level.</li> <li>• Identify areas requiring additional regional or local audit and act on findings of such audits</li> <li>• Advise on the clinical impact of service reconfiguration proposals</li> <li>• Cascade and disseminate relevant guidelines and documents to all appropriate staff within own organisations</li> </ul>

- Ensure service users and carers are involved in decisions regarding pathways
- Identifying workforce issues in response to service developments, vacancy levels and emergent technologies.

CQG Chairs

- Lead the agenda and chair all CQG meetings
- Refresh Terms of Reference and membership on an annual basis
- Ensure that objectives are set for the forthcoming year which drives improvements in clinical care, patient outcomes and patient experience
- Ensure that an annual summary report is produced providing an overview of work completed
- Promote collaboration and service improvement between partner organisations
- Link into Expert Clinical Reference Groups – regionally and nationally

NB: Chairs and Leads may be required to present at local, regional and national events on behalf of their Cancer Alliances.

CMCA Project Lead

- Support the CQG chair with the development of meeting agendas. Ensure these reflect all aspects of Cancer Alliance programmes / projects
- Lead Cancer Alliance transformation programme discussions
- Support delivery of Cancer Alliance transformation programme work between meetings
- Ensure current data on performance and outcomes is available and present this at all meetings
- Ensure there is links and open communication between the two Cancer Alliances.

**Reporting Arrangements:**

The CQG Chair will report to the Cancer Alliance Medical Director

The CQG is accountable to the Cancer Alliance Programme Board

Each CQG member is responsible for reporting into their own organisations boards as appropriate

**Standing Agenda Items:**

Suggested agenda items:

- Performance and Outcome Data
- Clinical Guidelines / Clinical Audit
- Transformation programmes
- CQG Workplan Progress
- Workforce Development
- Health Inequalities
- Patient Experience
- Research
- Genomics
- Annual CQG Summary Report (Q1 each year)