

Kent & Medway Cancer Collaborative

Tumour Site Specific Group (TSSG)

Chair Job Description

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1.0 Introduction

As of 1st April 2014, the individual Kent & Medway NHS Trusts listed below agreed it is their responsibility to support the provider led TSSGs, including the requirements of being a TSSG Chair and the associated impact on the Chairs Trust based job plan:-

- East Kent Hospitals University NHS Foundation Trust – EKHUFT
- Maidstone & Tunbridge Wells NHS Trust – MTW
- Darent Valley Hospital NHS Trust – DVH
- Medway Maritime Foundation NHS Trust – MFT

The Cancer Alliance Delivery Group will hold the ultimate responsibility for ratifying all high level TSSG documentation, of which the Kent & Medway Cancer Collaborative (KMCC) and the Kent & Medway Cancer Alliance will disseminate and make available where appropriate, to the Clinical Commissioning Groups (CCGs) or other Commissioners of services eg NHS England.

2.0 TSSG Chair – General

- A TSSG Chair is in term for 3years, then the arrangement is re-assessed.
- TSSG Chairs wishing to step down from the role are to formally record this within the TSSG meetings.
- New TSSG Chairs will be appointed through the KMCC formally inviting all members of the TSSG for expressions of interest in the role. The Cancer Alliance Clinical Lead and KMCC Service Improvement Lead will interview any prospective candidates.

3.0 TSSG Chair – Responsibility & Accountability

All TSSG Chairs are responsible and accountable to the Kent & Medway Cancer Alliance Clinical Lead & Programme Director.

4.0 TSSG Chair - Role Purpose

- The Chair has overall responsibility for the development and the coordination of cohesive, integrated, multi-professional K&M wide cancer guidance for a specific tumour/service site
- The Chair is expected to provide active clinical leadership, working across K&M
- In order to fulfill the role effectively the Chair will need to establish an excellent working relationship with the following:
 - The Kent & Medway Cancer Collaborative
 - The Kent & Medway Cancer Alliance
 - Trust Lead Cancer Clinicians
 - Trust Lead Cancer Nurses
 - “Other” TSSG Chair colleagues
 - “Other” Group Chair colleagues (including those for Research)
 - MDT Lead Clinicians for all the relevant MDTs across Kent & Medway
 - Trust based Imaging Leads across Kent & Medway
 - Trust based Pathology Leads across Kent & Medway

It is suggested that Chairs liaise with other relevant providers from outside Kent & Medway in order to widen the horizons of the group and keep abreast of how other areas are addressing Improving Outcomes Guidance.

5.0 TSSG Chair - Key responsibilities

- The Chair should ensure that the TSSG is represented by all the key stakeholders in the management of the specific tumour/service site involved
- In discussion with the KMCC and the Cancer Alliance be responsible for developing, agreeing and maintaining the Terms of Reference for the TSSG
- Prepare agenda for and Chair TSSG meetings
- Co-ordinate the work of the TSSG through the development of a clear framework, work plan and agreed milestones for achievement.
- TSSG Chairs will be responsible for chasing up outstanding audits and sub group work
- Attend the TSSG Leads meetings for at least 50% of the scheduled meetings a year and ensure all members are properly briefed about the progress being made by the TSSG; this is particularly important where recommendations of one professional group is likely to have an impact upon other areas of the service
- Provide disease site specific advice to the KMCC and Cancer Alliance when required
- Produce an Annual Report for the TSSG with assistance from the KMCC Team
- Represent Kent & Medway at local and national meetings

5.1 Organisational Responsibilities

- Provide leadership and support in conjunction with the KMCC and Cancer Alliance in the production and monitoring of Kent & Medway wide recommendations and action plans for the implementation of the:
 - a. NHS Cancer Plan
 - b. NHS Long term plan
 - c. National Cancer Taskforce Report
 - d. The Cancer Reform Strategy
 - e. Improving Outcomes Guidance (IOG)
 - f. Improving Outcomes Strategy for Cancer (IOSC)
 - g. Quality Surveillance
- Ensure that the TSSG contributes to and inputs into Kent & Medway wide strategies on screening, prevention and supportive and palliative care
- Work with other clinical service and quality improvement leads to ensure that these workstreams are integrated across the county

5.2 Clinical Governance Responsibilities

- Ensure that the TSSG agrees, reviews and monitors Kent & Medway wide:
 - a. Referral guidelines
 - b. Investigation protocols
 - c. Patient management and treatment protocols
 - d. Integrated care pathways
- Particular attention should be given to:
 - a. Prevention & early diagnosis
 - b. The early recognition, and appropriate management of relapse / metastatic disease
 - c. End of Life Care
- The collection of clinical data
- Support the National Cancer Research Network (NCRN) in ensuring awareness of eligible trials
- Encourage the promotion of patient information that is consistent across Kent & Medway
- To ensure the views of Users and Carers are taken into consideration by the TSSG

5.3 Educational Responsibilities

- Provide input from the TSSG to the development of Kent & Medway wide commissioning, workforce, training and facilities planning
- Promote the engagement of Clinicians and the collaborative approach to learning and sharing best practice in service improvement across Kent & Medway
- Include specific educational elements to TSSG agendas where necessary, including invitations to participate in such events by relevant colleagues from, i.e. CCG, primary care etc, specific to that events educational aspect

5.4 Personal Qualities and Experience

- Be a recognised expert in the care of cancer patients for the tumour/service site
- Have widespread experience in the general care of cancer patients
- Demonstrate previous experience of leading clinical teams at a high level
- Show commitment to developing the group as a Kent & Medway team
- Be capable of leading a multi professional team and Clinicians (including User / Patient representation) within a complex organisational Network
- Have the ability to think strategically
- Be able to influence others to develop a commonly held vision for the development of the service

6.0 Document Administration

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Revision History			
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Feb 2012	0.1	Newly formatted draft	N.Goodger/I.Vousden
July 2012	1.0	Final updates made to format and content relevance/terminology	C.Tsatsaklas/I.Vousden/N.Goodger
Jan 2014	1.1	Removal of Cancer Network and DOG related references and general update	C.Tsatsaklas/H.Farrow
Feb 2014	1.2	Comments included from Operational & Quality Group	C.Tsatsaklas/H.Farrow/Operational & Quality Group
April 2014	2.0	Final/Published – final changes & ratified by the 03/04/2014 Operational & Quality Group	Operational & Quality Group/C.Tsatsaklas
February 2015	2.1	Draft – removal/ update of wording around annual review/ CEO's providing final ratification of documentation and enquires information. Ratification by TSSG Chairs sought.	N.Aluwalia

August 2015	2.1	Ratification via email requested by O&Q Group	N.Aluwalia
September 2015	3.0	Final Published version 3.0	N.Aluwalia
March 2018	3.1	To Reference Cancer Alliance	A Wiltshire
October 2019	4.0	Final version review of document, amendments to 1.0, 2.0, 3.0, 4.0, 5.0 & 5.1. Reference governance changes and attendance at TSSG leads meetings	A Wiltshire