Kent & Medway Cancer Collaborative

Tumour Site Specific Group

Terms of Reference

Publication date	July 2022
Review date	July 2025
Version number	10.0
Version status	Final

Table of Contents

1.0 Introduction

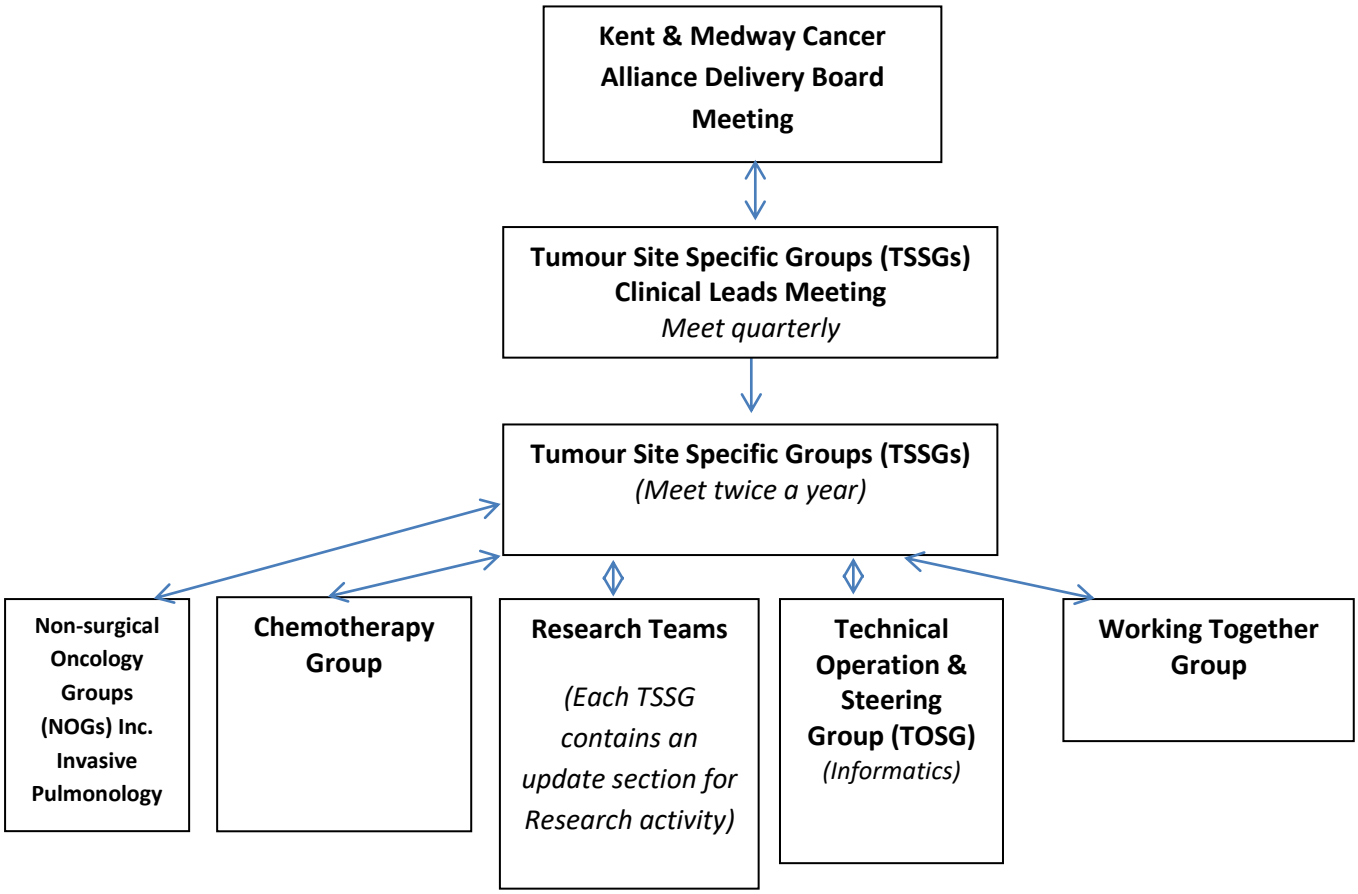
As of 1st April 2014, the individual Kent & Medway NHS Trusts listed below have agreed it is their responsibility to support the provider led Tumour Site Specific Groups (TSSGs):

- East Kent Hospitals University NHS Foundation Trust – EKHUFT *(hosts of the KMCC)*
- Maidstone & Tunbridge Wells NHS Trust – MTW
- Darent Valley Hospital NHS Trust – DVH
- Medway Maritime Foundation NHS Trust – MFT

The TSSGs operate as a partnership forum, relying upon full participation from all provider colleagues, thus ensuring a Cancer Alliance wide approach for delivering cancer services within Kent & Medway.

The Cancer Alliance Delivery Group hold the ultimate responsibility for ratifying all high level TSSG documentation, which the Kent & Medway Cancer Collaborative (KMCC) will disseminate and make available where appropriate, to the Integrated care systems (ICSs).

2.0 KMCC Group reporting structure



1. Membership

External sources that will be included, when relevant, in TSSG meetings and correspondence, feeding into the TSSGs, by either physically participating or providing input via the KMCC, include:-

- Primary Care and Commissioner Colleagues via the Kent & Medway Integrated care systems (ICSs)
- Kent & Medway Cancer Alliance
- Specialist Commissioning
- Public Health and Health & Well Being Boards
- National Cancer Registration Service
- National Cancer Quality Surveillance Team

3.0 Non- Surgical Oncology Groups (NOGs)

- Each TSSG will host a relevant disease site Non-Surgical Oncology Group (NOG) to which it will formally delegate the responsibility for the development and ongoing review of chemotherapy and radiotherapy protocols pertaining to the delivery of that disease site clinical care pathway.
- The Lung TSSG has formed an Invasive Pulmonology Group which is to alternate with NOG meetings which are supported by the KMCC. The terms of reference for this group will be decided in due course.
- The Terms of Reference for Non-Surgical Oncology Groups can be located at: http://www.kmcc.nhs.net/home-page/for-professionals/
- Formal feedback from NOG meetings will be given as a standing agenda item at regular TSSG meetings

4.0 Research and Trials

The national initiative to restructure the National Institute for Health Research (NIHR) Clinical Research Networks to 15 Local Research Networks has resulted in a reconfigured structure for delivering clinical research across England. The local Cancer Research Networks became part of the NIHR Clinical Research Network: Kent, Surrey and Sussex (NIHR CRN: KSS) on 1st April 2014. NIHR CRN: KSS coordinates clinical research and facilitates study set up and delivery, through 30 disease specialties, of which Cancer is one.

The research and trials (RAT) section of the TSSG work plan is no longer fitting with the new model. The TSSGs are now incorporating a research and trials update section into each meeting agenda where the research portfolio for that tumour site can be discussed.

5.0 Purpose and Remit of the TSSGs

The purpose of the TSSGs is central to the success of the delivery of the National Cancer Strategy within the local Kent & Medway setting. Locally interpreting NICE Improving Outcomes Guidance (IOG), the TSSGs lead the drive for high quality care by providing the forum for cross site, multi professional clinical, senior management, non-clinical & Commissioner Colleagues, patients & carers to collectively take forward:

- specific disease and service work streams
- innovations & horizon scanning
- audit
- regularly review clinical outcomes and constitutional standard performance
- best practice and lessons learnt
- service & patient experience improvement
- clinical guidance & pathway development
- cost savings/value for money through improving service efficiency

Where local interpretation of, and compliance with, IOG may, in some cases, require a degree of provider rationalisation/reconfiguration, under these circumstances TSSGs will provide unbiased expert clinical opinion on how this should be achieved. TSSGs will endeavour to reach their recommendations by consensus with the Chair having the casting vote.

Where specialist care can only be provided by specialist centres in another area, TSSGs are responsible for:

- Ensuring agreed specialist centres are fit for purpose and will provide the right standards of care expected in order to deliver the best possible outcomes for Kent & Medway patients referred to that centre (i.e. via clinical outcomes audits)
- Ensuring referral pathways to and from the centre, including timely communication pathways, are robust
- Ensuring where shared care pathways need to be established between a specialist centre and Kent & Medway providers, robust arrangements are in place to deliver care effectively.

The TSSGs develop, maintain, strictly govern, risk analyse and ensure timely review of all their evidence based, high level cancer documentation, including High level Operational Policies; Pathways of Care; Treatment Guidelines & 2WW Referral Proformas. These documents provide the framework for the safe and appropriate delivery of care for patients with a suspected or confirmed diagnosis of cancer across Kent & Medway, in line with Cancer Alliance delivery plan.

6.0 Responsibilities

6.1 Responsibilities of Provider Trusts

The Kent & Medway Provider Trusts are committed to support TSSG Members attendance to TSSG meetings and attendance is regarded as a clinical governance activity from the point of view of job planning (and not study leave). It is seen as best practice that Trusts implement an understanding of no cancer cases, surgery or clinics to be scheduled on TSSG meeting dates that are always booked in advance of the 8week deadline notice period (taking place twice a year for a half day).

6.1.2 TSSG Chair work/time allocation

In order to formally reflect each Provider Trusts commitment to supporting the TSSG Chairs, it has been agreed with each Trust Chief Executive that TSSG Chair work will be recognised as part of the appraisal process and time will be allocated in the individual's job plan to undertake this work.

Note: *It has been formally agreed at the CEO Cancer Board Meeting that each Trust supports the 1K per annum (£500 per meeting) honorarium for the TSSG Chairs going forward.*

6.2 TSSG Chairs

The full TSSG Chair Job Description is available to download from the KMCC website on:- http://www.kmcc.nhs.net/resource-library/

In summary, TSSG Chairs will:

- Be appointed, primarily, for a term of 3 years, through a process of advertisement and final interview
- Review any relevant national clinical guidance documentation and present key issues to the TSSG for discussion and action.
- Attend the TSSG Leads meetings for at least 50% of the scheduled meetings a year.
- Highlight and present key tumour specific clinical outcome information and review cancer waiting times performance.
- Steering a cancer data collection process which complies with the ambitions of the National Cancer Intelligence Network and the National Cancer Registration Service (NCRS).
- Producing an Annual Report (inc. progress on implementation of the IOG) successes and obstacles; workforce and recruitment issues; progress on clinical audit/results/actions taken; progress with clinical trials; 2week wait activity across Kent & Medway; progress with research; service and quality improvements; good news, sharing of best practice and lessons learnt.
- If the group are unable to agree upon a high-level recommendation, then the Chair is to escalate this matter to the Cancer Alliance Delivery Board.

NOTE: In the absence of a Vice Chair, if a Chair is unable to process the expected level of TSSG work, then the TSSG/Cancer Alliance Delivery Group will have the ability to give notice.

6.3 General Organisational Responsibilities

- To be the prime source of cancer disease site specific clinical advice within Kent & Medway to Providers; Purchasers (including Integrated care systems (ICSs) and Specialist Commissioners); Kent & Medway Cancer Alliance; Heath & Well Being Boards, in order that cancer services are commissioned that deliver the right treatment in the right place at the right time for the population of Kent & Medway.
- To ensure that recommendations are discussed and ratified at Cancer Alliance Delivery Board.
- Where TSSG level resolution attempts appear unsuccessful, to refer such matters first to the Cancer Alliance Delivery Group and then, if necessary, escalate to the Kent & Medway Cancer Alliance Board Meeting.

- Through RAT subgroups monitor disease site specific recruitment into clinical trials in line with national ambitions.
- Through NOG subgroups monitor the ongoing development of chemotherapy and radiotherapy protocols
- Ensure that the views of patients and/or carers are fully taken into account.

6.4 Educational Responsibilities

- To share good practice and learning, by providing the platform for discussion between each professional group regarding new treatments (or developments in existing treatments) by increasing awareness - consideration may then be given to ways of further improving patient care
- Internal and external speakers to be sourced to present and lead discussion on local and national topics/debates.

7.0 Clinical Governance

7.1 Monitoring standards and quality within K&M

- Making recommendations in reference not only to the IOGs, but also taking into account the ambitions of the Government's ambitions for the delivery of health care in general in the UK as well as Cancer Services as set out in the NHS Improving Outcomes Framework (i.e. the 5 domains) and improving outcomes: A Strategy for Cancer.
- Main areas of TSSG focus will include as standard:-
  - Earlier Awareness and Diagnosis (i.e. Quality of Life; reducing Length of Stay; Enhanced Recovery)
  - Helping people recover from episodes of ill health (i.e. minimise re-admission rates; innovative follow up and surveillance programmes)
  - Ensuring people have a positive experience of care (i.e. patient satisfaction; Quality of Life studies)
  - Treating people in a safe environment & protecting them from avoidable harm (i.e. audit, monitoring outcomes for surgery, radiotherapy and chemotherapy and quality of data collection improvement).

7.2 Clinical Documentation

- Responsible for the development, monitoring, circulation and strict version control of Kent & Medway cancer clinical pathways, guidance, proformas, policies and protocols
- In compliance with the current Quality Surveillance process, (which may change as a result of the NHS reforms), the KMCA will delegate the responsibility for the development of Cancer Pathways of Care to the TSSGs. Outputs will be shared where appropriate.
- Where there are clinical changes to TSSG produced documentation, TSSG Chair approval is to be gained before final approval is gained from the Cancer Alliance Delivery Group before publication, circulation and upload to the Kent & Medway Cancer Collaborative website
- Where there are no clinical changes to TSSG produced documentation, the TSSG Chair has final approval before publication, circulation and up load to Kent & Medway Cancer Collaborative website.

7.3 Audit

To monitor the efficacy of their recommendations through a robust, effective programme of audit (inc. adherence and efficacy of clinical pathways, adherence to commissioning pathways, testing current services etc.). The results of which to be shared within the meeting with results and any actions noted and progressed and any areas that are proving a barrier to pathway implementation/compliance identified (as highlighted through the audit programme) and facilitate resolution.

7.4 Quality Surveillance

- To be appropriately constituted as defined by the current *(latest & most up to date)* Quality Surveillance process

- To be aware of/discuss any updates or new publications (i.e. new or revised Quality Measures) circulated by the National Team and any potential impact
- To be aware of any updates to the Clinical Lines of Enquiry circulated by the National Team and any potential impact

8.0 Membership & Quorum

8.1 Membership

Core Kent & Medway Cancer Collaborative Representatives:
Service Improvement Lead
Patient Involvement Coordinator/ Macmillan Project Manager
Cancer Data Analyst
Administrative Support
Patient/Carer Representatives:
Ideally two as a minimum
Provider Representatives:
Trust disease site specific MDT Surgeons
Trust disease site specific MDT lead clinicians
Trust disease site specific MDT CNS'
Trust disease site specific MDT Oncologists
Trust disease site specific MDT Radiologists
Trust disease site specific MDT Pathologists
Trust disease site specific MDT Allied Health Professional(s)
Research Nurses
Research Radiographers
Clinical Trials Administrators
Pharmacy Representative
Any Healthcare Professional with an interest in cancer including senior delegates from Trust cancer management teams
Primary Care Clinicians
Commissioner Representatives
Kent & Medway Cancer Alliance Representative

8.2 Quorum

For meetings to be quorate, the following members are required to be present:-

- Chair (or Vice Chair in the Chairs absence)
- Ideally one representative from each of the listed professions in the membership list, from each Trust, should be present. This will facilitate the group to obtain full debate and agreement reflecting whole patch practice and opinion. However, if there is just one core representative from each Trust (*who has delegated authority to speak on behalf of the MDT/Trust)* the Chair has the authority to progress with a meeting
- One senior representative of the Kent & Medway Cancer Collaborative and administrative support/facilitation
- Ideally 1, preferably 2, patient/carer representatives will be present at all meetings. Where this is not achievable, patient/carer opinion will be sought through other avenues such as the patient locality groups etc.

9.0 Frequency of Meetings

- TSSGs should ideally meet twice a year (and in exceptional circumstances three times a year) in order to maximise scarce expert clinical engagement and reduce the impact of clinician absence from a host organisation. Ad-hoc TSSG meetings maybe required as per priority of the KMCA. Wherever possible, specific pieces of work should be delegated to time limited, task and finish sub groups to complete work on

behalf of the parent TSSG. Task and finish groups should always have an appropriate membership for the task in hand, but should strive to limit the membership to an expert core number.

10.0 Database, Record-Keeping, Outcomes & Availability of Information

- All meetings will be minuted by KMCC administrative support with draft minutes being approved as fit for purpose by senior KMCC management before being sent to the TSSG Chair for proof reading/sign, ideally within 14 days of a meeting. Final minutes will then be formalised by senior KMCC management before being circulated and published on the KMCC website.
- The TSSG Chair will meet and discuss the agenda with service improvement lead 2 months prior to the next meeting.
- All meetings will have a final agenda produced by the Chair and circulated 14 days prior by KMCC administrative support to all members.
- All presentations to be received by KMCC administrative support no later than 48 hours prior to meetings.
- The TSSG Chair, supported by the KMCC, holds the responsibility for ensuring that final agendas, minutes, and other TSSG papers, published on the KMCC website are available for all members, and extended community access, are "fit for purpose" and represent a true record of the meeting and do not contain misleading or inaccurate information (with particular reference to agreements and action points).
- Draft minutes will clearly state the word "draft" in both the actual document and title.
- Final minutes will clearly state the word "final" in both the actual document and title.
- The Chair, supported by the KMCC, will maintain an action list and refer to this at each meeting until the action point has been dealt with.

11.0 Review of Terms of Reference

This set of Terms of Reference should be reviewed 3 years from their date of adoption.

12.0 Document Revision History

Document Title	Tumour Site Specific Group Terms of Reference
Principle author/s	C.Tsatsaklas/H.Farrow
Co-author/s	C.Waters/A.Jackson/I.Vousden/N.Goodger/N.Aluwalia
Current version number	10.0
Current status	Final
Original publication date	September 2011
Expected review date by	July 2025

Revision History			
Date of revision	New Version Number	Nature of Revision	Confirmation of Accuracy by
07/02/12	3.2	Updates made, NOG TOR inserted and new format revision	I.Vousden/ C.Tsatsaklas
23/03/12	3.3	Updates	A.Jackson
26/03/12	3.4	Final amendments agreed in Directors Weekly Meeting (DWM): remove NOG ToR replace with weblink; revise patient & carer rep/quorum statement; expand DOG Chair appointment process, term etc section	A.Jackson/ C.Tsatsaklas
26/03/12	4.0	Final, agreed by the KMCN DWM Ratified by:18/04/12 Operational Group 24/05/12 Clinical Advisory Team	A.Jackson/ C.Tsatsaklas
16/01/14	4.1	Final – removed references to Cancer Network and DOGs – general formatting update – to be ratified by the Operational & Quality Group	C.Tsatsaklas
Feb 2014	4.2	Draft – included comments from Operational & Quality Group	C.Tsatsaklas/ H.Farrow
May 2014	4.3	Draft – included comments from the 3/4/14 Operational &	C.Tsatsaklas

		Quality Group meeting	
July 2014	4.4	Draft – included Operational & Quality Group (25/6/14) revision to 6.1 re: Trust formally note TSSG Chair allocated time on Trust work plan.	Operational & Quality Group/ C.Tsatsaklas
November 2014	4.5	Draft – amended wording introduction section re final ratification of documents. Amends to section 6.1 regarding agreement of honorarium and removal of annual review in section 6.3.	N. Aluwalia
August 2015	4.6	Draft – Honorarium wording updated, general amendments to wording and membership list	N.Aluwalia
November 2015	4.7	Draft – amended as per comments received from each TSSG group. Document now requires O&Q Group ratification.	N.Aluwalia
November 2015	5.0	Final Published in agreement with KMCC Quality & Operational Group.	N Aluwalia
February 2018	6.0	Draft – updated to reflect Cancer Alliance impact and suggested amendments to TSSGs as a result	I. Vousden
May 2018	7.0	Final Amendments to section 10.0 for agenda setting and including Primary Care for future meetings. Agreed and approved at TSSG Lead meeting 22.05.18	A. Wiltshire
Aug 2018	8.0	Final Further updates from CCG's & Henry Taylor and removing Operational & Quality Group to Cancer Alliance Delivery Group.	A. Wiltshire
October 2019	9.0	Final – updates on TSSG Chairs 6.2 for attendance to meetings agreed and approved by TSSG Leads.	A. Wiltshire
June 2022	9.1	Draft - revision of TOR	A. Wiltshire
July 2022	10.0	Final - published version. Removal of CCG's to Integrated care systems (ICSs). Review of TOR to 3 years, general updates within the document	A. Wiltshire