

TERMS OF REFERENCE**Incident Management Team (IMT)****CANCER SERVICES - COLCHESTER HOSPITAL UNIVERSITY NHS
FOUNDATION TRUST**

Overview

This is a time limited team established to provide strategic direction, coordination between all organisations, and external assurance in order to resolve all concerns associated with cancer services at Colchester Hospital University NHS Foundation Trust.

Background:

In response to an investigation carried out by the Care Quality Commission (CQC) into Cancer care at Colchester Hospital University NHS Foundation Trust (CHUFT) a multi-agency Risk Summit was recently held. The CQC report relates to the quality and safety of cancer services provided.

It has been agreed by the Risk Summit that the Risk Summit should cease in its current format and be replaced with an incident management structure. This strategic Incident Management Team aims to continue the undertakings of the risk summit.

Purpose of the IMT:

The aims of the IMT are:

1. Provide strategic leadership and accountability to resolve any concerns, identifying all strategic and operational objectives to manage the incident and maintaining a comprehensive action plan.
2. Ensure clear and regular communication and effective co-ordination between all members of the Incident Management Team (IMT).
3. To ensure clinical quality and patient safety of cancer services at Colchester Hospital and to provide public reassurance, including;
 - To determine the actions necessary to secure and assure the safe and effective management of the current cancer pathway.
 - To determine the actions necessary to carry out any necessary retrospective reviews of cancer pathway management.

4. Provide oversight for the effective completion of actions agreed under 3 above.
5. To direct all undertakings of the operational support group, operating as a subcommittee of the IMT, ensuring the delivery of the work programme. Receiving a regular update of the operational action plan. To determine the number of task and finish groups necessary to complete actions.
6. To agree how the work of the IMT will be communicated to patients and public, including the conduct of any necessary patient recall exercises.
7. To support the undertakings of the Essex Police on-going investigation as required
8. Maintain a log of all decisions, timescales and outcomes.
9. The conduct of the meeting is confidential but there will be agreement to ensure that there is regular public awareness of the work of the IMT and regular publicly available briefings.

Governance

The chair of the IMT reserves the right to request that the CHUFT representatives withdraw from the meeting if an issue requires confidential discussion between the regulators and commissioning members. Organisations can change representatives with the agreement of the Chair, and the Chair may request a change to representation.

All members of the IMT will coordinate actions and no member organisation will take significant action without the knowledge and/or agreement of the IMT as appropriate. All IMT member organisations are required to provide a formal update on progress and actions outstanding at each IMT meeting. The NHS community, i.e., CHUFT, CCG and NHS England will report through the operational group action plan.

The IMT will report to Midlands & East Regional Director / Executive Team as required. The IMT will also report to senior levels of partner organisations.

Membership

NHS England

- Andrew Pike, Essex Area Team Director & Chair
- David Levy, NHS England Regional Medical Director
- Dr Christine MacLeod, Essex Area Team Medical Director
- Pol Toner, Essex Area Team Nurse Director
- Chris Kerrigan, Essex Area Team Director of Operations

North East Essex Clinical Commissioning Group

- Dr Shane Gordon, Chief Officer & Chair Operational Group and Deputy Chair IMT
- Sam Hepplewhite, Chief Operating Officer
- Dan Hale, Head of Emergency Planning

Colchester Hospital University Foundation Trust

- Dr Gordon Coutts, Chief Executive
- Dr Sean MacDonnell, Medical Director
- Carmel Connell, Associate Director – Service Improvement

East of England Cancer Network

- Dr Rory Harvey, Medical Director Strategic Cancer Network

NHS Interim Management and Support Service Intensive Support Team for Cancer

- David Boothey

Care Quality Commission

- Maggie Hannelly, Head of Regional Compliance

Essex County Council

- Angela Gibson, Adult Social Care Lead

Monitor

- Adam Cayley, Regional Director (Midlands & East of England)
- Naresh Chenani, Senior Regional Manager (Midlands & East of England)

Essex Police

- Tracy Hawkings, Detective Superintendent

Healthwatch Essex - Patient Advocacy Representative

- Tom Nutt, Chief Executive Officer

(Note: The IMT may co-op any additional members as necessary)

Quorum

The IMT will be quorate when attended by the Chair or nominated deputy, plus three other members.

Operational & Task Groups

The IMT is the only authority to 'stand down' supporting sub groups and critical incident management functions.

Meeting frequency

The IMT will meet weekly initially, either face-to-face or by telephone.

Action Plan / Log & Reporting

The IMT will maintain an action plan and log of all multi-agency actions, completed and outstanding.

The IMT requires the operational group to maintain and regularly communicate the NHS organisations action log, completed and outstanding, raising any specific issues of concern.

Administration

The IMT will be administered by the NHS England Essex Area Team.

Decision Making

The DH National Decision Making Model should be considered and used as a framework for decision making throughout the course of the incident. *(Refer to Incident Management Framework for further guidance)*

Incident Management Structure

