Terms of Reference

Cancer Recovery Taskforce

NHS England and NHS Improvement

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Publishing approval number:

Version number: 0.1

First published:

Updated:

Prepared by:

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Contents

1. Context

The NHS Cancer Programme brings together:

- overarching strategy for cancer across the NHS in England, including collaboration across arm's length bodies and the wider cancer community;
- the delivery by NHS England and Improvement of the ambitions and commitments for cancer in the NHS Long Term Plan; and,
- working with Regions and Cancer Alliances to support the delivery of cancer services across the NHS in England in line with the operational standards.

The National Cancer Board (NCB) provides strategic leadership to the cancer community, and advice on and oversight of the delivery of the Programme. The Board brings together senior colleagues from the charity sector, chief executives of trusts, DHSC and arm's length bodies, as well as the chair of the Programme's Patient and Public Voice Panel.

The coronavirus has created new challenges for cancer services. In the immediate aftermath of the introduction of the "lockdown", there was a significant reduction in the number of urgent two week wait referrals, some diagnostic services were delayed and some patients experienced changes to their treatment plans.

During Phase 1 of the NHS response to the pandemic, the immediate priority was to maintain urgent and essential cancer services wherever possible. The National Cancer Director led the response to provide operational and clinical guidance to cancer services, establish cancer surgery hubs and ensure regular communications with the wider cancer community. The focus shifted during Phase 2 – from around June to August 2020 – to supporting local systems to begin to step services back up to pre-pandemic levels.

Weekly calls with charity sector, clinical community and Cancer Alliances have helped to shape the Programme's response, and enabled the National Cancer Director and the National Cancer Team to keep the cancer community informed on progress and next steps.

2. Phase 3 of the NHS response to the pandemic

The NHS is now planning for Phase 3 of its response – also termed the "recovery phase" - which is expected to take us through to the end of the 2020-21 financial year.

The NHS Cancer Programme Team, drawing on its dialogue with the cancer community, has drafted a national delivery plan which is intended to provide a framework for the development of plans by local systems. Publication of the plan will ensure that all stakeholders involved in cancer services are aware of the scale of the challenge and the intended next steps to recover cancer services, and have confidence in the actions being taken.

The aims for the recovery phase for cancer services are to:

- restore cancer screening and urgent cancer referrals at least to pre-pandemic levels;

- reduce the backlog at least to pre-pandemic levels (on both 62- and 31-day pathways, and both screening and symptomatic pathways); and,
- ensure sufficient capacity to meet demand moving forwards.

The delivery of these aims will be supported by:

- a system-first model of recovery led through Cancer Alliances[1];
- tackling inequalities and unwarranted variation, particularly where they may have been exacerbated by the pandemic;
- assessing impact to date on people with advanced cancers;
- ensuring that patients and staff have confidence that services are Covid-protected;
- locking in innovations prompted by the pandemic, or that support recovery;
- ensuring the right workforce is in place;
- re-starting Long-Term Plan activity that supports the recovery of high-quality cancer care; and,
- ensuring effective communication across the wider cancer community.

The National Cancer Board and National Cancer Programme governance structure will remain in place to ensure the successful delivery of recovery and will be additionally supported by a Cancer Taskforce which will be clinically led. It should include colleagues from across the cancer community to coordinate and share expertise. Through these collective contributions, and an aligned and supported plan, this should enable progress towards the successful recovery of cancer services during 2020/21.

3. Role of the Cancer Recovery Taskforce

The Cancer Recovery Taskforce will form part of the NHS Cancer Programme governance structure and report directly to the National Cancer Board, with escalation to the NHS England and NHS Improvement Board (as currently set out in the existing governance structures). It is expected to sit for a time limited period until March 2021.

The role of the Cancer Recovery Taskforce will be to support the recovery of cancer services across the NHS in England so that they meet the needs of cancer patients and their families.

The Taskforce will focus on:

- Providing expert input into the further development, publication and delivery of a national recovery plan in September, including whether this can take into account the impact of a second wave;

- Reviewing progress against objectives monthly, using the key metrics outlined in the recovery plan, and reporting to the National Cancer Board (and through them the NHS England and Improvement Board in line with governance and accountability structures – see Section 9);

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[1] With ICS/STPs leading the planning and delivery of services for their local populations, as set out in the 20/21 NHS Operational Planning Guidance https://www.england.nhs.uk/wp-content/uploads/2020/01/2020-21-NHS-Operational-Planning-Contracting-Guidance.pdf

- Identifying where there are requirements that are the responsibility of other stakeholders outside of the cancer programme that are needed for the successful recovery of cancer services;

- Providing a dialogue with the wider cancer community on the national delivery plan and the progress on recovery; and,

- Sharing practical suggestions about what the wider cancer community can do to support recovery.

4. Chair and membership

The Taskforce will be chaired by Professor Peter Johnson, National Clinical Director for Cancer.

The following organisations will be invited to nominate a representative to join the task force:

- Blood Cancer Alliance
- Bowel Cancer UK
- Breast Cancer Now
- Cancer 52
- Cancer Research UK
- Children and Young People's Cancer Charities Coalition
- Health Education England
- Less Survivable Cancers Taskforce
- Macmillan Cancer Support
- NHS Cancer Programme Patient and Public Voice Forum
- NHSE/I Public Health Commissioning and Operations
- Public Health England
- CMO
- Royal College of General Practitioners
- Royal College of Nursing
- Royal College of Pathologists
- Royal College of Physicians
- Royal College of Radiologists
- Royal College of Surgeons

Responsibilities of members:

To support the successful recovery of cancer services, it is vital that all parts of the cancer community can and do work together to meet and address this challenge. Section 3 sets out core roles for members in the context of the taskforce.

Members of the Taskforce are collectively responsible for inputting a wide range of expertise to the cancer recovery plan. While NHS England and Improvement are ultimately accountable for the successful delivery of the recovery plan, Taskforce members will support and advise the organisation in that role. Together as a Taskforce, members are responsible for raising issues or concerns to the National Cancer Board, and through them, the NHS E/I Board collectively.

5. Declarations of interest

Taskforce members will be required to declare their interests in line with NHS England and Improvement's governance policies, practices and protocols.

6. Confidentiality and information sharing

All materials and information shared with the Board are assumed to be confidential, unless otherwise stated. However, members are able to discuss broad, non-attributable meeting outcomes, once minutes have been shared.

Members will not disclose information or written material (such as agendas, minutes, discussion papers or other documents) to other parties outside of their organisation, unless otherwise directed by the Chair.

Members of the Taskforce are bound to a legal duty of confidence to protect personal information they may come into contact with during the course of their Board work, reflecting the common law duty of confidence, the Data Protection Act 1988 and the NHS Care Record Guarantee.

Patient sensitive information must remain anonymous and not be included in written material to the Taskforce or other parties.

7. Meetings and attendance

It is envisaged that the Taskforce will meet monthly until March 2021. Scheduling will seek to align with National Cancer Board meeting schedules, so that the Taskforce's activity can effectively inform Board discussions.

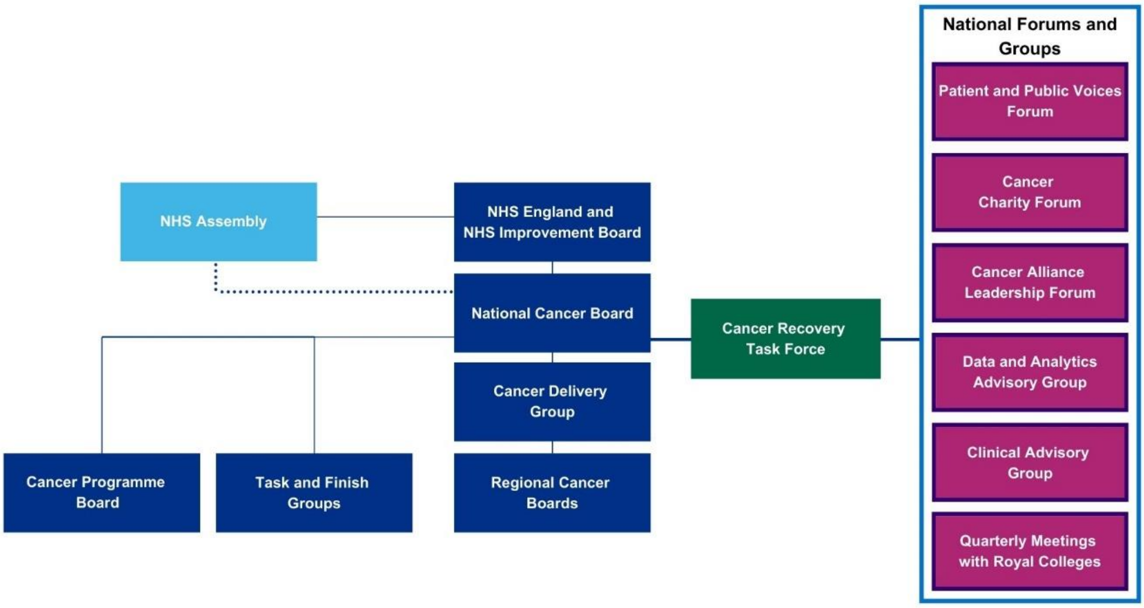
All Taskforce members are to attend personally. Deputies should be by exception only, and must be agreed in advance with the Chair. If deputies do attend Taskforce meetings, they should have the authority to make decisions on behalf of the Taskforce member they are representing.

The Chair may ask other officials to attend to assist with its discussions.

8. Secretariat

Secretariat for the group will be provided by the NHS Cancer Programme.

9. Governance and accountability



Organisations represented by members of the Taskforce may have separate governance and accountability lines for projects and activities within the cancer programme recovery plan. The Taskforce does not seek to cut across those, but rather to maintain an overview and provide advice in delivery.

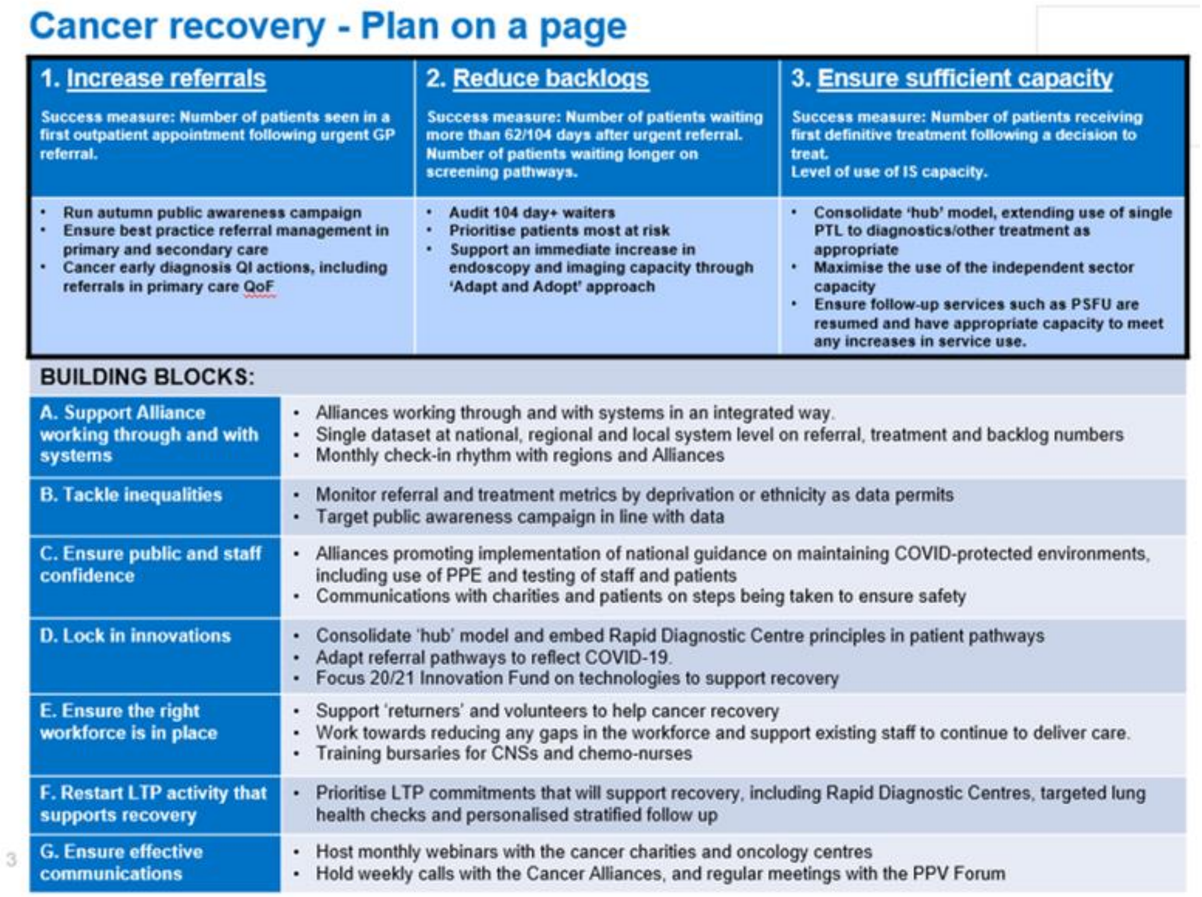
10. Reporting and communications

The Chair of the Taskforce is a member of the National Cancer Board and will report to the Board on the work of the Taskforce.

National cancer recovery plan should be published in September. The Taskforce will review progress monthly against key metrics outlined in the plan.

Taskforce meeting minutes (decisions & actions) from each meeting will be prepared and circulated to members and the wider cancer programme governance.

Annex A – summary of draft national cancer recovery plan



Cancer recovery - Plan on a page

1. Increase referrals	2. Reduce backlogs	3. Ensure sufficient capacity
Success measure: Number of patients seen in a first outpatient appointment following urgent GP referral.	**Success measure: Number of patients waiting more than 62/104 days after urgent referral. Number of patients waiting longer on screening pathways.**	**Success measure: Number of patients receiving first definitive treatment following a decision to treat. Level of use of IS capacity.**
• Run autumn public awareness campaign • Ensure best practice referral management in primary and secondary care • Cancer early diagnosis QI actions, including referrals in primary care QoF	• Audit 104 day+ waiters • Prioritise patients most at risk • Support an immediate increase in endoscopy and imaging capacity through 'Adapt and Adopt' approach	• Consolidate 'hub' model, extending use of single PTL to diagnostics/other treatment as appropriate • Maximise the use of the independent sector capacity • Ensure follow-up services such as PSFU are resumed and have appropriate capacity to meet any increases in service use.

BUILDING BLOCKS:

A. Support Alliance working through and with systems	• Alliances working through and with systems in an integrated way. • Single dataset at national, regional and local system level on referral, treatment and backlog numbers • Monthly check-in rhythm with regions and Alliances
B. Tackle inequalities	• Monitor referral and treatment metrics by deprivation or ethnicity as data permits • Target public awareness campaign in line with data
C. Ensure public and staff confidence	• Alliances promoting implementation of national guidance on maintaining COVID-protected environments, including use of PPE and testing of staff and patients • Communications with charities and patients on steps being taken to ensure safety
D. Lock in innovations	• Consolidate 'hub' model and embed Rapid Diagnostic Centre principles in patient pathways • Adapt referral pathways to reflect COVID-19. • Focus 20/21 Innovation Fund on technologies to support recovery
E. Ensure the right workforce is in place	• Support 'returners' and volunteers to help cancer recovery • Work towards reducing any gaps in the workforce and support existing staff to continue to deliver care. • Training bursaries for CNSs and chemo-nurses
F. Restart LTP activity that supports recovery	• Prioritise LTP commitments that will support recovery, including Rapid Diagnostic Centres, targeted lung health checks and personalised stratified follow up
G. Ensure effective communications	• Host monthly webinars with the cancer charities and oncology centres • Hold weekly calls with the Cancer Alliances, and regular meetings with the PPV Forum