

Terms of Reference

National Cancer Board

NHS England and NHS Improvement



Terms of Reference

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1. Introduction and Background

The NHS Long Term Plan sets out two key ambitions for cancer by 2028:

- an extra 55,000 people each year will survive for five years or more following their cancer diagnosis; and
- three in four cancers (75%) will be diagnosed at an early stage.

The National Cancer Board will provide strategic leadership across the healthcare sector in the delivery of the cancer ambitions in the NHS Long Term Plan (LTP).

2. Role of the National Cancer Board

The role of the Board is to:

- advise on the strategy for delivery of the cancer ambitions and objectives in the NHS Long Term Plan
- maintain oversight of progress in programme delivery against the Long Term Plan, including financial reports
- advise on project delivery, and support the resolution of escalated risks/issues
- provide a strategic view of dependencies external to the delivery of the LTP cancer objectives, including horizon scanning for future developments that may impact delivery
- ensure strong engagement across the health and care sector, including with patients and charities.

3. Responsibilities of members

Members from Arm's Length Bodies (NHS England and NHS Improvement, Public Health England and Health Education England) are responsible to the National Cancer Board for delivery of cancer programme projects owned and led by their teams. Members not directly responsible for projects provide advice and support to the programme and ensure engagement and alignment with the work of their own organisations.

All Board members are to attend personally. Deputies must be agreed in advance with the Chair.

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

4. 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, unless otherwise directed by the Chair.

Members of the National Cancer Board 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 National Cancer Board or other parties.

Minutes detailing decisions and actions from each National Cancer Board meeting are circulated to Board members.

5. Declarations of Interest

A conflict of interest is a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring tax payer funded health and care services is, or could be, impaired or influenced by another interest they hold.

All Board members should ensure that they are not placed in a position that risks, or appears to risk, compromising their role or the NHS public and statutory duties or reputation. Members must also not accept gifts or hospitality by virtue of their role on the Board.

Board members are required to declare conflicts of interest and the receipt of gifts, hospitality and/or sponsorship, in line with the national guidance to the NHS. Conflicts of interest should be declared in writing to the Board secretariat and specific conflicts should be raised at the start of any agenda item or discussion for which that conflict arises. A conflict of interest and a hospitality register will be maintained by the secretariat.

6. Membership

Membership of the Board is outlined below.

Name	Title	Organisation
Cally Palmer	National Cancer Director and Chief Executive of the Royal Marsden. (Chair).	NHS England / Improvement and the Royal Marsden

Ben Day	Strategic Finance Director	NHS England / Improvement
Ceinwen Giles	NHS Cancer Programme Patient Forum Chair	Patient and Public Forum
David Fitzgerald	Cancer Programme Director	NHS England / Improvement
Jane Lyons	Chief Executive	Cancer 52
Jem Rashbass	National Director for Disease Registration and Cancer Analysis	Public Health England
Jason Yiannikou	Deputy Director, Acute Care and Provider Policy	Department of Health and Social Care
Laura Roberts	Director (North)	Health Education England
Liz Bishop	Chief Executive	The Clatterbridge Cancer Centre (and Chair, RDC Task and Finish Group)
Lynda Thomas	Chief Executive	Macmillan Cancer Support (and Chair, Charity Forum)
Michelle Mitchell	Chief Executive	Cancer Research UK
<i>National Clinical Director for Cancer (to be appointed)</i>		<i>NHS England / Improvement</i>
<i>Regional Director</i>		<i>NHS England / Improvement</i>
Roger Spencer	Chief Executive	The Christie (and Chair, Early Detection and Screening Task and Finish Group)

7. Frequency of meetings

The Board will meet quarterly. The Chair may convene additional meetings as necessary.

8. Quorum

The Board will be considered quorate when both of the following criteria are met:

- 50% of full members or their nominated deputies are present;

- There is representation from NHS England, PHE and HEE.

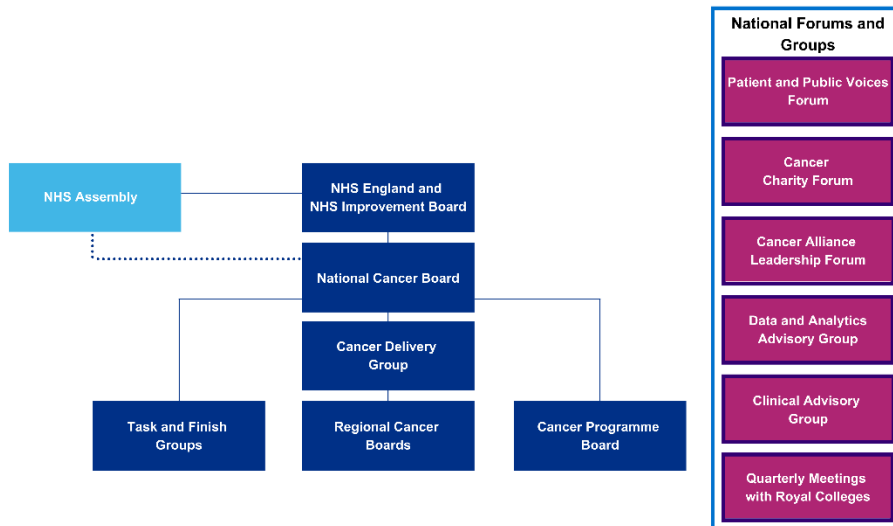
Meetings that are not quorate may take place but are not authorised to make any decisions impacting the programme.

9. Secretariat

The secretariat will be provided by the Cancer Programme in the Operations and Information Directorate of NHS England and Improvement and will liaise with other boards to avoid clashes of dates.

The secretariat can be contacted on england.cancerpolicy@nhs.net

10. Governance and accountability



Organisations represented by members of the National Cancer Board may have separate governance and accountability lines for projects and activities within the cancer programme plan for delivery of the LTP ambitions. The National Cancer Board does not seek to cut across those, but rather to maintain an overview and provide advice in delivery. It should be clear from the Terms of Reference (TOR) of those other groups/organisations that the National Cancer Board has this role, and these TORs should be made available to the National Cancer Board.

11. Standing items

The following table sets out the standing agenda for meetings of the National Cancer Board. Agendas for specific meetings will reflect the level of discussion required on each topic, and additional topics where required.

1	Welcome and apologies	Chair
2	Minutes of previous meeting	Chair
3	Declaration of Interests	Chair
4	Actions Log	Programme Director
5	Programme Plan <ul style="list-style-type: none">• Progress v plan• Key achievements	Programme Director
6	Risks and issues register	Programme Director
7	Stakeholder engagement and communications	Communications Manager
8	AOB	Chair

12. Reporting and communications

Reporting and communication of the activity of the Board will be achieved as follows:

- National Cancer Board meeting minutes (decisions & actions) from each meeting of Board will be prepared and circulated to members and once agreed the notes can be shared with other parties as directed by the Chair.
- The National Cancer Board will keep the Senior Leadership Team of the NHS Cancer Programme apprised of its work and decisions / outcomes from the Board meeting.