

Terms of Reference

Cancer Data and Analytics Advisory Group

NHS England and NHS Improvement



Terms of Reference

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Version	Date	Summary of changes
1.0	June 2017	First iteration for meeting discussion and agreement in June 2017
2.0	August 2017	Amends to background, scope, accountability and membership – Megan Inett
3.0	June 2019	Content and format updated to reflect updated Cancer Programme governance. Scope and roles and responsibilities of the group refreshed to reflect the publication of the NHS Long Term Plan
4.0	September 2019	Updated following discussions and feedback at CDAAG meetings on 5 th June and 18 th July. Signed off by CDAAG on 11 th September 2019.

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This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact england.cancerpolicy@nhs.net.

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1. Introduction and Background

The NHS Cancer programme was established to deliver the recommendations of the Cancer Taskforce in 2015. The NHS Long Term Plan built on those recommendations and the extensive transformation work already underway around the country.

The aims of the programme are to transform cancer care and outcomes so that from 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.

This will be achieved by:

- Diagnosing cancers earlier and faster.
- Ensuring every patient has access to optimal, personalised treatment and care and effective follow-up.
- Enabling research and innovation so that new, smarter and kinder diagnosis and treatment methods are developed and quickly adopted.

2. Scope of the Cancer Data and Analytics Advisory Group

The Cancer Data and Analytics Advisory Group (CDAAG) will bring together the relevant experts from across the NHS, Arms' Length Bodies and Third Sector to advise the National Cancer Board on cancer data and analytical work related to the delivery of the cancer ambitions and commitments in the NHS Long Term Plan and other national strategic plans relating to cancer. Through its advice, the Group will help to reinforce the value and necessity of analytical input across the NHS to drive decision making.

3. Roles and responsibilities

The role of the Group is to:

- Provide advice on data, analysis, evidence and evaluation to the National Cancer Board so that it can (i) track progress towards the Long Term Plan ambitions, and (ii) oversee delivery of those ambitions.
- Provide advice to the national cancer programme in the delivery of the Long Term Plan ambitions on cancer. This will include:
 - Advice on delivery and implementation of projects and programmes (an annual forward look of these is to be produced).

- Advice to the Cancer Data, Evidence and Analysis Service (CADEAS) on its scope, function and annual work programme to ensure it contributes to the delivery of the Long Term Plan ambitions.
- Offering a strategic view of analytical evidence gaps which may impact on delivery of Long Term Plan commitments and how best to fill these.
- Advice on strategic links between monitoring and evaluation ensuring alignment and maximising use of existing data, data linkages and systems.
- Provide advice to the national cancer programme on the delivery of other national strategic plans relating to cancer, for example, the Cancer Taskforce Strategy for England and the Public Health England Strategic Plan.
- Support consistency in the production and presentation of data, evidence and analysis including advising on appropriate metrics, terminology and data definitions across organisations. In doing so, act as a forum to discuss, share and link current and planned work and increase the efficiency and remove the duplication of work across organisations.

The Group should seek to reach a consensus on its advice and to identify actions for the Board and members to be taken as a result. Where consensus cannot be reached issues will be escalated to the National Cancer Board.

4. 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 Group 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 Group.

Group 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 Group secretariat and specific conflicts should be raised at the start of any agenda item or discussion for which that conflict arises.

5. Membership

CDAAG brings together a breadth of analytical and intelligence expertise from across the health and care system. Membership of the Group is outlined below.

Name	Title	Organisation	Role on Group
Jem Rashbass	National Director for Disease Registration and Cancer Analysis	Public Health England	Chair and NCRAS perspective
Sarah Bengner	(interim) Deputy Director, Policy and Strategy, NHS Cancer Programme	NHS England & NHS Improvement	Policy input and National Cancer Programme perspective
Rebecca Crallan	Head of Cancer Intelligence	Cancer Research UK	Charity analytical perspective
Lucy Elliss-Brookes	Head of Cancer Analysis	Public Health England	NCRAS analytical perspective
David Fitzgerald	Programme Director, NHS Cancer Programme	NHS England & NHS Improvement	Policy input and National Cancer Programme perspective
Julie Flynn	Senior Evidence Manager – Data and Influencing	Macmillan Cancer Support	Charity analytical perspective
Rafael Goriwoda	Senior Analytical Manager	NHS England & NHS Improvement	NHS England analytical perspective
Rory Harvey	Chair, East of England Cancer Alliance	East of England Cancer Alliance	Specialised commissioning and Cancer Alliance perspective
Amy Lee	Cancer Alliance Data, Evidence and Analysis Service Lead, NHS Cancer Programme	Partnership between NHS England & NHS Improvement and Public Health England	CADEAS perspective and Cancer Alliance link
Stephen Scott	Head of Informatics	RM Partners	Cancer Alliance analytical/ intelligence perspective
TBC	TBC	NHS Digital	NHS Digital analytical perspective
TBC	Representative from Chair of the Less Survivable Cancers Taskforce (Pancreatic Cancer UK)		Less survival cancers charity analytical perspective

Additional attendees may be present as required as agreed by the Chair. If members are unable to attend the nomination of a deputy to attend in their place should be done with the agreement of the Chair.

6. Frequency of meetings

The Board will meet every six to eight weeks, or as directed by the Chair.

Should the Chair be unavailable for a specific meeting, alternative temporary chairing arrangements will be established by the Chair.

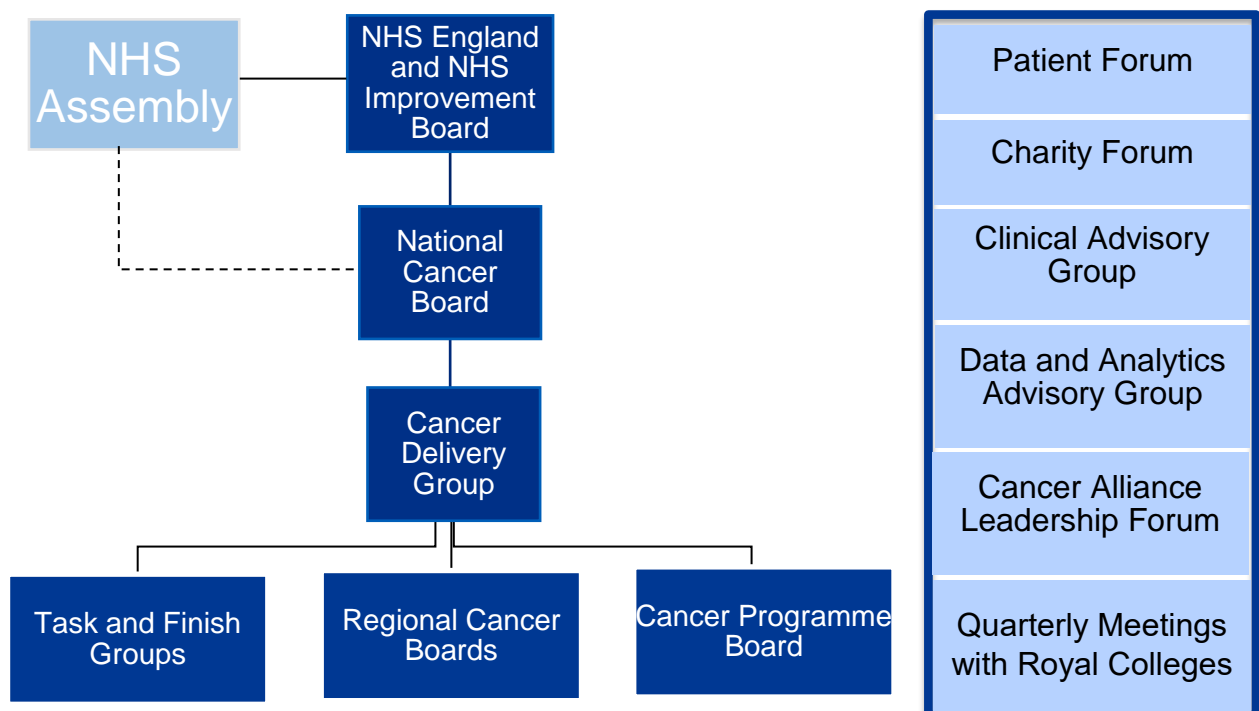
7. Secretariat

The secretariat will be provided by the Cancer Programme.

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

8. Governance and accountability

The following diagram sets out the governance arrangements and lines of accountability within which the Group sits. The Group is a source of scrutiny and advice to the National Cancer Board. Action points from meeting of the Group should be passed to the secretariat of the National Cancer Board.



9. Standing items

The following table sets out the standing agenda for meetings of the Group. 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	Declarations of Interest	Chair
4	Actions Log	Chair
8	AOB	Chair