



# **CONSTITUTION FOR NORTHERN IRELAND CANCER NETWORK (NICaN) REGIONAL GROUPS**

**OCTOBER 2007**

This paper sets out the constitution for the Northern Ireland Cancer Network (NICaN) Regional Groups. This was discussed and endorsed by the NICaN Board at its meeting on 19th October 2007.

This document forms part of the Constitution of the Cancer Network. Other parts include: Constitution of Network Board, Constitution of Network Team and Constitution of Patient and Public Involvement Forum.

## ESTABLISHED NETWORK WIDE GROUPS

There are currently a number of Site Specific, Theme, Professional and project specific Cancer Network Wide groups established.

### Network Wide Groups

<b>Site Specific</b> Breast Lung Gynaecology Colorectal Upper GI & HPB Haematology Melanoma & Complex Skin <i>Urology (to be established)</i>  <b>Local Lead Cancer Teams Forum</b>  <b>MDT coordinators Forum</b>	<b>Theme</b> Chemotherapy Managed Entry of New Therapeutics Primary Care Supportive & Palliative Care  <b>Professional</b> Allied Health Nursing Pharmacy	<b>Patient Information Reference Group</b>  <b>Endoscopy Modernisation Regional Group</b>  <b>Patient &amp; Public Involvement Forum</b>
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**Figure 1:** Network Wide Groups established, October 2007

There are 7 Tumour Specific Regional Groups with work plans whose priority areas include the drafting of standards for the Service Framework and working towards the achievement of cancer access standards.

For the cancer groups not yet established, an author(s) / Lead(s) has been identified to liaise with colleague to support the development of the Cancer Service Framework.

Names and contact details of all Clinical Leads are listed in the *NICaN Cancer Network Strategy and Delivery Plan 2007 – 2009*.

## CONSTITUTION FOR REGIONAL GROUPS

The Constitution for the Regional Groups, specifically the Site Specific Groups includes:

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## **1 PURPOSE OF A NETWORK REGIONAL GROUP/CLINICAL NETWORK**

The nucleus of the Network is the regional multidisciplinary **tumour specific groups** (eg. Lung, Breast) and crosscutting **theme groups** (eg. Nursing, Primary Care).

These Groups/ Clinical Networks are the principal source of advice to planners, commissioners and providers of services to indicate the service reconfiguration, and resource implications required to achieve the highest quality care.

They bring together those interested in a particular type of cancer, or those whose purpose is intimately aligned to, or has the potential to significantly influence, the delivery of cancer services.

Each Group should have a named Clinical Lead/Chair. It is imperative at this stage in the development of the Network that s/he has agreed responsibilities, clear accountability and tenure of office. Their primary role is to provide leadership to their Group and across the Cancer Network.

The Clinical Lead is accountable to the NICaN Board, via a member of the NICaN Management Team, for the delivery of an agreed annual work plan. Their responsibilities will include the Chairing of regular Group meetings. Administrative and other support will be provided as deemed appropriate.

All Groups will have multidisciplinary, multi-professional representation and service user involvement.

## **2 MEMBERSHIP OF A NICaN REGIONAL GROUP**

While Membership of a NICaN Regional Group is open to those interested, or those who feel they have a valuable contribution to make, it is imperative that a core membership is identified to take forward the work programme. Geographical and gender representation needs to be ensured. (See Appendix 2 for current core membership.)

The Tumour Groups must have multidisciplinary, multi-professional representation to include:

- doctor(s) – relevant specialties
- nurse(s)
- allied health professional representation
- palliative care
- primary care
- pharmacist(s)
- representation of service users, ie at least 2 persons who have either a personal experience of cancer; or are a carer; or have an interest in the development of the NI cancer service
- non-statutory/voluntary sector representation, as appropriate
- commissioner/planner

NICaN Team member (s)  
relevant others at discretion of Chair/ Clinical Lead

As required Cancer Registry input and/or Trust audit personnel; and service improvement input will support the work of the Group.

The Group will have the authority to co-opt members when deemed appropriate depending on work priorities and current issues. Sub-groups may be established when required.

### **3 RESPONSIBILITIES OF MEMBERS**

All work undertaken by members must be guided by the seven values for the Cancer Network.

Each member must attend meetings or nominate a named deputy (if appropriate).

Each member will take responsibility for communication with their identified constituency and other key stakeholders

Each member will contribute to the work programme of the Group

Each member must declare conflicts of interest. Actions to be taken in relation to these disclosures will be at the discretion of the Chair.

### **4 ACCOUNTABILITY AND REPORTING ARRANGEMENTS**

The Groups authority will come from its credibility. This credibility will be evidenced by the application of the Group and its member's knowledge and expertise. It will be the principal source of advice to indicate the service reconfiguration, and resource implications required to achieve the highest quality care.

Individual members will be accountable to their own profession.

The Lead/Chair of the Group will be held accountable to the NICaN Board, via a member of the NICaN Management Team, for the delivery of the agreed work plan.

The Lead/Chair will be responsible for reporting to the NICaN Board annually.

## 5.1 CLINICAL LEAD/ CHAIR: PROCESS FOR SELECTION

In the formative development of a Regional Group, it is anticipated that there will be a 'development phase' by which an Interim Clinical Lead/Chair is chosen in the first instance. The subsequent process will be open and transparent with interested nominees being elected by core membership of the Group.

**Selection of Clinical Lead:** Those interested in providing clinical leadership for their Regional Groups will be requested to submit a pen picture outlining their skills, expertise and interest for the position.

Considering the pen picture, core members will vote anonymously for their 1st choice of preferred lead, nominees will be eligible to vote. In the event of a tie vote, the nominee with the least votes will be asked to withdraw and the process re-run.

(NB, this process was discussed at the NICaN Upper GI/HPB September 07 group meeting. Members supported this process as it gave them ownership of the selection of their clinical lead).

The tenure will be for 2 years, subject to endorsement by the Network Board, after this the Clinical Lead will change or be re-elected.

Each Clinical Lead will agree a deputy.

**Selection of Chair:** It is proposed that, where feasible, a NICaN Board member would act as Chair of a Regional Group. This would provide senior level executive support to the work progressed by the Regional Groups. (Previously this worked to good effect with NICaN Supportive and Palliative Care Group and NICaN Breast Group.)

## 5.2 CLINICAL LEAD/ CHAIR: SUPPORT AVAILABLE

It is anticipated that the NICaN Regional Groups will require ongoing facilitation and support so that they are fully effective and functioning Groups. Such support will include:

- co-ordination of meetings, including booking and payment for venues, agreement of agendas, notes and papers, and attendance by a NICaN Team member at all meetings;
- communications, including production of regular newsletters and dedicated section on website updated regularly;
- support as appropriate through the Network Director, Network Medical Director, Network Primary Care Director, Network Nurse Director and Network Clinical Coordinators; and
- access to ongoing training and development as required, for eg clinical leadership, corporate, clinical and social governance issues.

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### 5.3 CLINICAL LEAD/ CHAIR: RESPONSIBILITIES

Each Group will have a Lead/Chair with agreed responsibilities and tenure of office. Their primary role is to provide leadership to their Group and agree and monitor a work programme with the Group members to help deliver the vision for cancer services.

As outlined in the previous section, support will be provided to the Clinical Lead/Chair to enable his/her to fulfil their responsibilities.

Responsibilities will include:

- Securing agreement with Group members a work plan to address the proposed 6 work strands: Workforce Development; Quality, Monitoring and Evaluation; Service Organisation, Improvement and Redesign; Education and Learning; Policy Context, Political Awareness; and Research and Development (detailed in Appendix 1). This will include:
  - Agreeing with Group members the principles of handling and reporting audit data (local and regional) and mechanisms for dealing with variances
  - Highlighting opportunities, and co-ordinating proposals, for service developments and redesign

The plan will have clear standards, milestones and named people with lead responsibility.

- Present the agreed work programme to the Network Management Team / NICaN Board for endorsement.
- Report on progress appropriately to the Network Management Team. Contribute, as appropriate, to NICaN updates, reports, annual conference, etc.
- Ensure at least 1 full group meeting per year, conducted according to agreed principles and accurately documented
- Communicate with relevant stakeholders, including for example Local Lead Cancer Clinicians.

There are a number of key competencies and behaviours that a NICaN Group Lead/Chair is expected to demonstrate. These include: clinical leadership, managerial and strategic development competences, partnership working and ability to establish and maintain effective communications.

## Appendix I

### PROPOSED WORK STRANDS FOR THE REGIONAL GROUPS

The Clinical Lead of the Group, in consultation with Group members, will agree a work plan with NICaN Board for a 12-month period. This will include clear targets, milestones, and named people with lead responsibilities. The work strands will cover:

#### WORKFORCE DEVELOPMENT

- Provide leadership in addressing workforce requirements
- Undertake workforce planning eg taking account of skill mix initiatives, role reconfiguration, anticipating future service requirements
- Work towards the standardisation of roles across Network
- Foster innovation

#### QUALITY, MONITORING AND EVALUATION

- Secure involvement of those affected by cancer and develop partnership working
- Agree common standards and guidance
- Agree and publish evidence based protocols to cover referral, investigation, treatment, follow-up and information for patients and clinicians
- Agree priorities and methods of data collection
- Agree common datasets for prospective audit and produce detailed reports at least once per year.
- Produce data and participate in regional audit activities
- Initiate service evaluation including carers / patients' perspective

#### SERVICE ORGANISATION, IMPROVEMENT AND REDESIGN

- Define the structure of the service, setting out points at which service is delivered and connections between them (care pathways)
- Undertake process mapping exercises and "capacity and demand" analyses to inform service development.
- Fully participate in redesign of services using evidence based service improvement tools.
- Work from a perspective of seeing things through the patients / carer's eyes.
- Address inequities in service provision.

#### EDUCATION AND LEARNING

- Undertake regional training needs analysis
- Influence appropriate educational institutions to meet identified needs
- Be cognisant of and use "competencies and skills framework" where appropriate
- Promote CPD and best practice within a "lifelong learning" ethos

#### POLICY CONTEXT, POLITICAL AWARENESS

- Promote population health and well being
- Identify and action the groups' responsibility toward cancer prevention
- Provide regional leadership and influence relevant regional policy
- Develop and use a communication strategy for relevant constituencies
- Develop regional, national and international affiliations and networks

#### RESEARCH & DEVELOPMENT

- Support the development of Northern Ireland Clinical Trials infrastructure
- Promote recruitment to clinical trials
- Support professional research agendas
- Support the dissemination and implementation of research
- Initiate and support service and practice development

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## Appendix 2

### DOCUMENT HISTORY

Version	Date	Description
07	19 <sup>th</sup> October 2007	Endorsed by NICaN Board.
02-06	May 04-April 07	Paper revised and refined through engagement with key stakeholders in the process of working towards the establishment of 5 Network Regional Groups in Year 1.
01	April 2004	Drafted by NICaN Team to support those interested in constituting their work through a Network Regional Group.