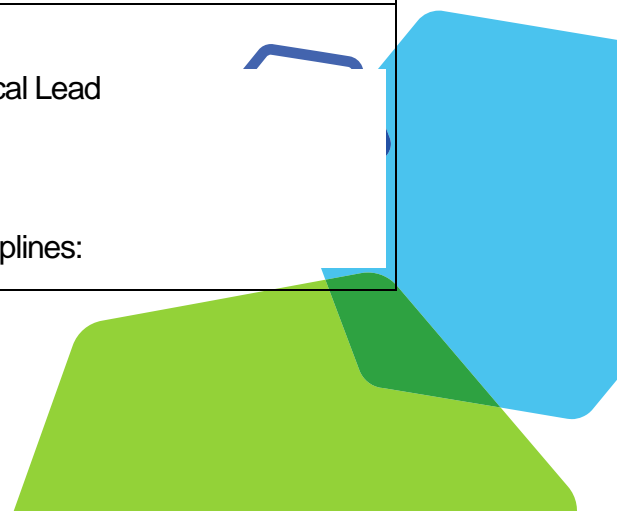


Pathway Board

Terms of Reference (ToRs)

1. Constitution	<p>Greater Manchester (GM) Cancer (the 'organisation') has established Pathway Boards that are responsible for the oversight of the identified cancer pathways to support the delivery of the operational planning guidance and the ambitions for cancer in the NHS Long Term plan.</p>
2. Terms of Reference	<p>a. Purpose</p> <p>The Group is established to:</p> <ol style="list-style-type: none"> 1. Lead the delivery and development of services for colorectal cancer at a GM and East Cheshire population level in terms of awareness, prevention, earlier and faster diagnosis, treatment and care, thereby contributing to the delivery of the NHS Long-Term Plan and priorities detailed in the annual operational planning guidance. 2. The Board will represent the interests of local people with cancer, respecting their wider needs and concerns. 3. It is the primary source of clinical opinion on this pathway for GM and East Cheshire. <p>b. Duties</p> <ol style="list-style-type: none"> 1. The Board will ensure that objectives are set, with a supporting work programme that drives improvement in clinical care, reduces morbidity and mortality, puts patients at the centre of care services, and improves patient experience.
3. Membership	<p>The membership will include:</p> <ul style="list-style-type: none"> ▪ Chair – GM Cancer Pathway Clinical Lead ▪ Deputy Clinical Lead ▪ GM Cancer Pathway Manager <p>and representation from the following disciplines:</p>



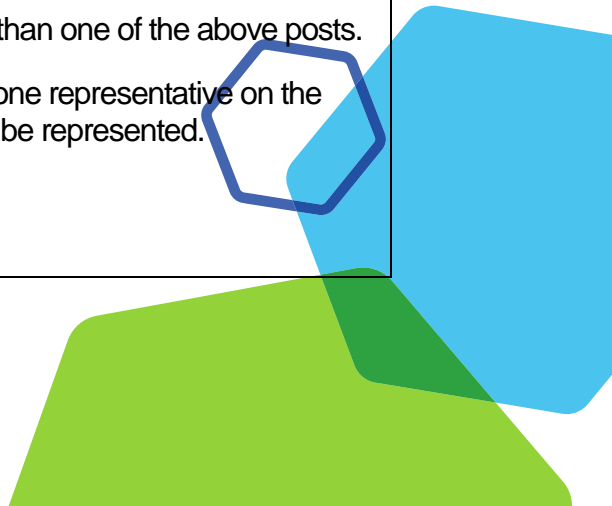
- User Involvement (maximum of two)
- Allied Health Professionals
- Cancer services (management/performance)
- Commissioning
- Genomics subject matter expert / lead
- GM Cancer Early Diagnosis
- GM Cancer Workforce & Education
- GM localities
- Nursing
- Oncology
- Pathology
- Primary care
- Public health
- Radiology
- Research
- Screening
- Surgery
- Trust representation
- Voluntary sector
- And other representation from GM Cancer specific programmes as appropriate

Secondary care provider Trusts:

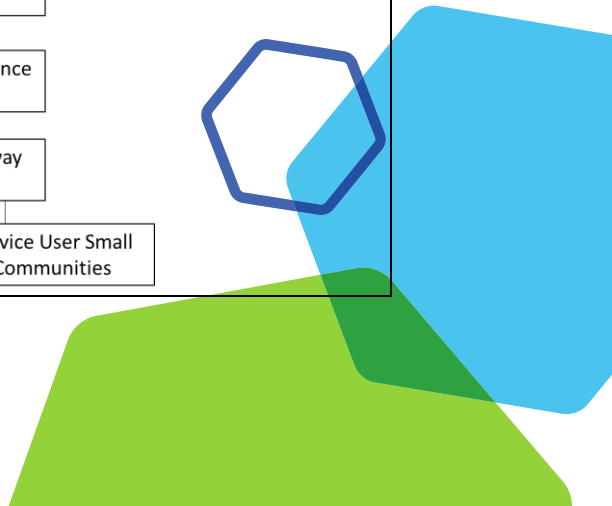
- Bolton NHS Foundation Trust
- East Cheshire NHS Trust
- Manchester University NHS Foundation Trust
- Mid Cheshire Hospitals NHS Foundation Trust
- Northern Care Alliance
- Stockport NHS Foundation Trust
- Tameside Hospital NHS Foundation Trust
- The Christie NHS Foundation Trust
- Wrightington, Wigan and Leigh NHS Foundation Trust

It is possible for an individual to hold more than one of the above posts.

All appropriate providers will have at least one representative on the Pathway Board unless they do not wish to be represented.



	<p>a. Quorum</p> <p>The Clinical Lead(s) and Pathway Manager will deem the meeting as quorate if there is adequate representation from the system. If not quorate the meeting can proceed but any key decisions will be discussed/communicated via email.</p> <p>b. Attendance by Members</p> <p>All members or a nominated deputy will be required to attend a minimum of 75% of Pathway Board meetings to ensure consistent representation, inclusivity and decision-making that is informed by the requirements of the whole system.</p> <p>Attendance and apologies will be recorded and reviewed.</p> <p>c. Attendance by Others</p> <p>Individuals may be invited to the group to present papers, deliver spotlight agenda items etc.</p> <p>Attendance by non-members should be agreed with the Clinical Leads(s)/Pathway Manager in advance of the meeting.</p> <p>All members will be responsible for taking forward agreed actions via the appropriate governance routes and then reporting progress at subsequent Pathway Board meetings.</p>
<p>4. Accountability and Reporting Arrangements</p>	<p>The Pathway Board is ultimately accountable to the GM Cancer Board.</p> <p>Trusts will maintain responsibility for clinical governance within cancer services provision.</p> <div data-bbox="654 1590 1133 2016" style="text-align: center;"> <pre> graph TD A[Greater Manchester Integrated Care Board] --> B[Greater Manchester Cancer Board] B --> C[Programme Assurance Group (PAG)] C --> D[GM Cancer Pathway Boards] D --> E[Sub-groups / Task & Finish Groups] D --> F[Service User Small Communities] </pre> </div>



5. Frequency	<p>Pathway Board meetings are scheduled at least quarterly. Where appropriate the frequency may be altered dependent on the needs of the Board.</p> <p>The meetings will either be face to face or virtual via Microsoft Teams.</p>		
6. Monitoring Effectiveness	<p>Annual work programmes and Clinical Lead appraisals are in place to monitor progress, effectiveness and objectives. The work programmes are shared with the GM Cancer Board and across the GM cancer system. Key updates are shared with GM Cancer PAG.</p> <p>The Pathway Manager will ensure that summary and actions of the group will be formally recorded and saved on the GM Cancer shared drive.</p>		
7. Dissemination of information	<p>Groups members are to represent their organisations and/or disciplines as appropriate. The members are the two-way conduit for information sharing; representing views; and ensuring that any relevant actions, changes in practice or learning will be disseminated around their respective organisations and teams as appropriate.</p>		
8. Review	<p>The Group will:</p> <ul style="list-style-type: none"> ▪ Review its Terms of Reference at a minimum of every two years. ▪ Review its forward work programme annually by the start of the new financial year in line with the release of the operational planning guidance and cancer planning pack. 		
9. Administration	<p>The Pathway Board Meeting Summary and Action Log will be maintained and ratified by the Pathway Board members.</p> <p>The draft Pathway Board Meeting Summary and Action Log are confidential and not to be shared until fully ratified. Once ratified the Meeting Summary and Action Log will be published on the GM Cancer website.</p> <p>All related papers will be made available via email to members, a minimum of 4 working days prior to the date of the meeting.</p>		
Date Approved	April 2023	Review Date	April 2025

