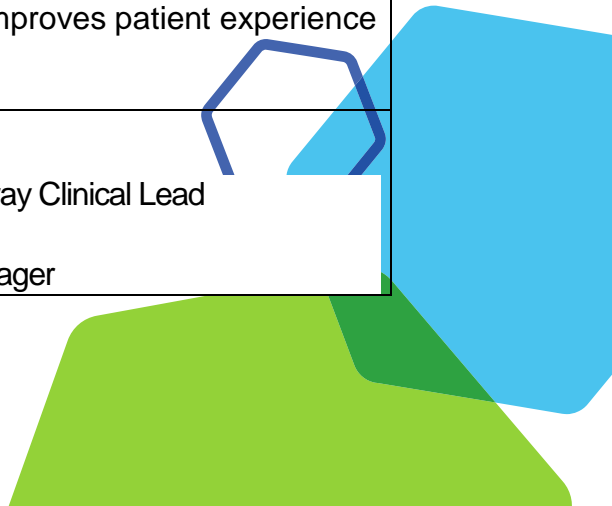


Colorectal Pathway Board

Terms of Reference (ToRs)

1. Constitution	<p>Greater Manchester (GM) Cancer Alliance (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, addressing local issues.</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, East Cheshire and for some tumor groups Mid 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, East Cheshire and for some tumor groups Mid 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, improves patient experience and reduces inequity.
3. Membership	<p>The membership will include:</p> <ul style="list-style-type: none"> ▪ Chair – GM Cancer Alliance Pathway Clinical Lead ▪ Deputy Clinical Lead ▪ GM Cancer Alliance Pathway Manager



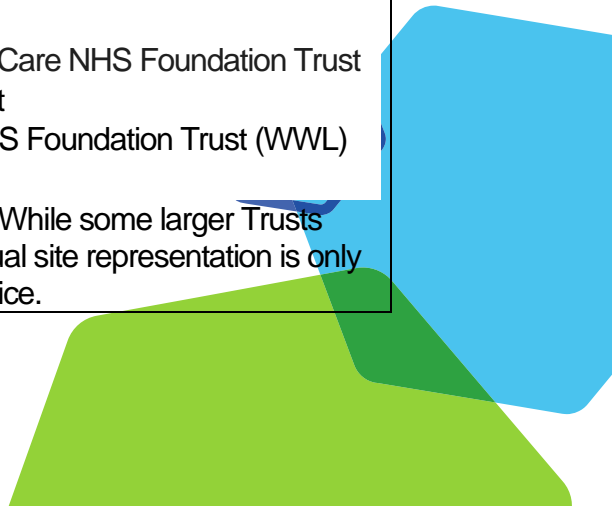
and representation from the following disciplines as appropriate to the Colorectal pathway:

- GM Cancer Voices, Patient Representation (also known as PPIE - Patient and Public Involvement and Engagement) - maximum of two
- GM Cancer Alliance Early Diagnosis
- GM Cancer Alliance Workforce & Education
- GM Cancer Alliance Personalised Care
- Allied Health Professionals
- Cancer Manager
- GM Cancer Alliance Operational Performance
- Lead Cancer Nurse
- Nursing
- Genomics subject matter expert / lead
- Oncology
- Pathology
- Place Based Cancer Lead
- Primary Care
- Radiology
- Research
- Screening & Immunisation
- Surgery
- Voluntary, Community & Social and Enterprise (VCSE)
- Clinical Lead for Early Diagnosis
- And other representation from GM Cancer Alliance specific programmes as appropriate

Secondary care provider Trusts:

- Bolton NHS Foundation Trust
- East Cheshire NHS Trust
- Manchester University NHS Foundation Trust (MFT)
- Mid Cheshire Hospitals NHS Foundation Trust
- Northern Care Alliance (NCA)
- Stockport NHS Foundation Trust
- Tameside and Glossop Integrated Care NHS Foundation Trust
- The Christie NHS Foundation Trust
- Wrightington, Wigan and Leigh NHS Foundation Trust (WWL)

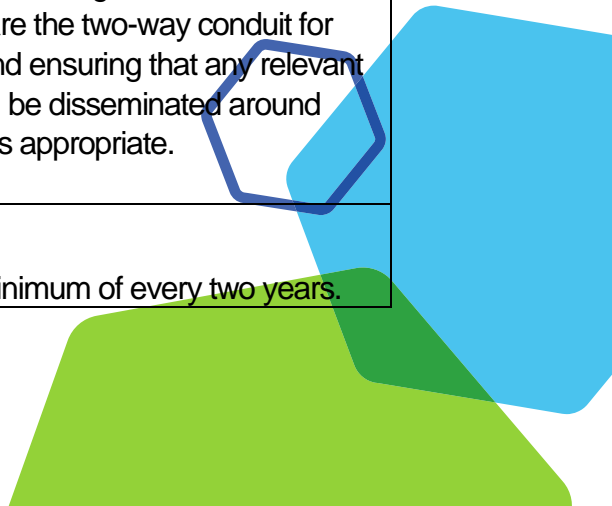
Representation is required from all Trusts. While some larger Trusts may have multiple sites / hospitals, individual site representation is only required if it delivers a tumour specific service.



	<p>All appropriate provider trusts will have at least one representative on the Pathway Board unless they do not wish to be represented.</p> <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 for agreement.</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 their cancer services provision.</p>



	<pre> graph TD NHSE[NHSE] --> GMICB[GM ICB] GMICB --> TPC[Trust Provider Collaborative] JPD[Joint Planning & Delivery Committee] <--> TPC TPC --> GMCB[GM Cancer Board] GMCB -.-> GMCPAG[GM Cancer Programme Assurance Group] GMCB -.-> GMSRAG[GM Cancer Strategy and System Risk Assurance Group] GMCPAG -.-> TSPB[12x Tumour Specific Pathway Boards] GMSRAG -.-> TSPB </pre> <p>The pathway boards are clinical reference groups led by the GM Cancer Alliance, developing programmes of work for each tumour group to deliver national planning guidance and address local issues.</p>
<p>5. Frequency</p>	<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. Hybrid meetings will not be an option.</p>
<p>6. Monitoring Effectiveness</p>	<p>Annual work programmes and Clinical Lead appraisals are in place to monitor progress and delivery of agreed objectives.</p> <p>The work programmes are shared with the GM Cancer Alliance Board and across the GM cancer system. Key updates are shared with GM Cancer Programme Assurance Group (PAG).</p> <p>The Pathway Manager will ensure that summary and actions of the Pathway Board will be formally recorded and saved on the GM Cancer shared drive.</p>
<p>7. Dissemination of information</p>	<p>Pathway Board 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>
<p>8. Review</p>	<p>The Pathway Board members will:</p> <ul style="list-style-type: none"> Review its Terms of Reference at a minimum of every two years.



	<ul style="list-style-type: none"> 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 by the Pathway Manager and ratified by the Pathway Board members at the next meeting.</p> <p>The draft Pathway Board Meeting Summary and Action Log are confidential and not to be shared until fully ratified.</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 2025	Review Date	April 2027

