

Meeting	Peninsula Cancer Alliance Board 8 th July 2021
Title	A mutual accountability governance framework for cancer: providing a single, consistent approach for assurance and accountability between alliance partners.
Author	Sarah-Jane Davies – Manager, Peninsula Cancer Alliance
Agenda Item	7
Summary	<p>In response to the evolving NHS landscape and with the emergence of the two integrated care systems for the Peninsula, it is important that the Alliance is clear about its role as the delivery vehicle for the cancer programme and, to re-affirm how it will continue to work across boundaries to discharge its role.</p> <p>The attached paper and slides describe the mutual accountability framework for the Peninsula Cancer Alliance (Appendix 1-3). The framework will act as an enabler by providing the overall architecture for accountability in the Alliance and defining what this entails. This is described in more detail in Appendix 4 (below).</p>
Recommendation	<p>The Alliance Board are asked to approve this refreshed mutual accountability governance framework for cancer which is designed to provide a single, consistent approach for assurance and accountability between alliance partners.</p>

Peninsula Cancer Alliance

A mutual accountability governance framework for cancer: providing a single, consistent approach for assurance and accountability between alliance partners.

1.0 Purpose

In response to the evolving NHS landscape and with the emergence of the two integrated care systems for the Peninsula, it is important that the Alliance is clear about its role as the delivery vehicle for the cancer programme and, to re-affirm how it will continue to work across boundaries to discharge its role.

This paper describes the mutual accountability framework for the Peninsula Cancer Alliance shown in the appended slides (Appendix 1-3). The framework will act as an enabler by providing the overall architecture for accountability in the Alliance and defining what this entails. This is described in more detail in Appendix 4 (below).

2.0 The Role of the Alliance

The Peninsula Cancer Alliance provides leadership to improve cancer patients' outcomes both in terms of survival and experience of care. This extends from prevention strategies, through screening and early diagnosis, delivery of treatment, personalised care, palliative and end of life care.

The Cancer Alliance is the vehicle for sharing best practice and innovation, identifying and addressing variation, integrating care pathways, monitoring performance and supporting providers to provide high quality, cost effective care.

Alliance partners work at scale across their geographical 'footprints' to focus on improvements for their whole population – both transforming services and care across whole pathways, and reducing variation in the availability of good care and treatment for all people with cancer.

3.0 Mutual Accountability Framework

The Alliance is accountable to the National Cancer Transformation Board through NHS England/ Improvement's SW Cancer Programme, which sets the scope of the Cancer Alliance and influences its ways of working. This includes access to national Cancer Funding, which is routed through Cancer Alliances around the country.

The Cancer Alliance will be aligned to the Boards of both Devon's and Cornwall's Integrated Care Systems from April 2022. The Alliance Board is responsible for describing the future quality of cancer services in terms of outcomes and metrics as set out in the [Peninsula Cancer Alliance Long Term Plan 2019/2024](#). In turn the ICS commit to implement the Alliance's recommendations.

As the delivery vehicle for the cancer priority work programme of the Integrated Care System, the Cancer Alliance also reports to the Clinical Commissioning Groups Elective Care Boards to enable the delivery of the jointly agreed programme ambitions. This

governance framework is intended to enable all parties to work more flexibly across organisational boundaries, by adopting a common approach. It is careful not to undermine the governance and statutory responsibilities of individual organisations but enable delivery of integrated plans.

4.0 Delivering the PCA programme ambitions

The Alliance Plan sets out five prioritised work streams– Prevention and Early Diagnosis, Rapid Diagnosis Services, Personalised Care, and Patient Voice underpinned by cross cutting themes. Each work stream is delivered through a range of multi-disciplinary (service user, clinical, non-clinical) and multi-organisational (local authorities, NHS bodies, and charities etc.) project teams.

The programme governance for the delivery of the PCA plan is set out in Appendix 1

The Alliance is introducing new working arrangements to assist with co-ordination and governance of the overarching programme, reflecting the complexity of the programme. Each work stream will be overseen by a programme manager, advised by a service user, and have a named clinical lead. The roles, core functions and inter-relationships set out within the structure are described below.

4.1 Peninsula Cancer Alliance Board

The PCA Board was established in line with guidance produced by NHS England, to oversee the development of a single cancer delivery plan for the Peninsula. The Alliance is the decision-making body in relation to the planning and delivery of the cancer ambitions set out in the NHS Long Term Plan, locally.

The role of the Cancer Alliance Board is to provide direction, assurance and leadership to ensure successful delivery of the Alliance's programme of work including that local plans are aligned and support Sustainable Transformation Partnerships / Integrated Care Systems and transformation across the Peninsula.

Appendix 2 sets out the proposed structure of the mutual accountability governance framework for cancer which is designed to provide a single, consistent approach for assurance and accountability between alliance partners.

The Board meets quarterly to oversee the delivery of local cancer ambitions, and ensure ambitions are realised within the agreed timescales. It is made up of senior leaders from the local Integrated Care System, provider organisations, clinical commissioning groups, specialised commissioners, cancer charities, primary care, public health, health education, NHSE/I and the Peninsula Clinical Research Network.

The proposed membership of the board is set out in Appendix 3.

4.2 Cancer Executives Group

It is proposed that the board is supported by the Cancer Executives Group consisting of Chief Operating Officers from each trust. This group will be a forum by which to address performance, escalate issues and barriers to change, in secondary care.

4.3 Clinical Directors Group

The Clinical Directors Group will ensure that advising clinicians are clear about their accountability and ability to influence services, and will address clinical concerns relating for example to performance, mutual aid and networked working.

The Site Specific Group (SSG) chairs will agree the overarching thematic agenda for the 13 tumour site specific groups and clinically led project and expert advisory groups to assure alignment with the PCA Annual Programme Plan.

The SSGs meet frequently throughout the year, drawing together clinical expertise and multidisciplinary team members in both primary and secondary care to provide a source of expert advice to the alliance and its partners and a mechanism for sharing and spreading best practice, addressing barriers to quality care and thus improving patient outcomes, at scale. The SSGs will work to transform services and improve patient outcomes, supported with project management expertise and funding from the Alliance.

The responsibility for the organisation of the 13 Site Specific Groups passed to the acute provider members of the cancer alliance in 2014/15. The providers are collectively responsible for the administration, governance and outcomes of site specific groups, with a focus on the provision of time in job plans to attend meetings and deliver improvements, whilst the Alliance set the overarching programme.

4.4 Programme steering group

A Programme Steering Group will be established to enable coordinated management of projects and ensure interdependencies between work streams are understood and communicated, and ensure any potential risks, mitigations, issues or delays which may impact on progress or costs for the alliance programme as a whole, are escalated and managed accordingly.

4.5 Patient Involvement and Advisory Forum

Service users provide advice on the experience of care and influence and shape the work of the alliance through representation on SSG, expert and project groups. Service users will come together as a group through the Patient Involvement and Advisory Forum. This forum will be chaired by a board member, providing a direct link to the board.

Appendix 1 PCA Programme Governance

Vision: To work as system leaders in a multi-agency collaborative of providers, commissioners and voluntary and community organisations, working together and in partnership with the public, to detect cancers earlier and increase cancer survival across Devon and Cornwall.

Prevention and early diagnosis

Programme ambition:

- PCNs and practices are supported to deliver the Cancer DES including case finding e.g. TLHC and asymptomatic case finding for lung & bladder cancer, through provision of funding, project management support, GP tools, A&G networking & educational events.

Leads

- Clinical Lead – Joe Mays
- PMO – Ben Smith

Rapid diagnosis

Programme ambition:

- To speed up cancer diagnosis and support our ambitions to achieve earlier diagnosis, with improved patient experience, for all patients with cancer symptoms or suspicious results by increasing GP access to diagnostic tests, embedding best practice and deploying innovative solutions and tech.

Leads

- Clinical lead – Joe Mays
- PMO – TBC

Treatment

Programme ambition:

- To deliver equitable access to modern cancer treatments and models of care, reducing variation and improving outcomes. This includes development of a clinical services strategy for SACT, a SW UAN & integration of genomic medicine into cancer pathways.

Leads

- Clinical lead – John Renninson
- PMO – Emma Wheatfill

Personalised care

Programme ambition:

- To increase choice and control over the way patients' care is planned and delivered, based on 'what matters' to them and their individual strengths, needs and preferences and growing and developing post cancer community services.

Leads

- Clinical lead – Tina Grose
- PMO – Beth Kingshott

Patient voice

Programme ambition:

- To ensure the views and experiences of cancer patients, carers and families inform all aspects of the Cancer Alliance work programme and its delivery, taking a special interest in patient experience. enabling equitable access and reducing health inequalities.

Leads

- Clinical lead – John Renninson
- PMO – Lisa Martin

Delivery groups:

- PCN Clinical Directors Forum
- Prevention and Early Diagnosis project team

Delivery groups:

- RDC delivery group
- SSG T&F Groups
- Navigator Network
- Digital Histopathology
- Image Sharing Network

Delivery groups:

- SACT & Immunotherapy group
- SW Sarcoma Group
- Urology Area Network
- Radiotherapy Network

Delivery groups:

- Personalised Care group
- Lead nurses group
- MySunrise project group
- Charities Forum

Delivery groups:

- CIC Group
- Patient involvement & advisory forum
- Health Inequalities Group

Technology

Accessibility

Cross Cutting themes

Quality

Infrastructure

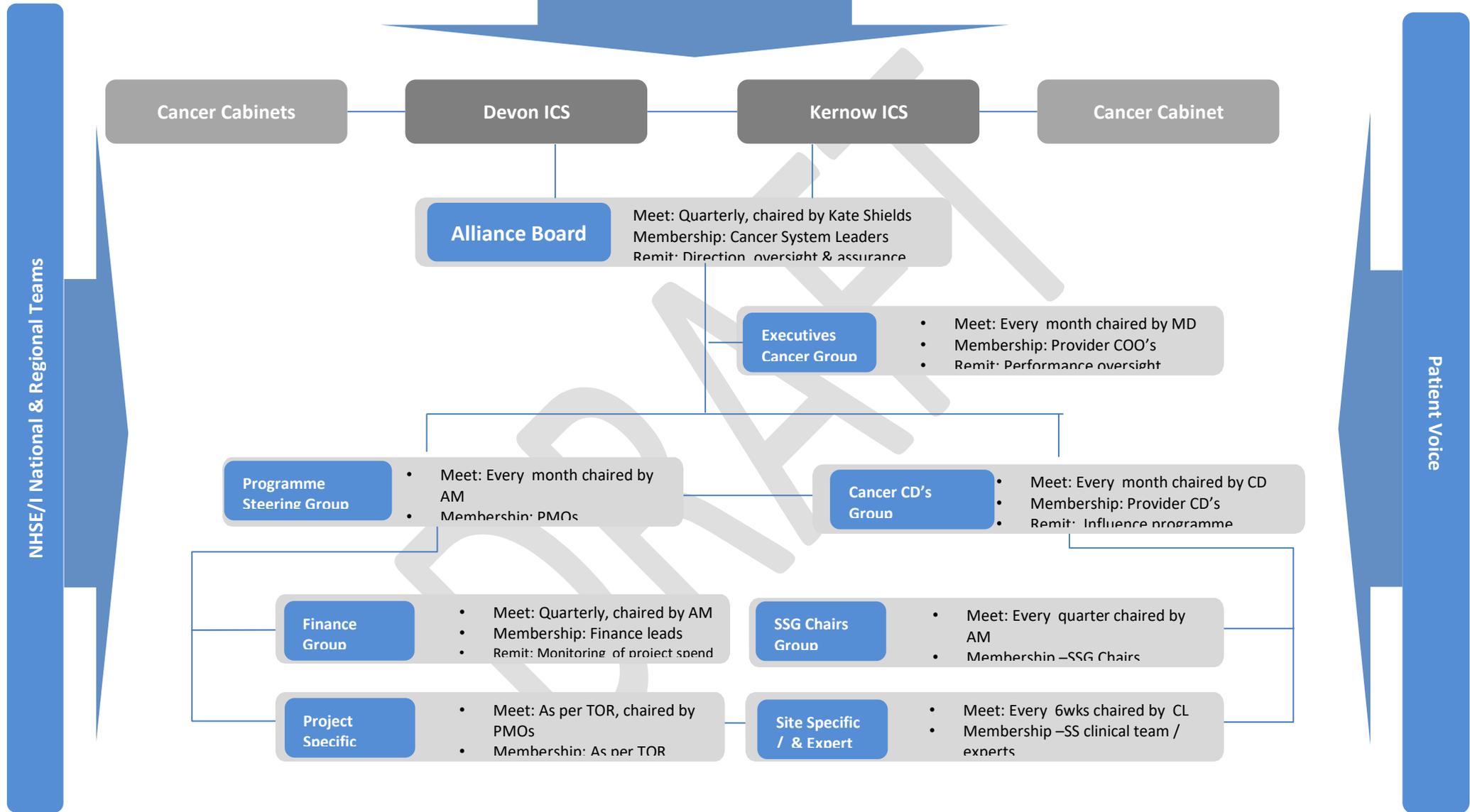
Place based health and care strategic partners

Programme Management

Appendix 2 PCA Structure & Governance



Peninsula Cancer Alliance



Appendix 3: PCA Board Membership

