



Northern Cancer Alliance Expert Advisory Group Colorectal

TERMS OF REFERENCE

Chairperson:	Peter Coyne, Consultant Colorectal Surgeon, Newcastle
Purpose:	The primary purpose of Northern Cancer Alliance (NCA) Expert Advisory Group Colorectal is to provide cross organisational representation to ensure that all patients with cancer in the North East and North Cumbria receive equitable access to safe, evidence based and effective care. We will achieve this by holding each other to account for performance in this respect.
Membership:	<p>Core membership:</p> <ul style="list-style-type: none">▪ Chair person▪ Vice Chair▪ Representative from each service provider organisation.▪ Patient and carer representative▪ Locality representative <p>Cancer Alliance Staff:</p> <ul style="list-style-type: none">▪ Cancer Alliance - administration support▪ Cancer Alliance - clinical lead <p>Extended membership</p> <ul style="list-style-type: none">▪ Palliative care representative▪ Clinical research network representative▪ TYA representative▪ PPV representative to meet the need of the service development e.g. patient, lay person, third sector.
Specific Role:	<ul style="list-style-type: none">▪ To be the Colorectal Expert Advisory Group to the Northern Cancer Alliance.▪ To support the delivery plan of the NCA.▪ To develop and maintain up to date clinical guidelines. These may in part be reference to nationally developed guidelines where available.▪ To review local data and metrics such as the cancer dashboard, and where possible use them to inform service improvement proposals.▪ To provide a forum for the sharing of good practice, discussing local and national issues and initiatives.▪ To ensure the views of patients and carers are taken into account in the planning, operation and evaluation of services including Patient Information material.

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	<ul style="list-style-type: none"> ▪ To lead rapid change, including the development and implementation of consistent standards within available resources. ▪ To ensure NCA clinical and strategic service development issues are shared within member organisations. ▪ To ensure that clinical research is incorporated into the work of the Group. ▪ To contribute to the Alliance needs assessment of education, training and work force planning
Accountability:	<p>The tenure of the Chair will be 2 years with an option to extend for a further 2 years. (maximum tenure at discretion of group) A vice chair will deputise for the chair when necessary and normally succeed the chair when they step down</p> <p>To report to the NCA board through the Chair’s membership of the NCA Clinical Leadership group of which the Expert Advisory Group Chairs are members.</p>
Frequency of Meetings:	Bi-annual meetings will be held with one inclusive of NCA site specific performance data.
Quorum:	A minimum requirement for quorate to be achieved is attendance by 75% of core members who provide a service.
Admin:	Action Points <input type="checkbox"/> Minutes <input checked="" type="checkbox"/>
Ownership of Group Projects and Initiatives:	All projects, initiatives and outcomes will be owned by each member of the group that has taken part in the group project or initiative.
Ways of Working Together	All relationships must be handled in an open and transparent manner, which comply with the requirements of guidance issued by the Department of Health. Healthcare professionals have a responsibility to comply with their own codes of conduct at all times.
Communication Arrangements:	<p>Minutes will be forwarded to members within three weeks. Agendas and minutes will be posted on the group page of the Northern Cancer Alliance Website. Items for the agenda should be received 7 days before the meeting.</p> <p>Inter meeting communication will be circulated by email from the NCA.</p>
Declaration of Interest:	All potential or perceived conflicts of interest should be declared.