

## **Breast Care Services Review Project Board Terms of Reference**

### **1. Background**

A review of breast care services across Bristol, North Somerset and South Gloucestershire was launched in April 2008. For a number of reasons, including lack of sustained project management support and poor clinician and patient stakeholder engagement, progress was slow. Between December 2008 and April 2009 there was an intensive period of work involving commissioners, clinicians and patient representatives culminating in a successful stakeholder event on 6<sup>th</sup> April 2009 where the approach to take the project forward was agreed upon. This document seeks to update the Terms of Reference for the existing Steering Group for the project in the light of the work undertaken to reinvigorate the project. The revised project structure will refer to the Steering Group as the Project Board.

In light of the faltering progress of the review in 2008 it is important there is clear and agreed governance in place for the forward direction and management of the project. The governance arrangements for the project are set out in the Project Initiation Document and are reflected in the revised Terms of Reference for both the Project Board and the Project Team.

### **2. Purpose**

The purpose of the Breast Care Services Review Project Board is to govern and direct the work of the Breast Care Services Review Project. The role of the Board is to ensure that the review project is directed and managed to realise its aim to identify the optimal configuration for breast care services across Bristol, North Somerset South Gloucestershire that will deliver measurable improved clinical outcomes. The outcome of the review will ensure that local men and women have the opportunity to access best practice breast care services and will position breast care services for the local area at the forefront of breast care practice, development and research, within the resources available. The recommendations made by this board will be in line with the objectives of the Bristol Health Services Plan, the Department of Health Standards for Better Health, the Strategic Framework for Improving Health in the South West 2008/9 – 2010/11 and agreed national and local quality standards, including Lord Darzi's five principles that should underpin changes in health services:

- Services based on individual needs and choices
- Localising where possible, centralising where necessary
- Truly integrated care and partnership working, maximising the contribution of the entire workforce
- Prevention is better than cure
- A focus on health inequalities and diversity

### **3. Responsibilities**

- To oversee and approve each stage of the Breast Care Services Review project, including the initial ratification of the project initiation document.

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- To assess progress of the project and measure this against the project's strategic objectives.
- To monitor progress of the project against the specified benefits.
- To ensure that project assurance is being executed appropriately and that corrective action is taken when necessary in the light of assurance processes.
- To approve project deliverables and ensure they meet high quality standards.
- To receive progress reports from the Project Team and Project Manager and take appropriate action project issues are highlighted.
- To assess project risks as they arise and allocate responsibility for implementing mitigation or contingency arrangements.
- To ensure that the implementation consequences of the Board's recommendations are understood.
- To ensure engagement with relevant stakeholders, including commissioners, clinicians, patients and the public throughout the project is robust.
- To ensure Trusts covered by the area of this review are appropriately represented (the membership of the Project Board will demonstrate this) and that there is provider commitment to the successful implementation of the recommendations of the Project Board
- To ensure that proposals arising from the project are assessed for their equalities impact and can demonstrate that they will contribute to reducing health inequalities.
- To ensure that proposals arising from the project are assessed for their contribution to environmental sustainability and place care appropriately closer to home where achievable
- To ensure that any developments which require a contestable process are managed transparently.
- To receive reports from the external project assurance function and take corrective action when necessary

### **4. Project Management**

The Bristol Health Services Plan team is providing a Project Manager for this project.

### **5. Core Board Membership**

The core membership listed below shows how the Project Board has incorporated knowledge and expertise from all relevant stakeholders, including commissioners, clinicians and patient representatives across the Bristol, North Somerset and South Gloucestershire (BNSSG) area as well as extending to include Bath and North East Somerset and Weston.

Clinical members have been selected for their ability to contribute particular expertise. Clinicians on the Project Board have a high profile and effective networking relationships with colleagues, including those in other BNSSG organisations.

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<b>Name</b>	<b>Role on Project Board</b>	<b>Job Title</b>	<b>Organisation</b>
Deborah Evans	Chair	Chief Executive	NHS Bristol
Helen England	Project Director	Co-Director of Commissioning	NHS Bristol
David Tappin	Lead Director Bristol Health Services Plan	Director of Strategic Development	NHS Bristol
Elizabeth Williams	Project Manager (In attendance representative at the Board)	Project Manager	Bristol Health Services Plan
Dr Richard Darling	Clinician	Professional Executive Committee Chair	NHS North Somerset
Nick Gallegos	Clinician and Acute Trust Representative	Medical Director and Consultant Breast Surgeon	Weston Area Health NHS Trust
Simon Cawthorn	Clinician	Consultant Breast Surgeon	North Bristol NHS Trust
Zenon Rayter	Clinician	Breast Surgeon	University Hospitals Bristol NHS Foundation Trust
Claire Garnell/ Jane Barker	Clinician	Breast Care Nurse	Weston Area Health NHS Trust/ North Bristol NHS Trust
Dr Monica Lamont	Clinician	Director	Avon Breast Screening Unit
Dr Nick Rooney	Clinician	Clinical Director	North Bristol NHS Trust
Jeremy Braybrooke	Network Representative Group	Medical Oncologist	Avon Somerset and Wiltshire Cancer Network
Dr Heather Davies	PEC Representative	Academic Nurse	NHS Bristol
Angela Raffle	Public Health Representative	Consultant in Public Health	NHS Bristol
Daphne Havercroft	Patient Representative		Breast Cancer Unit Support Trust (BUST)
Ruth Randall	Patient Representative		Bosom Buddies

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<b>Name</b>	<b>Role on Project Board</b>	<b>Job Title</b>	<b>Organisation</b>
Tony Jones	Patient and Public Involvement Advisor	Patient and Public Involvement Manager	NHS Bristol
Kate Oliver	Voluntary Sector Organisation Representative		The Care Forum
Maureen Livesey	Lay Representative		Local Involvement Network (LINKs)
Hester McLaine	PCT Commissioner Representative <sup>1</sup>	Commissioning Lead for Cancer	NHS Bath and North East Somerset
Ann Jarvis (virtual member – receives papers and minutes and links project to NHS South Gloucestershire decision-making)	PCT Commissioner Representative	Director of Service Development	NHS South Gloucestershire
Robert Woolley (deputy Clare Thompson)	Acute Trust Representative	Director of Corporate Development	University Hospitals Bristol NHS Foundation Trust
David Jarrett	Acute Trust Representative	General Manager Surgery	North Bristol NHS Trust
Elisabeth Kutt	Clinical representative	Head of Division Diagnostics and Therapies Consultant Radiologist	Avon Breast Screening Unit

## 6. Frequency and structure of meetings

- The core membership of the Breast Care Services Review Project Board comprises of senior level representation from the clinical community, patient groups, NHS Commissioners and Acute Trusts. It is the responsibility of each organisation to ensure that a named representative or deputy is available.

<sup>1</sup> The scope of this review is breast services across wider Bristol and Weston. Services that are provided in Bath are outwith the scope of this review and thus the role of the commissioning representative from Bath and North East Somerset PCT is to ensure that the impact of the proposals of the review for people living in that area who may choose to access services in Bristol or Weston are understood.

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- The Chief Executive of NHS Bristol chairs the meetings. In her absence a nominated deputy will chair the meetings.
- A meeting schedule will be agreed that is aligned to the timeline for key project deliverables.
- In order for the Board to make decisions the meetings must be quorate. Quoracy will be defined as a minimum of a representative of each BNSSG<sup>2</sup> PCT, one patient representative, one public representative and 50% of the clinical representatives of the board.

## **7. Reporting Arrangements**

- The Breast Care Services Review Project Board reports formally to the Bristol, North Somerset and South Gloucestershire PCT Chief Executives as the Sponsoring Group of the Bristol Health Services Plan. The project will report informally to the BNSSG Service Design Programme so that the relationship between this project and other service design projects as well as lessons learnt can be understood. The Service Design Programme Board does not have a decision making or taking role for this project.

## **8. Decision Taking**

The role of the Project Board is to make a set of recommendations on solutions to the clinical model and configuration of services that reflect the vision and meet the objectives of the project. The decision on those recommendations will be made by the PCT Boards of NHS Bristol, North Somerset and South Gloucestershire. The risk of differential decision taking that jeopardises the successful outcome of this project will be managed by the Chief Executives of those PCTs as the Sponsoring Group for this Project.

## **9. Administration details**

- The lead PCT for the Breast Care Services Review is NHS Bristol given its lead role for the Bristol Health Services Plan
- Administrative support will be provided by a Bristol Health Services Plan Project Support Officer.
- Agenda and papers will be circulated at least five working days before meetings.
- Minutes of the meeting will be sent out no later than five working days after the meeting.
- All correspondence will be via e-mail where possible and agendas and minutes will be put onto the Bristol Health Services Plan website ([www.avon.nhs.uk/bhsp](http://www.avon.nhs.uk/bhsp)).

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<sup>2</sup> Bristol, North Somerset and South Gloucestershire

## **10. Review**

- These terms of reference will be reviewed as required by the Board or the BNSSG Chief Executives.

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**Appendix 1**

