#### **ROLE OUTLINE**

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| ROLE IDENTIFICATION |
| Title: Chair of National Screening Programme Board  Reporting Manager: Dr Tasmin Sommerfield, National Clinical Advisor, National Screening Oversight  Professional Lead: Dr Tasmin Sommerfield, National Clinical Advisor, National Screening Oversight  Department(s)/Directorate: National Screening Oversight, Clinical Directorate, NHS NSS  Location: Edinburgh or Glasgow |

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| 2. ROLE OF DEPARTMENT/SERVICE |
| National Screening Oversight is a relatively new team, established in 2020 following the Review of Screening and its role is to provide whole system leadership, oversight and assurance across Scotland’s national screening programmes. The NSO’s strategic vision is:   * Our national screening programmes are high quality, safe, efficient and sustainable. * Our national screening programmes meet the needs of individuals, address inequalities and optimise the wellbeing of the population. * Screening delivery partners promote and support improvement, innovation and research, and make the best use of digital capabilities, data and intelligence assets to strengthen and improve delivery of screening programmes now and in the future.   NSO is hosted within the Clinical Directorate in NHS National Services Scotland. The Clinical Directorate leads and drives improved health, environmental and financial impact across NSS through the provision of strategic leadership, professional advice, governance, engagement and involvement. The Clinical Directorate covers professional and clinical leadership for medical, nursing, dental, pharmacy and healthcare scientists, a robust strategy for quality management, governance, risk management, professional development, service improvement, research development and innovation and strategic and change management. |

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| **3. ROLE PURPOSE** |
| Scotland’s six national population screening programmes – Bowel, Breast and Cervical Cancer; Pregnancy and Newborn Screening, Abdominal Aortic Aneurysm Screening, and Diabetic Eye Screening – are each governed and assured at the national level by a national programme board.  Chairs of the six Programme Boards will be expected to provide system level leadership and public health expertise for their respective programmes. They will be expected to manage the work of the Programme Board, ensuring strategic plans are made to monitor, assure and improve the operation of the programme. The Programme will be responsible for developing and overseeing the implementation of any changes in policy in respect of the operational delivery of programmes. Chairs will have a pivotal role in constructive challenge to NHS Board leads and in escalating concerns in performance to NHS Boards and other delivery partners. And they will be expected to ensure their screening programme is working to tackle inequalities, to improve quality, and to ensure the highest clinical standards They lead the Programme Board to enable it to fulfil its terms of reference and are responsible for ensuring effective relationships between the Programme Board, its sub-groups and screening delivery partners.  The Chairs will be seconded on a sessional basis to National Screening Oversight, which is responsible for whole system leadership, oversight and assurance across national screening programmes, but they will be expected to work closely with the Senior Programme Manager for each Screening Programme, who are employed by National Services Division within NSS. |

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| 4. ORGANISATIONAL STRUCTURE IN WHICH ROLE SITS |
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| 5. KEY REPSONSIBILITIES OF THE ROLE |
| Key result areas include:   1. Provide expert public health leadership, oversight and assurance across the end-to-end screening programme, working in a key role within a very complex national governance system. Each screening programme board sits at the national level and provides oversight and assurance on activities undertaken locally by NHS Boards (which are the responsibility of NHS Chief Executives locally) and by other delivery partners such as Public Health Scotland, and NSD and DaS within NSS, each of which are accountable to their own corporate Boards. The Programme Boards report into National Screening Oversight Board and through the NSOB to the Scottish Screening Committee and Scottish Government. The Chair will have to understand this complex landscape and demonstrate good judgement in navigating it. 2. Lead the development of a long-term strategic workplan for the Programme Board and the monitoring of its delivery, liaising with the relevant screening delivery partners (including NHS boards, NSD, DaS, PHS and HIS). The strategic workplan will drive improvement in the delivery, quality and effectiveness of the programme, and will provide mechanisms to learn from incidents and develop policy on delivery as required. Such policy developments may give rise to financial implications for NHS Boards and others and the Chair will have to be cognisant of the strategic financial context and ensure that decisions are made with assessment of financial risks and benefits. 3. The postholder will be responsible for identifying opportunities to add value to their programme, embedding a quality improvement approach, learning from screening incidents in all screening programmes and establishing an annual cycle of improvement and review. 4. The Programme Board will be responsible for setting expectations around training of multidisciplinary staff involved in the delivery of screening, and will approve any training materials developed. 5. Plan and prepare the Programme Board meetings, with others as appropriate, in line with the Programme’s agreed work plan. 6. Chair Programme Board meetings ensuring:    1. Business is dealt with and decisions made.    2. Decisions, actions and deliberations are adequately recorded    3. Programme Board members are aware of their role and engage in discussions.    4. The implementation of decisions is clearly assigned and monitored.    5. Agreed actions are progressed and offer additional support/escalation when required 7. Develop and maintain a good relationship with the programme’s Senior Programme Manager and Clinical Lead and draw on their expertise as required. Meet at least monthly with Programme Team/Clinical Lead. 8. Champion the importance of improving equity in screening programmes and ensure work is taken forward to deliver on the Scottish Equity in Screening Strategy 9. Improve the quality and effectiveness of the programme, including the clinical effectiveness of downstream services, by providing leadership, monitoring and expert public health advice on the delivery of screening programmes. 10. As Chair of Programme Board, provide assurance in relation to any screening incident, potentially attending Problem Assessment Groups and Incident Management Team meetings as required as an observer. 11. Oversee an ongoing annual cycle of planning and improvement, working with NSD and programme board members as required, and reporting regularly to NSOB to provide assurance 12. Participate in the Programme Board Chairs group (to support Programme Board chairs to share good practice, learn across programmes, discuss challenges). 13. Escalate any issues relating to performance by delivery partners, including NHS Boards, engaging with senior leaders as required to ensure issues are dealt with locally. Review policy and standards in light of recurring or significant issues and challenges to ensure the continued effectiveness of the programmes. 14. Meet regularly with National Screening Oversight’s Clinical Advisor to identify strategic objectives and monitor progress against these, and attend the National Screening Oversight Board meetings to update on performance of the programme. 15. Participate in regular UK meetings with public health screening leads from other UK nations, identifying common issues and learning from other countries that can be implemented in Scotland. Work in partnership with colleagues from other countries to support and contribute to the work of the UK National Screening Committee. |
| 6. KEY POSTHOLDER REQUIREMENTS |
| **Please refer to the Person Specification for further details** |