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| **Job Title**: Clinical Lead – North Cancer Alliance (NCA)  **Responsible to**: Director Regional Planning    **Department(s)**: North Cancer Alliance – Part of the NHS Scotland North Regional Team  Working on behalf of the 6 north of Scotland Health Boards NHS Grampian/Highland/Orkney/Shetland/Tayside & Western Isles (WI is formally part of the West of Scotland Region however retains a keen interest in north regional collaboration also).  **Directorate**: Appropriate to host Board  **Job Reference**:  **Last Update**: March 2025 |
| 2. JOB PURPOSE |
| * The appointee will be a senior clinician in the North of Scotland. They will provide clinical and strategic leadership, working within the NCA / Regional team structure to ensure Regional Objectives are met and National initiatives are implemented appropriately within area of remit. * The appointee will provide leadership across all relevant organisations and professional groups and be dedicated to improving equity of access and quality of care across the North of Scotland. * The appointee will be required to deliver upon an agreed set of objectives within a specific timeframe. The objectives will contribute to the overarching aims of North Cancer Alliance, as part of the wider regional team, in the delivery of high quality, safe and effective care for the patient population of the north of Scotland. * Managerially, the appointee will report to the Regional Director for the NHS Scotland North team, who will work closely with the Clinical / Medical Director within the structure of the employing board of the appointee, to embed objectives within standard appraisal processes. |
| **3. DIMENSIONS** |
| As a condition, cancer is known to predominately affect an elderly population, and with an age increasing population (especially in some of the more rural parts of the NoS) and improving survival for many generally, it is anticipated that the population who will either be diagnosed with cancer and/or living with a cancer diagnosis will continue to increase greatly in future years. Current figures estimate that one in three people get cancer at some stage in their lifetime, and one in four will die from it.  Recent annual cancer figures for the region (all rising) suggest that with an annual incidence of around 6,600 people, and approximately 3,500 cancer related deaths each year, there will be at any time an estimated 32,000 people living with a cancer diagnosis in the NoS.  The North Cancer Alliance (NCA) is a dynamic, virtual arrangement that continues to evolve and develop, working on behalf of constituent Boards. The Alliance serves a population of around 1.2m people (or around 23% of Scottish population), of which one in three people get cancer, and one in four will die from cancer. NCA spans Highland, Grampian, Tayside, Orkney, Shetland and Western Isles NHS boards, with some people travelling from other parts of Scotland to receive specialist treatment and care. Patients living within the NoS and who are diagnosed with cancer are frequently required to travel some distance within the network and/or to elsewhere in Scotland to receive specialist treatment and care. As a network, the NCA involves and works in partnership with all people and organisations (statutory and voluntary/third-sector) with an interest or role in the planning, development and delivery of cancer services within the North of Scotland.  **This includes:**   * Patients, carers, and their families. * All staff involved in cancer care. * NHS organisations – unified NHS systems and Community Health Partnerships. * National bodies including the Scottish Government Health Directorates (SGHD) and the Scottish Government plus key organisations such as Healthcare Improvement Scotland (NHS HIS), NHS Education for Scotland (NES), the Information and Statistics Division (ISD), Scottish Intercollegiate Guidelines Network (SIGN), Royal Colleges, professional groups and many others. * Partner organisations e.g. Macmillan Cancer Support, Marie Curie Cancer Care, local support groups, Scottish Partnership for Palliative Care and local authorities.   **Covering:**   * The most remote and rural regions in the UK (and including three of the five largest Scottish cities with some of the most deprived areas in Scotland),   and with:   * three well established cancer centres in Aberdeen, Dundee and Inverness, delivering equitable improvements in the quality of cancer treatment and care in the NoS is significantly more challenging and complex than it is in other regions of Scotland or the UK.   The:   * planning of regionally organised and delivered services, * challenging their traditionally autonomous power bases   *and*  negotiating across them,   * requires using influencing and political skills at expert team and board level. * solutions which work in other regions often cannot work in the NoS, so the need to: * identify best elements, * conceive our own best approach   *and*   * share them elsewhere across the network is key to ensuring role success.   **Function**  The main function of the NCA is to promote improvements the quality of clinical care, outcomes and cancer experience for patients and their families across the North of Scotland.  **Structure**  The organisational structure and environment within which the NCA operates is complex.  The NCA Executive Board:   * Provides high-level strategic guidance to constituent NHS Boards and the NCA Operational Delivery Group; * Progresses work on priority issues identified; * Ensures a coherent and equitable approach is taken to the development of cancer services across the North of Scotland, taking account of local, regional and national priorities; * Agrees and reviews annual work programmes with tumour specific groups/MCNs and specialty networks/services; * Reviews network audit data and reports to Chief Executives; * Ensures two-way communication and accountability between tumour specific groups/MCNs, Exec Board and NHS Boards.   Membership includes:   * A designated Chair (rotates among NCA Health Board Chief Executives); * Lead Cancer Clinician for the North of Scotland; * Senior management/planning * Clinical representatives from each of the 6 North of Scotland NHS Board areas and the three Regional Cancer Centres; * Tumour Specific Group Chairs; * Chairs of sub groups; * Patient * Voluntary sector   The delivery of clinical care throughout the North of Scotland is guided by region-wide tumour specific groups (detailed below). Each tumour-specific group is responsible for their activities and has been developed in line with national guidance.  Projects identified are progressed via sub-groups and short-life working groups, for example:   * A review of Hepatobiliary / Upper GI Services and how they are regionally to be provided across the North of Scotland. * The implementation of Electronic Prescribing of Chemotherapy (or CEPAS) across the North of Scotland. * A review of oncology and radiotherapy services across the North of Scotland. | |

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| 4. ORGANISATIONAL POSITION |
| NCA is one of three regional cancer networks in Scotland which report directly to constituent Health Boards and which work closely with the National Strategic Cancer Network, which reports to the Scottish Government Health Directorates (SGHD) via the Scottish Cancer Strategic Board.  SGHD  SCSB  SCN  WOSCAN  SCAN  NCA\*  \* the NCA Clinical Lead supports and advises across a range of local, regional and national groups, alongside the other regional network clinical leads, and is in turn charged with leading national initiatives as they relate to regional structures. There is no line management relationship with but national groups but a close collaborative working relationship.  **Clinical Lead – Organisational Position**  **North of Scotland Boards**  NHS Scotland North Chief Executives  Regional Medical Directors  Director Regional Planning  NCA Clinical Lead  (This Post)  Regional team  Tumour Specific Clinical Leads  Direct Reporting line  Close working relationship or leadership role |

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| 5. ROLE OF DEPARTMENT |
| According to the governance arrangements for cancer managed clinical networks, NCA is required to:   * Operate within the context of Scottish Government guidance on managed clinical networks (NHS MEL (1999) 10 and NHS HDL (2002) 69) * Demonstrate compliance with NHS HDL (2001) 71, “Regional Cancer Advisory Groups” (Now called the “Executive Board” in the north) * Ensure appropriate links with generic regional planning structures as per NHS HDL (2002) 10, accepting that regional cancer networks are increasingly being recognised as the vehicles for planning of and investment in cancer services.   all of which was more recently restated in HDL (2007) 21: *Strengthening the Role of Managed Clinical Networks*  More recently, the NCA is also required to ensure that:   * activity at NHS Board level is focussed on those areas that are most important in terms of improving survival and patient experience whilst reducing variance and ensuring safe, effective and person centred cancer care (CEL 06 (2012) The National Cancer Quality Framework),   *and*   * NHS Boards are able to demonstrate compliance in discharging their clinical governance responsibility by ensuring implementation and monitoring of the guidance contained in CEL 30 [Revised] Guidance for the Safe Delivery of Systemic Anti- Cancer Therapy   In so doing, NCA brings together cancer professionals and organisations from primary, secondary and tertiary care to work in a co-ordinated manner, transcending geographical, organisational and professional boundaries. The Network exists to ensure equitable provision of high quality, clinically effective cancer services throughout the region across diagnosis, treatment, information provision, palliation and bereavement such that cancer incidence, morbidity and mortality are decreased, whilst patient empowerment, knowledge and quality of life are increased. This involves creating and influencing national and local cancer agendas and ensuring they are followed locally.  As a network, the NCA is responsible for:   * driving and enabling the improvement of cancer services through development of regional tumour-specific groups to ensure that national and local standards are met, * that QPI data is monitored clinical practice is developed consistently across the network   and that   * cancer services, including sustainable tertiary services, are delivered by means of agreed protocols.   In addition, through collaborative working across constituent Health Boards, the tumour-specific groups aim to support:   * a more systematic approach to the development and planning of cancer services is developed for those aspects of the service that are more appropriately provided at a regional level. * specialist cancer services, which require a population in excess of the average Board population (c400, 000) to ensure clinical sustainability, are planned and delivered appropriately. * the highest possible standard of cancer care, which can be provided within available resources, is available to all residents in the North of Scotland. * the particular geographic challenges to the delivery of safe and effective cancer care within the region are addressed. |
| 6. RESPONSIBILITIES OF THE POST |
| As Network Clinical Lead, the post holder will:   * Provide clinical leadership to the NCA governance groups * Provide clinical leadership when working with NCA tumour-specific groups, NHS Boards, Operating Divisions and other service providers (voluntary & statutory) to facilitate and drive forward service improvement, ensuring robust clinical governance arrangements are in place.   In conjunction with the Regional Team and others across the north, the post holder will:   * Lead the ongoing development of tumour-specific groups and support the development of national MCNs * Lead objective setting - and assessment of delivery - of the Chairs of the tumour-specific groups/MCNs through a coaching relationship, particularly in delivery of strategic goals and the organisational change agenda * Provide clinical leadership for development of critical infrastructure (such as e-health and audit) to promote robust clinical audit processes, including data collection, analysis and reporting within an agreed national governance framework. * To provide clinical leadership, facilitation and support for development and implementation of new regional models of care * In conjunction with the Regional team, to ensure that a regional approach is taken to planning cancer services in the North of Scotland and that tumour-specific group activity is fully integrated into both local and regional cancer planning * To contribute actively to the Scottish Cancer Taskforce and other relevant local, regional, national and (at times) international groups. * To contribute actively to the communication and reporting of the NCA activities. |

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| 7. KEY RESULT AREAS | | |
| 1. To provide clinical leadership to the North Cancer Alliance to ensure governance and accountability to support the provision of high quality, safe and effective clinical care as part of an agreed set of objectives specific to the postholder. 2. To promote collaboration between the NoS boards with a constant focus on reducing variance, implementing pathways and improved experience for patients with a focus on risk management through the development of strategic plans related to quality assurance and improvement. 3. Take a proactive approach in providing clinical assurance and oversight to the NoS boards that the sub groups are focused on delivery of their plans, ensuring the sub groups have active clinical engagement and involvement in the planning, implementation and performance management of their own tumour specific areas. 4. To take a balanced and informed view to the work of the North Cancer Alliance ensuring an impartial view at all times. 5. Demonstrate and exemplify positive behaviours and attitudes which will support co-operative and partnership working to achieve progress in the redesign and provision of cancer servicesacross the North of Scotland, and in conjunction with partner agencies, deliver the developing vision for high-quality, modern, collaborative services across the NoS. 6. To support new developments and change management within cancer services with an open and innovative approach. 7. To represent and promote the NCA at a national level by contributing to national and regional working groups and initiatives to ensure an appropriately high level of clinical input from, and an appropriate flow of information to and from, the NoS in relation to these activities 8. To work collaboratively and closely across regional infrastructure, testing ideas and approaches with Medical Directors, Executive Director [groups] and the North Director of Regional Planning. | | |
| 8. ASSIGNMENT AND REVIEW OF WORK | | |
| The post holder will work with a high degree of autonomy however will work closely with the Director of Regional Planning and North Medical Director Group.Assignment of work will generally be self-directed, working within agreed objectives. Review will be carried out on an annual basis by the Regional Medical Director, RCAF Chair or nominated deputy (to be confirmed). | | |
| 9. SKILLS AND COMPETENCIES REQUIRED | | |
| * Commitment to patient focus and quality * Clear understanding of the need for, and a commitment to, collaborative working. * Proven ability to influence and manage change within a complex environment. * Flexibility and enthusiasm for working in an open and transparent manner. * Excellent interpersonal skills. * Experience of working with senior management in affecting the development of strategy. * Extensive experience in the improvement, provision and planning of cancer services. * Experience in audit, research and training. | | |
| 10. SESSIONAL COMMITMENT | | |
| The position of Network Clinical Lead will normally be for a period of three years in first instance with the option to extent to 5 years if circumstances permit before re-advert if required. At the end of this period, there must be a formal process of appointment.In accordance with established Board agreements already in place, the position of Network Clinical Lead will normally be awarded 2 sessions (or equivalent), and applicants must have received their HoS/Clinical Managerial approval in advance of their applying for the postPotential candidates should have discussed with their employers how they can incorporate this role into their job plan, and have discussed the impact on their current role and the service, in carrying out this role. | | |
| 11. JOB DESCRIPTION AGREEMENT | | |
| Job Holder’s Signature:  Head of Department Signature: | Date:  Date: | |