West Midlands Radiotherapy Network Oversight Group (NOG)

Terms of Reference

Revision history

Version	Date	Summary of changes
1.00	23/11/2019	Amended by Mark Smith
2.0	12/12/2022	Updated by Gemma Allen
2.1	08.09.2023	Update of Personnel
2.2	13.1.26	Significant re-write, based on the Radiotherapy Network specification and good practice from other RT networks – once approved, this will become v3.0.
3.0	26.1.26	Approved at the January 2026 NOG meeting (with minor amendments)

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1. Purpose

The purpose of these terms of reference is to describe the role, responsibilities, structure, governance and administration of the West Midlands Radiotherapy Network Oversight Group (NOG).

2. Background

The West Midlands Radiotherapy Network (formerly known as the Operational Delivery Network) is established as one of eleven radiotherapy networks covering the geography of England.

The Network is tasked with providing regional system leadership to deliver NHS England's vision and ambitions for the modernisation of radiotherapy services as described in the National Service Specification *Adult External Beam Radiotherapy Services Delivered as Part of a Radiotherapy Network*.

The Network infrastructure is hosted by University Hospitals Coventry and Warwickshire (UHCW) NHS Trust, one of the six constituent providers of radiotherapy within the West Midlands Network. UHCW is responsible for hosting the management function and supporting the overall network functioning, including the establishment and maintenance of the Network Oversight Group (NOG) and any subgroups in order to support and implement change.

The West Midlands Radiotherapy Network includes:

- The Royal Wolverhampton Hospitals (RWT) NHS Trust
- Shrewsbury and Telford Hospital (SaTH) NHS Trust
- University Hospitals Birmingham (UHB) NHS Foundation Trust
- University Hospitals Coventry and Warwickshire (UHCW) NHS Trust
- University Hospitals of North Midlands (UHNM) NHS Trust
- Worcester Acute Hospitals (WAHT) NHS Trust

All providers in the Network must sign a Memorandum of Understanding (MOU) setting out how the Network will function.

Objectives for the RT Network are set out by NHS England:

1. Improve access across the Network to modern, advanced and innovative radiotherapy techniques
2. Improve the experience of care

3. Increase participation in research and clinical trials
4. Reduce variation in quality by adopting standardised best practice protocols
5. Review service provision on a regular basis to ensure optimal access arrangements. This will involve working with ICS's to access system operational capital and undertaking capacity and demand activities locally across the Network.
6. Take action to reduce variation in equipment utilisation, subject to workforce availability
7. Undertake local workforce planning activities, ensuring a joined-up plan that makes the most of the current workforce;
8. Plan and co-ordinate the incorporation of new and innovative technologies into local services – for example, ProKnow and AI solutions;
9. Undertake activities to ensure compliance with national waiting times standards for radiotherapy

3. Responsibilities of the Network Oversight Group (NOG)

Networks are required to have a formally constituted governing body or board (referred to as the 'Network Oversight Group'), which is accountable to the network's commissioners for delivery of an agreed work programme, with a line of sight to all ICBs whose patients use the services of providers within the network.

NOG members are individually and collectively expected to:

- demonstrate their commitment to the Radiotherapy Network by ensuring regular attendance at NOG meetings
- ensure they are briefed by their radiotherapy colleagues prior to attending meetings, and able to represent trust perspectives and give trust updates at meetings
- communicate decisions internally and be accountable for delivering on any actions assigned to them
- hold each other to account for delivery of actions
- promote the RT Network throughout their organisations, and act as an ambassador for the RT Network across the wider system
- act as advisors to the RT Network when troubleshooting any issues that arise
- assist in facilitating delivery of the RT Network workplan internally, especially if issues or barriers to
- release time for clinicians and managers as necessary and if clinical commitments allow
- facilitate closer system working and collaboration across organisations to support the RT Network to deliver the interventions

3.1 Annual Network work plan

The Network Oversight Group will agree an annual workplan with its commissioners (usually through the joint strategic commissioning committee) and ensure that this is shared with the West Midlands Cancer Alliance. This will reflect national, regional and local priorities.

The Network Oversight Group will publish an annual report detailing its activities and delivery against the agreed annual plan.

The NOG will achieve its objectives by:

- supporting a culture of collaboration, sharing learning and best practice with effective communication between the network, provider organisations and other stakeholders
- agreeing an annual work plan and supporting the network team in its delivery
- monitoring progress of the network by regularly reviewing performance
- reviewing and mitigating risks to delivery of the network plan
- establishing subgroups and task and finish groups for the effective conduct of the network's business
- ensuring patient and carer views are at the heart of the network's work
- providing a forum to raise and address concerns relating to service quality, delivery, capacity and outcomes
- holding organisations to account for implementation of board decisions through a defined escalation process

3.2 Risk management

Radiotherapy Networks do not manage risk independently but within a system of national, regional and system level arrangements. Radiotherapy Networks support risk identification, assessment, mitigation; and may facilitate any agreed response. Escalation processes for risks within a system should be clear and explicit, with any quality concerns escalated through agreed systems and regional processes.

The Network Oversight Group will have responsibility for assuring itself on the management of risks associated with the delivery of its annual work plan.

4. Membership

The Network Oversight Group must be chaired by a provider Chief Executive Officer or Executive Director, they must also be a member of a Cancer Alliance Board. The Chair must be appointed from a radiotherapy provider organisation within the network and ideally be drawn, from a different organisation to that of the network's host organisation. There

should be a fair and transparent process for appointing the Chair as set by the network's commissioners.

The Chair will represent the wider cancer system, enabling consensus to be reached across organisational boundaries on the network plan and overseeing the delivery of the work programme.

The Network Oversight Group should include a senior representative (preferably at COO level, but at deputy COO or Director of Operations or equivalent level) from the six provider members – known as 'provider decision-makers'; and other relevant stakeholders, including patient representatives and third sector organisations.

The wider membership of the Network Oversight Group will comprise:

- Professional lead for Radiotherapy Physics (elected from their peers)
- Professional lead for Therapeutic Radiography (elected from their peers)
- Professional lead for Clinical Oncology (elected from their peers)
- A representative from West Midlands Cancer Alliances
- A patient representative
- The Chair of the Radiotherapy Expert Advisory Group (EAG)
- The RT Network Manager
- The RT Network Clinical Lead

Organisations can send deputies by exception. Deputies should be organised by the standing members, and details should be communicated to the RT Network administrator at the time of sending apologies.

These deputies must have delegated authority to contribute to any decisions being made on behalf of each provider organisation.

Attendance will be logged and organisations should not send deputies to more than one meeting each financial year.

Current membership of the group is appended to this document in Appendix 1.

The Network Host and Chair have been appointed by NHS England, and there is no fixed term period for these.

Professional lead representatives are elected by peers for a period of 3 years.

At the chair's discretion, other individuals can be invited to attend on specific agenda items.

5. Quoracy

For recommendations or significant decisions to be made by the NOG, the meeting must be quorate, i.e. all provider Trusts should be represented by at least one member or designated deputy.

Quorum will be achieved when at least four Provider Decision-Makers (or their deputies) and three Specialist Leads (or deputies) are present for meetings.

In the event of insufficient attendance to be quorate, the remaining members may choose to adjourn the meeting or to continue the meeting and ratify the decisions at the next meeting.

In order to ensure decisions are not delayed, the Chair can consult the absent trust/s in between meetings and ratify decisions on the basis of their consent outside of meetings.

The final judgment on whether the meeting is quorate, or whether a decision requires a quorum, will reside with the Chair.

6. Administration of Meetings

The NOG will meet every three months. The Chair of the meeting may convene additional meetings as necessary.

If, in exceptional circumstances, the Chair is unable to attend a planned meeting of the NOG, they will nominate an acting chair for that meeting from the provider decision makers. If the Chair is not able to nominate an acting chair in advance of the meeting, the provider decision makers in attendance at the meeting will nominate one of their number to act as chair. In either circumstance, the acting chair should not normally be the provider decision maker of the Network Host trust.

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the item under discussion has been concluded. All declarations of interest will be recorded in the minutes.

Board decisions will be made following due consideration by consensus where possible. In the event of a consensus not being reached a majority decision will be sought.

Administrative support for the meetings will be provided by the network management team. Papers for each meeting will be circulated no less than seven working days prior to the meeting. Formal minutes will be taken and circulated in draft form within 14 working days of each meeting.

There will be no provision of funding for time or travel for members, except travel expenses for lay members, which will be reimbursed from the ODN budget.

The Chair of the NOG, through the network manager, shall report to the regional specialised commissioning team through the locally established arrangements. This will include submission of agreed formal work programmes and annual reports, and other written reports and details of any significant matters under consideration.

Members of the board may have access to confidential information about patients, staff or other health service material or information. This must not be shared with anyone other than authorised NHS personnel involved with the network board and its work. Any requests for information of this nature should be referred to the network board chair.

7. Reporting

Governance arrangements must provide clear accountability to commissioners at system level (with links to all relevant ICSs) and region as appropriate for both network delivery and commissioning responsibilities.

Appendix 2 sets out the reporting arrangements for January 2026 onwards.

8. Review of terms of reference

These Terms of Reference will be reviewed and updated every 3 years (or sooner if required).

9. Related documents

Title	Owner	Location
Operational Delivery Networks for Adult External Beam Radiotherapy Services (170092S)	NHS England	https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-b/b01/

Adult External Beam Radiotherapy Services Delivered as Part of a Radiotherapy Network (170091S)	NHS England	https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-b/b01/
Radiotherapy Clinical Network Specification (draft July 2023)	NHS England	

Appendix 1: Radiotherapy Network members as at January 2026]]

Network Oversight Group (NOG) Chair
Ned Hobbs, Chief Operating Officer, SaTH

'Provider decision-maker' representatives

Trust	Rep	Deputy	COO
RWT	Louise Jones Group manager - oncology	tbc	Kate Shaw
SaTH	Anna Martin Divisional Director	Emma Weaver Deputy Divisional Director	Ned Hobbs
UHB	Karen Hope Associate Director of Operations	Rosemary Simmons RT service manager	Iain Pickles/ Sally Austin
UHCW	Sarah Moulton Group Director of Operations	Andrew Szuszman Deputy Group Director of Operations	Kara Maitra
UHNM	tbc	tbc	Katy Thorpe
WAH	Helen Jarvie Director of Operations	Kate Winwood Deputy Director of Operations	Chris Douglas

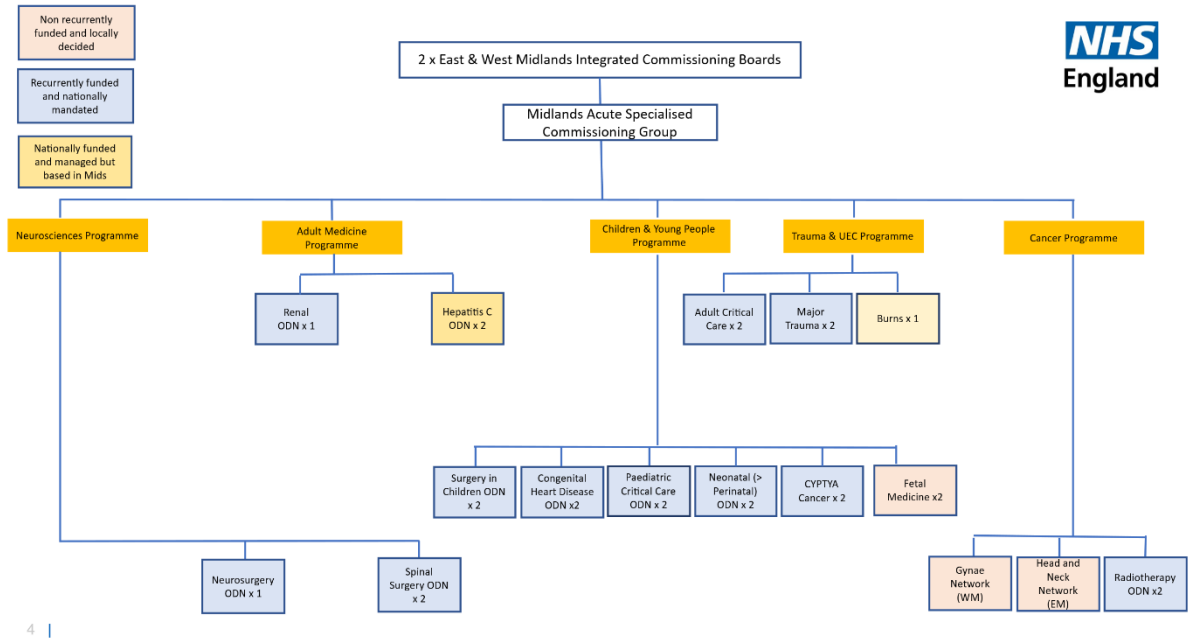
Professional representatives
Dr Bart Kurec, Clinical oncologist, WAH
Stephen West, Radiotherapy Service manager, UHCW (deputy - Claire Bode, WAH)
Gareth Webster, Head of physics, WAH (deputy – Gareth Baugh, UHCW)

Expert Advisory Group Chair (deputy chair)
Claire Bode, RT service manager, WAH (deputy - Melissa Cowell, RT service manager, RWT)

Patient representative – one from:
Peter Buckle; Su Jenkins; Keith Tadd

West Midlands Cancer Alliance representative
Kay Patel, Programme manager, WMCA

Specialised commissioner
Laura Morris, specialised commissioner, NHS England

Radiotherapy Network team
Dr Paul Sanghera, RT Network Clinical Lead
Patricia Barnett, RT Network manager

Appendix 2: Radiotherapy Network Governance Structure