

DORSET INTEGRATED CARE SYSTEM

CLINICAL REFERENCE GROUP

TERMS OF REFERENCE

1. CONSTITUTION

1.1 The Clinical Reference Group (the Group) is established by the Dorset Integrated Care System ("ICS") to provide a forum for clinical leadership and input into the ICS's work. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Group.

1.2 The terms of reference shall be reviewed by the System Leadership Team (SLT), and any resulting changes to the terms of reference or membership of the Group shall be approved by the SLT.

2. MEMBERSHIP

2.1 Members of the Group shall be appointed on behalf of the system by the SLT. Membership of the Group shall be automatic and shall not require separate appointment by the SLT for those holding the following roles within the System:

- Dorset CCG Chair;
- ICS Clinical Lead;
- Medical Director (or equivalent) of each NHS Trust that provides services in Dorset;
- GP Clinical Leads;
- Directors of Nursing of each NHS Trust that provides services in Dorset;
- Dorset CCG Director of Nursing and Quality;
- Director of Public Health;
- Dorset CCG Chief Executive (ICS Lead);
- Dorset CCG Chief Finance Officer;
- Chief Transformation Officer;
- Local Authority Leads

2.2 A quorum shall be one third of the total number of the members and the Chair including at least one CCG member and one non-CCG member.

3. ATTENDANCE

3.1 The Group can request the attendance of any organisation within the system as required.

3.2 The Dorset Clinical Commissioning Group will service the Group.

4. FREQUENCY

4.1 The Group shall meet a minimum of four times per year, but will meet more often, as required. Meetings will not be held in public.

5. AUTHORITY

5.1 The Group is authorised by the system to consider and make recommendations on matters within its remit to the SLT.

5.2 Where individual members of the Group have delegated decision-making powers on behalf of their organisation they may make decisions during meetings of the Group provided that they comply with the scope of any delegation. Where a matter for determination falls outside the scope of the individual's delegated decision-making powers then it will be referred back to the relevant organisation for a decision.

6. REMIT AND FUNCTION

6.1 The remit and function of the Group are to:

6.1.1 Support the system in developing and implementing its vision and strategic direction through:

- Developing and recommending Clinical Commissioning standards to support evidence-based commissioning decisions within the ICS;
- Recommending short, medium and long term clinical direction and vision within the ICS;
- Provide clinical leadership to inform ICS strategy;
- Consider national and local policy to inform strategic direction and local implementation within the ICS;
- Inform regional thinking and policy from a clinical perspective;
- Promote patient and public involvement and local community engagement and partnership working;
- Facilitate succession planning for wider clinical leadership.

6.1.2 Support Dorset CCG in commissioning and the Dorset system in delivering, a comprehensive and equitable range of high quality, efficient and responsive services within allocated resources by:

- Providing a clinical perspective to help inform decision making and determine reports and business cases received from RightCare and cross cutting programmes as part of this process;
- Supporting annual priority setting as set out in the strategic planning framework and then making recommendations to the SLT and for information to member organisations;
- Supporting clinical reviews to enable scrutiny of service quality, effectiveness and safety across the ICS and advising the SLT;
- Defining the ICS risk appetite for innovation and transformation reputation to the ICS Risk Register and agreeing those risks for inclusion on the ICS Risk Register and the management and escalation of risks as appropriate;
- Providing clinical input into and assessment of proposed commissioning outcomes.

6.1.3 Support partnership working through:

- Supporting and promoting joint planning and commissioning, with other SLT members and the voluntary and independent sectors;
- Assisting, from a clinical perspective, with the resolution of conflicts between providers of service;
- Maintaining effective communications and engagement with front-line health care professionals.

6.1.4 The Clinical Reference Group is accountable and responsible for the process and formal consideration (and therefore approval/rejection) of each system Quality Impact Assessment (QIA) as outlined in the procedure for the undertaking of [System Quality Impact Assessments](#).

7. REPORTING

- 7.1 Minutes of each meeting will be recorded and shall be submitted to the SLT at its next meeting after those minutes have been formally approved by the Chair.
- 7.2 Individual members with delegated decision-making authority are responsible for reporting to their organisation as per the terms of the delegation in question.
- 7.3 The group will report to the SLT annually on its work.

8. CONFLICTS OF INTEREST

- 8.1 Each member is expected to comply with the requirements of their organisation's conflicts of interest policy and to declare any actual or potential conflicts of interest at all meetings of the group.

Noted by CRG: 08/08/2019

Noted by the SLT : 22/08/2019

Noted by Dorset CCG Governing Body: 18/09/2019

Date of Review: To be reviewed annually

Dorset Quality Surveillance Group

TERMS OF REFERENCE

March 2020

1. Purpose

1.1 The purpose of the Quality Surveillance Group (QSG) is to:

- * provide assurance and improvement;
- * create a culture of support, collective leadership, mutual holding to account and challenge;
- * systematically bring together the different parts of the system to share information.

The QSG will be a proactive forum for collaboration, providing:

- * a shared view of risks to quality through sharing intelligence;
- * a mechanism of identifying risks to quality and opportunities for improvement about poor quality;
- * opportunities to coordinate actions to drive improvement, respecting statutory responsibilities of and ongoing operational liaison between organisations
- * and
- * to identify and share best practice across the system.

The QSG will provide assurance to:

- * NHSE/I – that there is robust oversight on quality and safety across the system;
- * CCG Governing Body and sub-committees - that there is robust oversight on quality and safety across the system and that the CCG is fulfilling its statutory duties;

2. Objectives

2.1 The QSG will collectively consider and triangulate information and intelligence to safeguard the quality of care. In particular, the QSG will consider:

- what the data and emerging intelligence is indicating about where there might be concerns regarding the quality of services;
- where the QSG is most worried about the quality of services;
- whether further action is required to address concerns, or collect further information;
- where is there a lack of information and so a need for further consideration and/or information gathering and
- create a system approach to quality improvement.

3. Scope

- 3.1 The QSG will be primarily concerned with providers of health and care for Dorset people.
- 3.2 The QSG does not have executive powers and will not:
- performance manage any organisation;
 - replace the statutory roles of constituent organisations;
 - substitute the need for individual organisations to act promptly when pressing concerns become apparent.

4. Membership

- 4.1 The core membership of the QSG will include representation from the following or their designate:

Organisation	Role
NHSE/I	Director of Nursing Medical Director Specialised Commissioning Lead
NHS Dorset CCG	Director of Nursing and Quality Deputy Director of Nursing and Quality Head of Nursing (Patient Safety) Head of Nursing (Quality Assurance) Head of Nursing (Safeguarding)
Healthwatch	Nominated Representative
Lay Member	Nominated Representative
CQC	Acute Hospitals Primary and Community Care Adult Social Care
Bournemouth Christchurch and Poole Council	Director, Adult Social Care Commissioning Director, Children's Services
Dorset Council	Director, Adult Social Care Commissioning Director, Children's Services
Public Health Dorset	Consultant in Public Health
Health Education England	Nominated Representative
Primary Care representative	GP
Dorset County Hospital NHS FT	Director of Nursing & Quality
Dorset HealthCare University FT	Director of Nursing
Poole Hospital NHS FT	Director of Nursing & Quality
Royal Bournemouth and Christchurch Hospitals	Director of Nursing & Quality,
South Western Ambulance Service NHS FT	Director of Nursing & Quality

5. Quoracy

5.1 Quoracy is not an issue for the majority of QSG business which is based on sharing and discussing information and intelligence.

6. Working Arrangements

6.1 The QSG will meet bi-monthly. A review of frequency will be undertaken annually.

NHS Dorset will be responsible for:

- providing facilities and technology to support the effective operation of the QSG
- Co-ordinating meeting agendas and papers;
- Providing minutes of the discussions and agreed actions, which will be shared with the group;
- Maintaining appropriate records of key issues raised, outcome of discussion and date resolved which will be referred to in meetings but not widely shared.

6.2 To maintain these records, agreement of the appropriate action following discussion will result in the following categories being used in the log:

QSG Surveillance Levels

Level	What does this mean? What is the assessment of risks to quality?	What actions may be taken by the QSG in response to this assessment?
Routine	No specific concerns identified	Schedule for routine discussion as part of QSG business cycle
Further information required	Potential for concern. More information required to determine the level of risk	Agree who will follow up to gain necessary information to assess risk
Enhanced	Quality concerns identified	Agree actions, and schedule for discussion at each QSG meeting until concerns are resolved
Risk Summit	Serious, specific risk to quality identified, including where there is a need to act rapidly to protect patients or staff	Trigger Risk Summit process

Reporting

- 6.3 NHS Dorset CCG will also provide reports and updates as required for the South of England regional Quality Surveillance Group and System Leadership team.
- 6.4 All parties will be responsible for bringing concerns to QSG for transparent discussion.
- 6.5 All parties will be responsible for following up actions and concerns within their sphere of accountability.
- 6.6 When the group agree an issue is of sufficient concern to require actions beyond these local steps the group shall make reference to the potential triggers in the NQB Publication "How to Organise and Run a Risk Summit". Should the group agree a Risk Summit is warranted, Dorset CCG shall request the Regional Chief Nurse convenes and chairs the summit.

7. Transparency

- 7.1 Dorset CCG wishes to be as open and transparent as possible as part of their routine reporting so that those with an interest, understand the groups business as far as possible. NHS Dorset and NHS England will therefore publish on their section of their websites:
 - a **statement of intent** setting out the aim of the Dorset QSG and highlighting:
 - * the importance of improving public understanding of the work of QSGs;
 - * the need for the public to have confidence in the NHS; and
 - * that while the QSG will publish what information it can, its strength is in creating a safe space for commissioners to share concerns.
 - a **publication scheme** setting out that the QSG will routinely publish, and including:
 - * meeting dates and themes for discussion;
 - * agendas;
 - * attendees.
- 7.2 Consideration will be given to the publication of proactive and reactive statements when discussions lead to concerns being substantiated and appropriate action taken e.g. when a risk summit is convened.

Roles and Responsibilities

- 7.3 The ability to maintain confidentiality is essential to ensure the group maintains a high trust environment where there can be open and honest conversations about quality. The Quality Surveillance Group will at times consider information and intelligence that requires validation, may on rare occasions be patient identifiable or, due to its sensitivity, require a particular handling strategy.

- 7.4 The Quality Surveillance Group will therefore always seek to clarify for members, discussions which need to remain confidential. Minutes will not record the detail of confidential information disclosed but must necessarily record topics and outcomes as a minimum.
- 7.5 Information, data and papers shared with members is for the sole purpose of the running of the group and should not be used for other purposes or shared beyond the group without explicit agreement of the owner of the information. Information will at all times be processed in accordance with the requirements of the Data Protection Act and NHS England Information Governance policy.
- 7.6 Freedom of information requests for information relating to the QSG should be coordinated by Dorset CCG who will work with the originators of the information to ensure responses are complete and within the spirit of the act, while minimising release of inappropriate confidential and sensitive material.

Ratified at Dorset CCG Governing Body:

Review: