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Black Country & West Birmingham Clinical Reference Group

Terms of Reference – Version D2.0

AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY
D1.0	12 April 2017	Governance T&F group proposed TOR template
D1.0	20 April 2017	Joint Committee
D2.0		
D2.0		

REVIEWERS

This document has been reviewed by:

NAME	DATE	TITLE/RESPONSIBILITY	VERSION

APPROVALS

This document has been approved by:

VERSION	BOARD/COMMITTEE	DATE

Black Country & West Birmingham Clinical Reference Group Terms of Reference

1. Introduction & Purpose

- 1.1 The Black Country & West Birmingham Clinical Reference Group (CRG) is established as a sub-committee to the Black Country and West Birmingham Commissioning Board Joint Committee.
- 1.2 The purpose of the CRG is to bring together the clinical leaders from the Black Country and West Birmingham to make recommendations on clinical service reviews and assuring quality proposals in line with the Sustainable Transformation Plan to the Joint Committee. There is a national expectation that together the STP partners will identify the clinical leaders for certain agendas. The CRG will be best placed therefore set out who should be part of the CRG to represent the STP on a number of national and local programmes of work; these include emergency & urgent care, Elective & RTT, cancer, mental health, GP Five year forward view and Maternity.
- 1.3 Currently the STP has no formal authority or governance and the CRG will provide a basis for a coordinated clinical opinion for the Joint Committee to consider.
- 1.5 It is a committee comprising representatives of the following organisations:
- NHS Wolverhampton CCG,
 - NHS Sandwell & West Birmingham CCG,
 - NHS Dudley CCG
 - NHS Walsall CCG
 - Dudley Metropolitan Borough Council
 - Sandwell Metropolitan Borough Council
 - Walsall Metropolitan Borough Council
 - Wolverhampton City Council
 - Birmingham City Council
 - Dudley Group NHS Foundation Trust
 - Sandwell & West Birmingham Hospitals NHS Trust
 - Walsall Healthcare NHS Trust
 - Black Country Partnership NHS Foundation Trust
 - Royal Wolverhampton NHS Trust
 - Birmingham Community Healthcare NHS Foundation Trust
 - Black Country Partnership NHS Foundation Trust
 - Dudley & Walsall Mental Health Partnership NHS Trust
 - West Midlands Ambulance Service NHS Foundation Trust
- 1.6 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the CRG

2. Membership

- 2.1 Each member of the Committee as defined in paragraph 2.2 shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary.
- 2.2 The voting membership will include:
A clinical representative from each of the representative organizations listed in 1.5
Clinical leads for priority areas for clinical service review (who may be derived from the clinical representatives) including: Cancer, Mental Health, Elective pathways, Urgent and Emergency Care, Maternity, Primary Care
- 2.3 The Chair of the CRG will be a CCG clinical chair.

- 2.4 The Vice Chair of the CRG will be nominated from the membership of the CRG.
- 2.5 Other representation that will normally be in attendance (members but non-voting) will include:

- LMC representative
- Programme Manager
- Communications lead
- Administrative support

- 2.6 Governing Body elected GPs, Clinical Executives, NHS England representation, other GP members or employees of the CCG (not already listed in the membership) may be asked to attend the committee for the purposes of specific agenda items. This will be in an advisory and non-voting capacity. NHS England's National Statutory Guidance on "Managing Conflicts of Interest" will be observed and complied with at all times.

3. Administrative Support

- 3.1 The Chair of the CRG will be responsible for arranging administrative support for meetings of the Committee. This will include circulating the agenda and papers for the meeting five clear working days in advance of the meeting, taking minutes and actions of the meeting.
- 3.2 The Programme Manager shall be responsible for supporting the Chair in the management of the Committee's business and for drawing members' attention to best practice, national guidance and other relevant documents as appropriate.

4. Quorum

- 4.1 A meeting of the CRG will be quorate provided there is at least one voting representative from each of the four boroughs (be that from a CCG, Council or provider)

5. Frequency of meetings

- 5.1 The CRG will formally meet on a monthly basis. There may be a need for the Committee to meet informally from time to time. Any informal meetings will support the work of the Committee and will have no delegated decision-making authority.

6. Remit Duties and Responsibilities

- To develop the clinical strategy to inform commissioning of services across the Black Country and West Birmingham
- To provide robust clinical assurance to each transformation group and workstream, supported by patient engagement
- To employ an evidence based methodology developed by the West Midlands Clinical senate
- To complement evidence for any external assurance processes that may be required for aspects of our plan from time to time
- To identify areas of best practice in the Black Country and West Birmingham and beyond which can inform the standardization of care and quality both in localities and across hospital providers
- To facilitate the development by commissioners, with providers, of consistent pathways and models of care across all care setting and locations
- To ensure the delivery of standardised enablers including common workforce competencies (especially in new roles); shared care records and other technology supportive of better care and self-management; and a common interface between health and social care across the BC&WB to reduce duplication, facilitate repatriation and reduce delayed transfers of care.

To focus on clinical areas with particular challenge or opportunity and
To support the promotion of prevention activities in all setting and facilitate patient activation
and engagement

7. Managing Conflicts of Interest

- 7.1 Conflicts of interest are a common and sometimes unavoidable part of the delivery of healthcare. The CRG is required to manage any conflicts of interest through a transparent and robust system. Members of the CRG are encouraged to be open and honest in identifying any potential conflicts during the meeting. The Chair of the Committee will be provided with the latest Declaration of Interest register at each meeting and will be required to recognise any potential conflicts that may arise from themselves or a member of the meeting.
- 7.2 It is imperative that members ensure complete transparency in any decision-making processes through robust record-keeping. If any conflicts of interest are declared or otherwise arise in a meeting, the chair must ensure the following information is recorded in the minutes; who has the interest, the nature of the interest and why it give rise to a conflict; the items on the agenda to which the interest relates; how the conflict was agreed to be managed and evidence that the conflict was managed as intended.

8. Relationship with Joint Committee

- 8.1 The CRG is accountable to the Joint Committee
- 8.2 The Joint Committee will receive a written summary of the key matters covered by the CRG.

9. Review of CRG Effectiveness

- 9.1 The CRG will annually self-assess and report to the Joint Committee on its performance in the delivery of its objectives.
- 9.2 The CRG's terms of reference and duties will be reviewed annually to ensure that the Committee reflects any changes as the STP develops.
- 9.3 Any changes to the terms of reference will be approved by the Joint Committee