

MSK Inpatient Workstream Group

TERMS OF REFERENCE

MAY 2021

Document History					
Date of issue	Version no	Next review date	Date approved	Responsible for Change	Nature of change
25/5/21	1.0	2/6/21	2/6/21	Serena Davis	Update
2/6/21	1.1	15/6/21		Serena Davis	Update

1.0 PURPOSE

The purpose of the MSK Workstream Group is to lead on the Inpatient Orthopaedics aspects of the MSK programme in Dorset.

- 1.0 Appendix 1 shows the full governance structure for the MSK Steering Group.
- 1.1 Appendix 2 shows the breakdown of the meeting structure within the MSK programme.

2.0 RESPONSIBILITIES

- Informing, delivery and reporting on the progress of Inpatient Orthopaedic workstream to give oversight to the MSK steering group.
- Monitor progress on a monthly basis to ensure the successful planning and execution of the Implementation Plan, using exception reporting and milestone and gateway controls.
- Monitor performance of provider organisations and the delivery of the Inpatient Orthopaedic workstream across the system.
- Review risk and issue logs on a monthly basis and have in place an escalation mechanism which is cross-organisational.
- Review MSK Data, patient flows and patient feedback across the system and act as appropriate.
- Promote effective dialogue between provider organisation, primary and community care networks and the patient reference group.
- Ensure that appropriate links are made with other key elements of commissioning strategy and that interdependencies with other planning processes are managed effectively.

3.0 GOVERNANCE, MEMBERSHIP AND ROLES

3.1 The core membership of the Inpatient Orthopaedic Workstream Group will consist of senior leadership, managers and clinicians within Dorset ICS:

- NHS Dorset CCG
- Dorset County Hospital NHS Foundation Trust
- University Hospitals Dorset NHS Foundation Trust
- Dorset Healthcare University NHS Foundation Trust
- Patient representative

3.2 At the discretion of the Group, other individuals may be invited to attend where they have the relevant skills or expertise to deal with the business on the agenda or to carry out specific activities.

3.3 Where a regular member is unable to attend, they should nominate a deputy to attend in their place provided this is agreed in advance with the Chair.

3.4 Representation from the independent sector will be on an 'as required' basis.

3.5 The core membership is as follows:

Name	Role	Organisation
Paul Pavlou	Inpatients Orthopaedics workstream Chair	University Hospitals Dorset
Colin Senior	Clinical Lead (Deputy Inpatients Orthopaedics workstream Chair)	Dorset County Hospital
John West	General Manager Trauma & Orthopaedics	University Hospitals Dorset
Carol O'Mahony	Service Manager Trauma & Orthopaedics	Dorset County Hospital
Kirsty Sobreira	Acting Service Manager	University Hospitals Dorset
Serena Davis	Principal Programme Lead	Dorset CCG
TBC	Patient representative	
TBC	Patient representative	
Optional		
Christian Verrinder	Referral, triage, outpatients and long-term conditions workstream chair	MSK GP Clinical Lead / NHS Dorset CCG
TBC	Anaesthetics lead	
TBC	Rehabilitation leads	
TBC	ICP representative	
TBC	Out of area peer input e.g. GIRFT Lead	

Roles and responsibilities of Working Group members:

- To fulfil responsibilities in such a manner that respects each organisation's statutory roles and responsibilities; but proactively seek to engender partnership working.
- Through openness and transparency to maximise the wider benefit of joint working for the patients and public.

- To seek to reach consensus opinions within the steering group wherever practicable and to consider matters from the perspective of the patients and the public and not organisational self-interest.

4.0 QUOROM

- 4.1 A quorum necessary for the group to meet shall be the Chair and at least one representative from each of ICS Providers.
- 4.3 It is the responsibility of members attending the MSK Workstream Group to identify a representative if they are unable to attend.

5.0 FREQUENCY AND MANAGEMENT OF MEETINGS

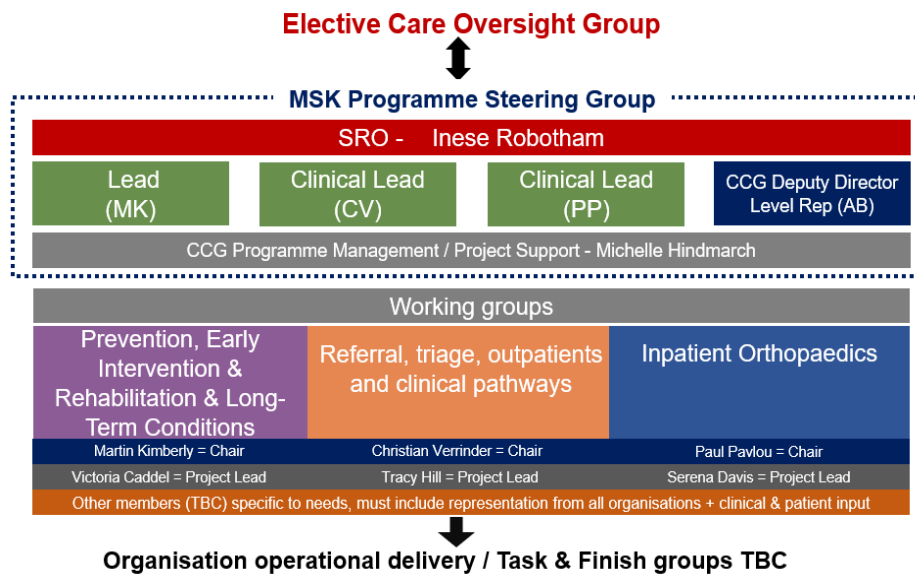
- 5.1 The MSK Workstream Group will meet on a monthly basis and all papers circulated electronically.
- 5.2 The agenda will be distributed no less than four working days in advance of a meeting.
- 5.3 A highlight report including programme of work/forward planner, an action log and a risk and issue log will be updated for each meeting.
- 5.4 If separate papers require circulation, these should, wherever possible, be issued with the agenda along with the notes recorded of the last meeting.
- 5.5 Any items to be raised under Any Other Business must be given to the Chair at the start of the meeting.
- 5.7 Key decisions and actions will be recorded and circulated within five working days of the meeting.
- 5.8 Administration of the programme documentation will be held in Celoxis.

6. REVIEW

- 6.1 The Terms of Reference will be reviewed annually and/or when changes occur that will impact on the role and function of the MSK Workstream Group.

APPENDIX 1

MSK Governance Structure



APPENDIX 2

The highlight reports are completed on Celoxis and then circulated to the relevant meetings as defined below: -

