


Terms of Reference

Diagnosics is Scotland Strategic Group (DiSSG) 2020-21



*National
Services
Division
(NSD)*

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Contact:	Diane Taylor (0131 275 7663)
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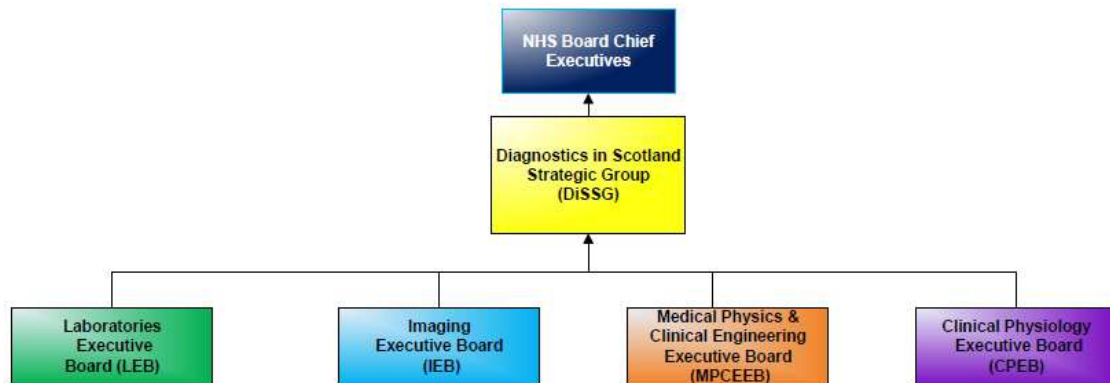
Revision History

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2.3	20/08/21	Updated hierarchy diagrams	Diane Taylor
2.4	05/10/21	Updated membership	Liz Blackman

Terms of Reference

1. Governance Structure

The governance structure for the Diagnostics in Scotland Strategic Group (DiSSG) is set out below:



See Appendix B for a more detailed hierarchal diagram

2. Purpose and Remit of the Board

The purpose of the Diagnostics in Scotland Strategic Group will be to ensure the continued coherent development and delivery of high quality diagnostic services; taking into account the strategic direction set by the Health and Social Care Delivery Plan and the National Clinical Strategy, in particular the effective and safe quality ambitions:

'The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, with no wasteful or harmful variation.'

'No avoidable injury or harm to people from the healthcare they receive, and that they are cared for in an appropriate, clean and safe environment at all times.'

The group is accountable for overseeing the delivery of relevant transformation programmes. The group is ultimately responsible for ensuring that the programmes achieve the required outcomes and the benefits for diagnostic services as a whole in Scotland are realised.

3. Roles and Responsibilities of Group

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3.1 Chair

Mr Jeff Ace, Chief Executive NHS Dumfries and Galloway.

3.2 Secretariat

Secretariat will be provided by the National Network Management Service, part of the National Screening and Specialist Services Division of NHS NSS.

3.3 Roles and Responsibilities of Group

The Diagnostics in Scotland Strategic Group will agree and own the vision for diagnostic services in Scotland. This will include responsibility for:

1. Overseeing the development and implementation of a national blueprint for laboratories and a future service model for Scotland which aligns to the emerging regional and national Health and Social Care Delivery Plan priorities, and follows the principles set out in the National Clinical Strategy.
2. Overseeing the ongoing development and implementation of the radiology transformation programme, ensuring the programme continues to deliver against its objectives to implement a sustainable and equitable service model.
3. Acting as escalation point for the programmes constituent projects, including approving and regularly reviewing implementation priorities, providing a focus on programme delivery to drive the pace of change, and requesting clinical expertise and assurance from the Executive Boards.
4. Approving scope for future projects and priorities (where this is outwith or additional to that already approved); aligning national and regional plans for transformational change.
5. Advising NHS Board Chief Executives and SGHSCD on the strategic direction, planning and delivery of value based diagnostic services across NHS Scotland, taking account of relevant national and international evidence and advice as appropriate from relevant bodies/groups to ensure the continued coherent development of high quality diagnostic services. This will involve providing advice on:-
 - a) The appropriate use of diagnostics, including new tests
 - b) Investment in diagnostics that optimise clinical and cost effectiveness for the benefit of patients
 - c) Supporting the implementation of national strategy for strands of healthcare science delivery, relevant to diagnostics
 - d) The range of diagnostic processes that GPs can provide cost and clinically effectively in primary care and those GPs can access directly in secondary care
 - e) Cost and clinically effective diagnostic element of care pathways
 - f) The development of robust and equitable referral protocols for diagnostic testing in secondary care
 - g) In partnership with NHS Healthcare Improvement Scotland (HIS) – in particular Scottish Health Technology Group and Scottish Medicines Consortium - advise on which diagnostic tests / processes are cost effective and should be routinely available in NHS Scotland, including developing clear processes to provide advice on companion diagnostics.

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6. Approving recommendations on the data requirements for operational management and strategic planning of diagnostic services to ensure they are fit for purpose, practical and cost effective. This will include:-
 - a) Ongoing development of data marts
 - b) Ensuring robust benchmarking data are available and utilised to enable NHS boards improve quality, productivity and efficiency
7. Making recommendations on workforce development and planning, and work in partnership with Scottish Government policy and NHS NES on educational requirements and provision
8. Approving the annual workplans of National Managed Diagnostic Networks.
9. Acting as escalation point for risks and issues related to diagnostic services.

4. Membership

Name	Role
Mr Jeff Ace (Chair)	Chief Executive
Ms Donna Galloway	Executive Group Laboratories Representative
Mr Michael Conroy / Mr Clinton Heseltine	Executive Group Imaging Representative(s)
Prof Andrew Reilly	Executive Group Medical Physics Representative
Mr Adrian Carragher	Executive Group Physiology Representative
Mr Boyd Peters	NHS Board Medical Director
Mr Andrew Bone	NHS Board Finance Director
N/A	NHS Board eHealth Lead
Dr David Stirling	Director of Healthcare Science
Mr Michael Lockhart	Consultant Microbiologist
Mrs Susan Walker	Partnership Representative
Ms Roseanne McDonald	National Planning Board Representative
Mr Jim Cannon	Regional Planning Representative
Ms Catherine Ross	Chief Healthcare Science Officer
Ms Carolyn McDonald	Chief Healthcare Science Officer
Mrs Sarah Ogilvie	Policy Lead – Strategic Planning and Clinical Priorities Team
Mr Jonathan Cameron	Policy Lead – Digital Health and Care Team
Ms Susi Buchanan	Specialist Service and Commissioning, NSD Director
Mrs Liz Blackman	Senior Programme Manager, MDN's
Mrs Jill Patte	Programme Director, SRTP
Dr Hamish McRitchie	Clinical Director, SRTP

5. Frequency of meetings

Meetings will take place approximately every 12 weeks, or as required. Meetings will be well time-tabled in advance.

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6. Conduct of meetings

Agenda items/papers to be submitted to the secretariat not less than 10 working days before each meeting, to enable Agenda Planning. Items of urgent business arising after this time will be accommodated with the agreement of the meeting.

Meetings will be formal with an agenda, previous meeting minutes, action log and other appropriate documentation for the meeting taking place circulated one week prior to the meeting via email.

Items agreed and actions to take place will be clearly documented within the minutes and action log by the Secretariat. The minutes and action log will be approved by the Chair prior to circulation, and circulation will occur within 5 working days of the meeting. Formal sign off of the minutes and action log will be achieved at each subsequent Group meeting. Once formal sign off has been achieved, minutes will be uploaded onto the DiSSG website.

7. Reporting

Reporting to NHS Board Chief Executives.

The DiSSG is directly accountable to Chief Executives with a clear route to the new National Planning Board to support key planning decisions and a link to the Enabling Technology Board.

8. Quorum

There will be an expectation for members to attend meetings or send a named deputy who can make decisions on their behalf.

The DiSSG will be considered to be quorate if eight members are in attendance. In meetings at which a quorum is present, any motions will be adopted on a simple majority basis.

A meeting which starts with a quorum present will be deemed to have a continuing quorum should members depart, although the remaining members may choose to adjourn the meeting. Should the meeting continue, any decisions agreed after the loss of quorum would be subject to ratification at the next meeting

9. Voting

In meetings at which a quorum is present, any motions will be adopted on a simple majority basis. In the case of a tie vote, the Group Chair has the deciding vote.

10. Meeting location

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The location of the meetings will be chosen by the members of the Group. Appropriate technology solutions will be made available, such as videoconferencing and MS Teams.

11. Involvement and Engagement

The Board is responsible for ensuring that appropriate involvement and engagement takes place. This includes public, patient and service user involvement informing key pieces of work as required.

12. Terms of Reference Review

The Group will review its Terms of Reference on an annual basis. Next review due June 2021.

Terms of Reference Agreed: DiSSG

Date: 3rd July 2020 (Membership updated 5th October 2021)

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Appendix A: Decision Making

The following diagram outlines how it is anticipated escalation will work within the new structure, including some worked examples.

Group	Topic	Examples
Diagnostics in Scotland Strategic Group	Approve Business Cases prior to submission to major groups	Business Cases for CEs, DoFs, SG
	Approve major deviations from agreed work plans	Approve a new workstream, agree cessation of a pre-agreed workstream
	Escalation point for Executive Groups	Where there is: <ul style="list-style-type: none"> • Difficulty progressing agreed action and this cannot be resolved by the relevant Executive Group • Significant impact on agreed deliverables • Major implication for the patient experience • The predicted impact of the risk is above 20
	Approve and progress guidance from Executive Groups on appropriate testing and imaging interventions	<ul style="list-style-type: none"> • Appropriate tests or imaging interventions to be undertaken • Advice on introduction of new tests • Appropriate test requestors
Executive Groups	Escalation point for programmes/networks	Where there is difficulty progressing agreed action
	Manage spending within set tolerance levels for programmes	Flexing spend across programmes as required to meet emerging needs, viring additional budget within pre-agreed limits
	Management of risk within agreed limits	Programmes and networks will highlight risks with a rating above 12 for oversight of risk management plans
	Making recommendations for operational management and strategic planning of diagnostic services based on data provided. Ensuring data work will meet operational and strategic requirements.	<ul style="list-style-type: none"> • Benchmarking, datamarts. • Work delegated to programmes and networks for action • Atlas of Variation

Appendix B: Hierarchical Diagram

