OSCAR Toolkit and Assurance Process.

Version	Author	Approved	Review date
First version	Nicki Hollingsworth (OSCAR Lead)	March 2017	March 2018
2nd Version	Kathryn Brown	July 2018 (IGC WCCG)	January 2019

Contents

1.0 Introduction:

This toolkit has been compiled as a resource for clinicians to support and manage the development of a new OSCAR clinical pathway as well as the process for reviewing and updating the current pathway. It provides detailed guidance on how to create a pathway as well as explaining the assurance and governance processes. This is to ensure there is a clear and robust structured assurance process in place to safeguard patient care when using the pathways.

2.0 OSCAR

There is now a provision of locally developed clinical guidelines (care pathways) hosted within a single point of access known as OSCAR, (Online Support and Clinical Advice Resource). This supports clinical decision making at point of care. OSCAR was launched in May 2017 and since seen the ongoing development of over 112 local clinical pathways and guidance to improve referral quality and support clinical decision making at point of referral in accordance with the formulary model developed by Devon CCG.

2.1 What is an OSCAR Pathway

The OSCAR pathways are formatted in a manner which supports ease of use for Primary Care clinicians. All pathways clearly identify scope, assessment, red flags, management, referral and supporting information to create a 'one stop shop' to guide and support clinical decision making. The pathways standardise care by reducing unwarranted variation amongst Primary Care so that all patients are provided with the same high quality care pathway that is clinically effective, timely and cost-effective. The OSCAR website and App also include the relevant commissioning policies or statements.

2.2.1 The OSCAR Team: OSCAR Lead

The OSCAR lead's role in the development of the pathways is to help facilitate and support the process of developing a pathway in accordance with the guidance and templates within this toolkit. Therefore if you are interested in developing a pathway please contact the OSCAR lead first who will support you in the process and ensure that both Commissioners and Clinicians are working together and adhering to the guidance. The OSCAR lead will support in the final formatting of the pathway and provide assurance that the formatting is correct. The OSCAR lead will also be responsible for ensuring that the pathway is published in a timely manner and that the communication plan (part of the template) and the update and review plan (part of the template) is implemented effectively. The lead Clinician or Commissioner will be responsible as part of this review and update plan to commence the review and potential early update (depending on changes to national or local policy or guidelines). However to support this process the OSCAR lead will also send a routine 4 month reminder if an early update was not required to enable the lead person to start the review process and take it through the assurance process. A flagging process will be initiated by the OSCAR lead to indicate a pathway expiry (i.e. use with caution) and a pathway under review. The OSCAR lead will provide assurance to the RSS Operational Group that all actions have been completed.

2.2.2 The OSCAR Team: Clinical Editors

The Clinical Editors are GP's from Wakefield and North Kirklees who are employed to work a session per week on Clinical Triage, OSCAR support and will also support the process of Peer review. They will support the RSS team in the development of robust referral templates and criteria and the development, review and ratification of new and existing clinical guidance in accordance with the OSCAR Assurance Process.

- Work with the OSCAR Lead, RSS team, peer review team and other key stakeholders to identify priorities for pathway review and development.

- Work in partnership and engage with clinical leads, subject matter experts and key stakeholders to develop new and review existing clinical guidance based on up-to-date evidence and local service provision.

- Use clinical skills, knowledge and expertise to ensure guidance is reflective of best practice local needs and priorities Work in collaboration with key stakeholders to ensure any required engagement, resource shifts, GP education, clinical audit/evaluation, or up-skilling arrangements have been identified and addressed prior to pathway publication.

- Undertake clinical ratification of guidance prior to publication ensuring it is reflective of local needs, best practice and adheres to the OSCAR guideline.

2.3 OSCAR medico-legal disclaimer

The OSCAR pathway contains clinical and referral guidance which supports primary care decision making in regards to the management of referrals and up to date referral criteria. These guidelines are locality specific to best reflect local services. This guidance does not override or replace the individual responsibility of healthcare and social care professionals involved in the delivery of care to make informed professional judgements appropriate to the circumstances of the individual.
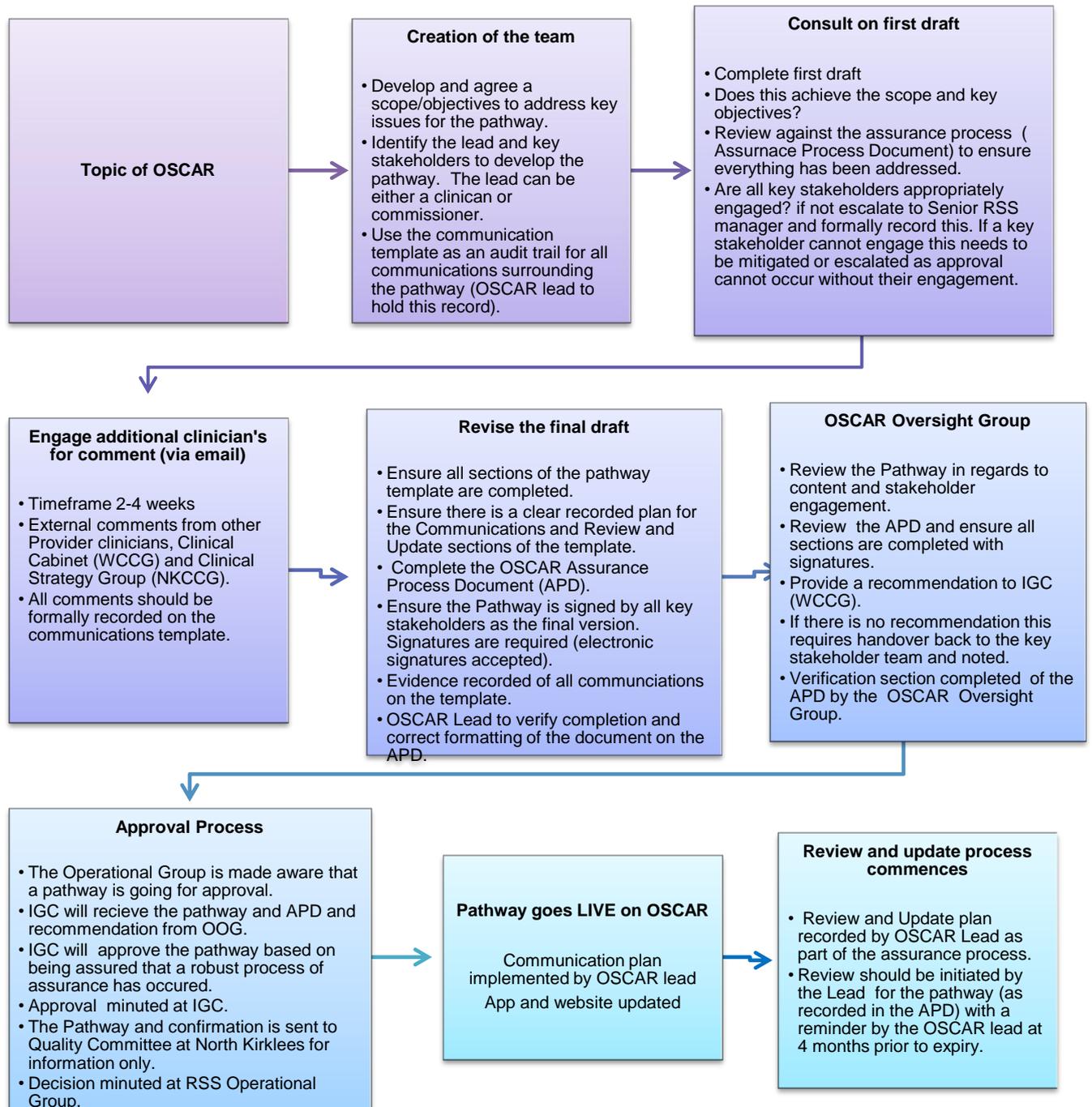
2.4 Feedback and comments on current live pathways

The RSS team and OSCAR lead supports and welcome all feedback and comments surrounding live or developing pathways. This includes is any information is noted to be out of date. Please contact *oscaradmin@this.nhs.uk*

3.0 Overview of OSCAR Pathway Development and Assurance Process

The diagram below shows the process map of how an OSCAR pathway should be developed and the assurance steps taken prior to final approval at the Integrated Governance Committee at Wakefield CCG.

Topic of OSCAR

Creation of the team
- Develop and agree a scope/objectives to address key issues for the pathway.
- Identify the lead and key stakeholders to develop the pathway. The lead can be either a clinican or commissioner.
- Use the communication template as an audit trail for all communications surrounding the pathway (OSCAR lead to hold this record).

Consult on first draft
- Complete first draft
- Does this achieve the scope and key objectives?
- Review against the assurance process (Assurnace Process Document) to ensure everything has been addressed.
- Are all key stakeholders appropriately engaged? if not escalate to Senior RSS manager and formally record this. If a key stakeholder cannot engage this needs to be mitigated or escalated as approval cannot occur without their engagement.

Engage additional clinician's for comment (via email)
- Timeframe 2-4 weeks
- External comments from other Provider clinicians, Clinical Cabinet (WCCG) and Clinical Strategy Group (NKCCG).
- All comments should be formally recorded on the communications template.

Revise the final draft
- Ensure all sections of the pathway template are completed.
- Ensure there is a clear recorded plan for the Communications and Review and Update sections of the template.
- Complete the OSCAR Assurance Process Document (APD).
- Ensure the Pathway is signed by all key stakeholders as the final version. Signatures are required (electronic signatures accepted).
- Evidence recorded of all communications on the template.
- OSCAR Lead to verify completion and correct formatting of the document on the APD.

OSCAR Oversight Group
- Review the Pathway in regards to content and stakeholder engagement.
- Review the APD and ensure all sections are completed with signatures.
- Provide a recommendation to IGC (WCCG).
- If there is no recommendation this requires handover back to the key stakeholder team and noted.
- Verification section completed of the APD by the OSCAR Oversight Group.

Approval Process
- The Operational Group is made aware that a pathway is going for approval.
- IGC will recieve the pathway and APD and recommendation from OOG.
- IGC will approve the pathway based on being assured that a robust process of assurance has occured.
- Approval minuted at IGC.
- The Pathway and confirmation is sent to Quality Committee at North Kirklees for information only.
- Decision minuted at RSS Operational Group.

Pathway goes LIVE on OSCAR

Communication plan implemented by OSCAR lead
App and website updated

Review and update process commences
- Review and Update plan recorded by OSCAR Lead as part of the assurance process.
- Review should be initiated by the Lead for the pathway (as recorded in the APD) with a reminder by the OSCAR lead at 4 months prior to expiry.
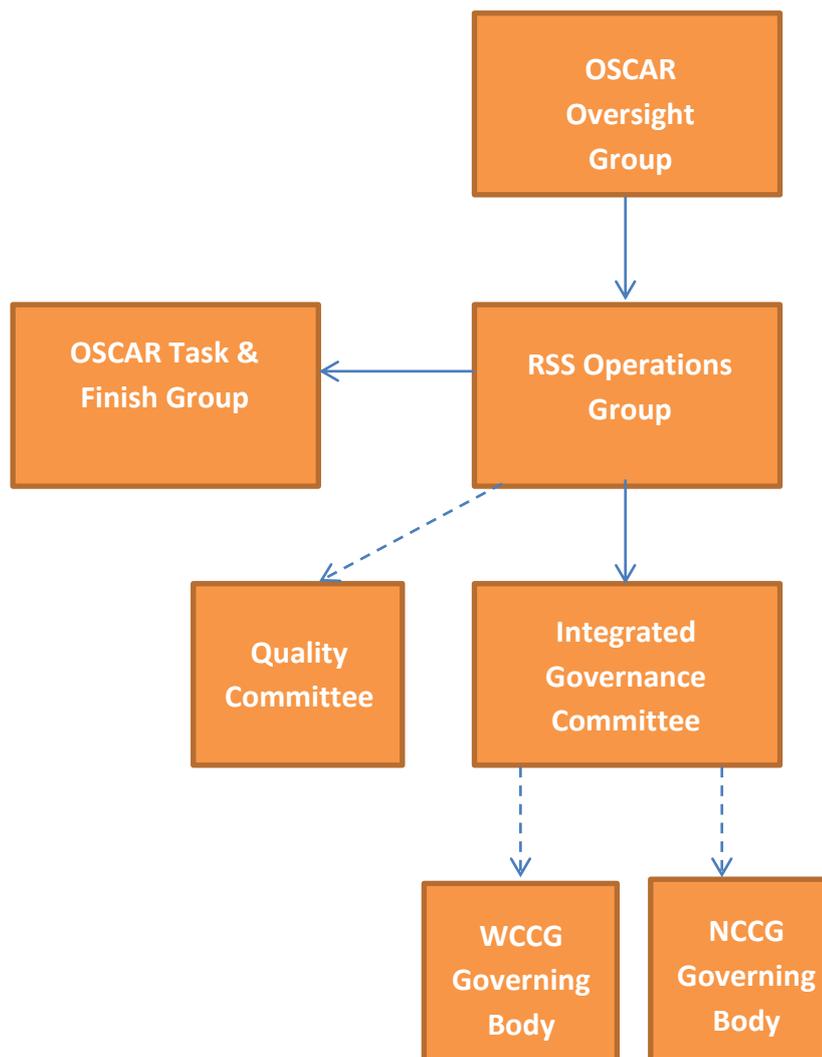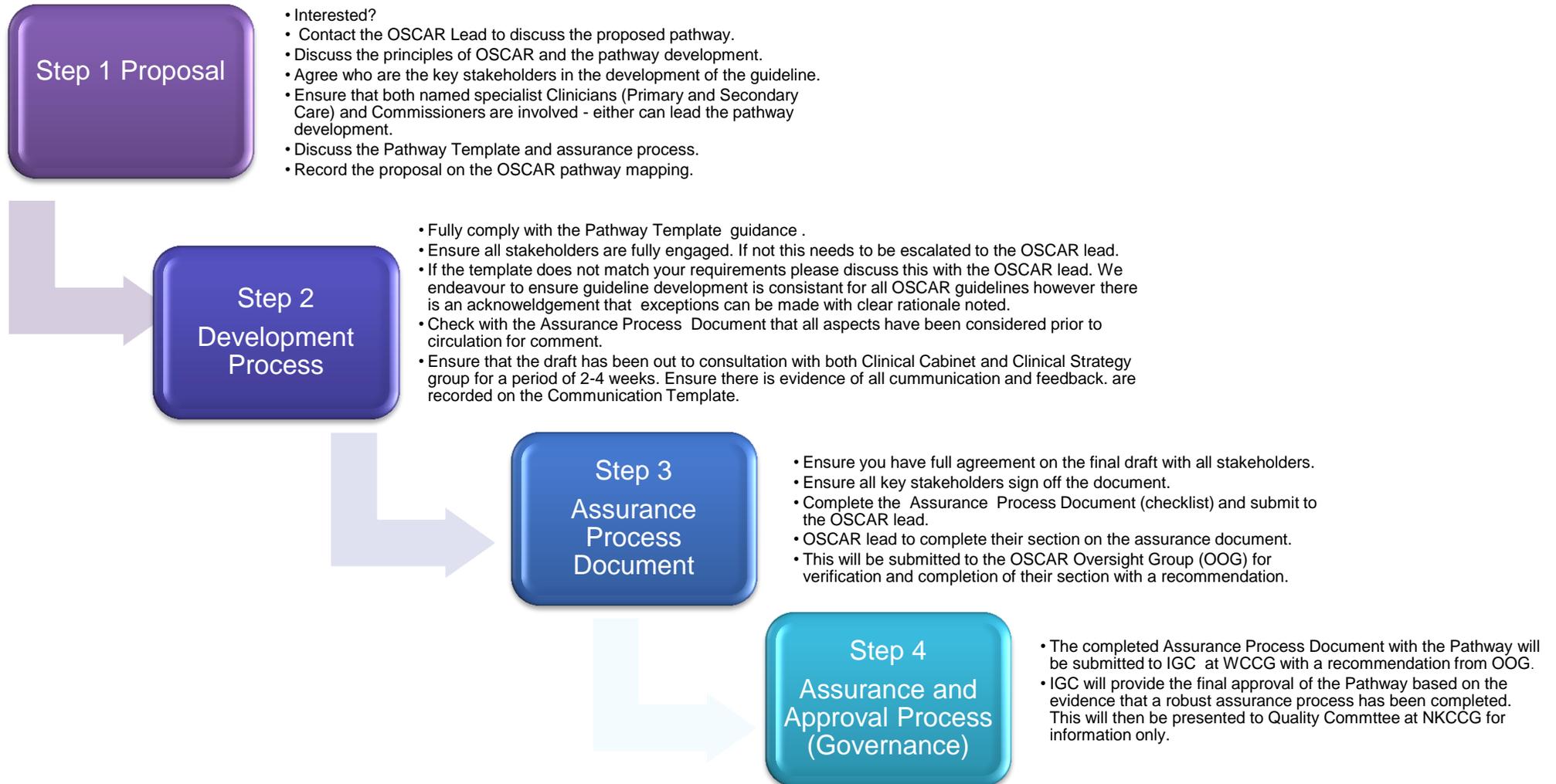
4.0   Governance of OSCAR

The clinical governance arrangements below provide assurance for the development of OSCAR pathways and the peer review elements of the RSS service to maintain and improve the quality of patient care across the acute commissioning footprint.

The OSCAR Oversight group will verify that the OSCAR Assurance Process (via the Assurance Process Document; APD) has been completed robustly and accurately in accordance with the OSCAR development process and template. The OSCAR Oversight group will inform the RSS Operational Group of the recommendation to approve the pathway and this will be noted in the RSS Operational group's minutes. The Integrated Governance Committee at Wakefield CCG will receive the pathway and Assurance Process Document. The committee will be approving the pathway based on being assured that a robust assurance process has been completed by both the pathway development team and the OOG. The approved pathway will be received at North Kirklees CCG for information only so it can be formally minuted. This will then be communicated clearly through the reporting process of the IQP to both Governing Bodies.

5.0 The Process for developing a new OSCAR Pathway

Step 1 Proposal

- Interested?
- Contact the OSCAR Lead to discuss the proposed pathway.
- Discuss the principles of OSCAR and the pathway development.
- Agree who are the key stakeholders in the development of the guideline.
- Ensure that both named specialist Clinicians (Primary and Secondary Care) and Commissioners are involved - either can lead the pathway development.
- Discuss the Pathway Template and assurance process.
- Record the proposal on the OSCAR pathway mapping.

Step 2 Development Process

- Fully comply with the Pathway Template guidance .
- Ensure all stakeholders are fully engaged. If not this needs to be escalated to the OSCAR lead.
- If the template does not match your requirements please discuss this with the OSCAR lead. We endeavour to ensure guideline development is consistant for all OSCAR guidelines however there is an acknoweldgement that exceptions can be made with clear rationale noted.
- Check with the Assurance Process Document that all aspects have been considered prior to circulation for comment.
- Ensure that the draft has been out to consultation with both Clinical Cabinet and Clinical Strategy group for a period of 2-4 weeks. Ensure there is evidence of all cummunication and feedback. are recorded on the Communication Template.

Step 3 Assurance Process Document

- Ensure you have full agreement on the final draft with all stakeholders.
- Ensure all key stakeholders sign off the document.
- Complete the Assurance Process Document (checklist) and submit to the OSCAR lead.
- OSCAR lead to complete their section on the assurance document.
- This will be submitted to the OSCAR Oversight Group (OOG) for verification and completion of their section with a recommendation.

Step 4 Assurance and Approval Process (Governance)

- The completed Assurance Process Document with the Pathway will be submitted to IGC at WCCG with a recommendation from OOG.
- IGC will provide the final approval of the Pathway based on the evidence that a robust assurance process has been completed. This will then be presented to Quality Commttee at NKCCG for information only.

6.0 Template and support guidance for the development of an OSCAR Pathway

6.1   Principles of developing a new pathway:

- All care pathways should be developed using the OSCAR template (page 10) in accordance with this supporting guideline for content and formatting as well as being mindful of the assurance process requirements (APD is on page 15).

- It is vital that all stakeholders (lead commissioners, admin teams, clinicians from primary, secondary and community care, medicines optimisation, multidisciplinary) are engaged in this process as well as consideration as to whether any additional key professionals from other organisations might add value to the development of the pathway.

- All supporting pathway should be developed in a format that is compatible with OSCAR.

- Information should be clear, concise and easy to use click here for example. The pathway should act as a clear guide for staff at the point of care.

- Abbreviations should be avoided wherever possible, but where unavoidable should be noted on the page. A glossary of terms used can be helpful, particularly if re-definition of terms forms part of the pathway

- Where possible bullet points should be used.

- Large amounts of information should be hyperlinked and not included in the main body of the referral pathway.

- Consideration should be given to pathway on the Devon Website which may provide content to support a first draft.

6.2   The consultation process for the pathway

- Once you have finished the draft pathway, you should circulate it for comment to the rest of the development group. The group members should check that each section in the pathway is correct and scheduled in the correct order and ensure that no elements have been omitted or variation within practice identified. It is vital that the pathway is considered from the practicality of using this in a primary care setting and whether this would require educational or training within primary care to use this pathway efficiently. If so this needs to be flagged early and identified within the assurance process under use within primary care (question 3 on the Assurance Process Document).

- When the draft pathway is ready for review and comment please contact the OSCAR lead that will ensure this is placed on the appropriate committee/group agendas. As standard it is expected that all pathways are provided to the Clinical Cabinet at Wakefield CCG and Clinical Strategy Group at North Kirklees CCG for comment and feedback. A clear time frame of no more than 4 weeks will be identified. It may be appropriate for other groups to review the pathway this can be arranged through the OSCAR lead. This may include internal provider groups or the Medicines Oversight Group. This will be determined by the development team and key stakeholders during the planning of the pathway. The OSCAR lead will collate the comments on the communications sheet and provide this to the pathway development team. This will facilitate draft finalisation to enable the Assurance Process Document to be completed.

6.3   Assurance Process including review process (for new and existing pathways)

- Whether the assurance process is for a new or existing pathway it remains the same for both.

- All new or reviewed pathways should have the accompanying Assurance Process Document fully completed and signed off by all stakeholders involved in the completion of the final draft or review/update. This will then be presented to the OSCAR Oversight Group for assurance and verification followed by final approval of the assurance process by the Integrated Governance Committee at Wakefield CCG as this CCG hosts the service for both Wakefield and North Kirklees.

- The communication sheet reflecting all engagement with clinicians and commissioners should be held by the OSCAR lead to provide evidence of all key communications and comments from stakeholders to ensure a clear audit trail is available.

- All pathways must have a robust communication and publication plan. This is to ensure that all core elements of the communication plan are instigated by the OSCAR lead. This also ensures the key stakeholders involved in the development of the pathway can identify any other organisations which need to be informed of the new pathway.

- All pathways must have a robust review and update plan with an identified lead (clinician or commissioner) who will initiate this process of review or early update potentially due to new national or local guidelines. This ensures that there is a clear process identified and agreed between the stakeholders of the pathway for the update and maintenance of the pathway. The pathway will not proceed to OOG without this section been completed.

- When a planned review is due the OSCAR lead will contact the lead identified in the update plan. This will occur 4 months prior to the pathway expiring with an expectation that the lead will co-ordinate the review and update process.

- The pathway lead identified in the pathway review and update plan will be responsible for ensuring that the pathway remains accurate from a national guidelines perspective. If new guidelines have been released it is expected that they inform the OSCAR lead to ensure the review process can be initiated as soon as possible and the flagging process implemented (discussed below). If there has been a change in commissioning policy it is expected that the commissioning lead within the CCGs will inform the OSCAR lead so that the review can be initiated and contact make with the designated lead for the pathway.

- A new flagging system will be developed for the pathways to identify:

- **Review in progress**
- **Out of date pathway**
- **Newly revised or recently added**

6.5   The Template and additional technical guidance for the pathway.

Step	Add condition Care Pathway
1	SCOPE **This pathway refers to**: • Be clear about what it covers • Are there any age ranges/ exclusions etc.? This pathway does not cover: • ? age range restrictions • Limited to……. Commissioning Statement: • Is there an eligibility criterion that must be met prior to referral? • Does this procedure require prior approval or Individual Funding Request? • If yes please indicate name of commissioning statement and this will be linked to the pathway.
2	**Assessment** • Signs and Symptoms • History and Examination • Differential Diagnoses
3	**Red Flags** • Seek immediate or urgent specialist advice/treatment if:
4	**Investigations** • Clearly specify what tests and investigations with any exclusions / parameters as required.
5	**Referral** **Referral Criteria** • When/what to refer • Where to refer • Any pre-referral requirements • Any information required to support the referral

- Is the criteria reflective of the DoS

Referral Requirements

- What information is required to support this referral i.e.:
  - Evidence of management in primary care
  - Results of test and investigations
  - Is this reflective of the DoS?

Commissioning Statement

- This will reflect information identified in scope section

Referral Instructions

- E-Consultation is/is not currently available for this speciality - please amend as appropriate. Ensure all links are included as required
- Please state how referrals should be made i.e. via eRS, SystmOne, referral form, SPA etc.
- please include any telephone numbers or addresses if relevant

6	**Management**
	• Please ensure all hyperlinks are correct and working • Provide clear management plans (with supporting links where required) ensuring they are current, evidence based, credible, cost effective and support the local guidance or CCG commissioning intentions. • Ensure there has been consideration as to the self-care options (promotion and protection of good health or prevention of ill heath) available or how this could support a medical management plan. • Ensure the correct professionals are consulted as part of any management plan options (eg Medicines Optimisation teams if medicines are suggested).
7	**Referral**
	• Consider all referral options including both health sector referrals and social care.
8	**Supporting information**
	Shared Decision Making • Patients have a right to make decisions about their care and should be fully informed about the options they face. They should be provided with reliable evidence-based information on the likely benefits and harms of interventions or actions, including any uncertainties and risks, eliciting their preferences

and supporting implementation. Signpost patient to Decision Making aid (hyperlink tool if available) – this can be printed off for the patient if required.

Patient information/Public Health/Self Care
- add links to NHS choices and relevant patient information

Evidence/additional information

- Include links to NICE or other relevant clinical evidence based information

9	**Assurance and Governance (public facing but completed by Admin)**
	- Assurance Process Document for completion of the pathway was completed on: - This pathway was reviewed and recommended by the OSCAR Oversight group on: - Approval and ratification by Integrated Governance Committee on: - Date ratified: - Publication date: - Ref No: ***Any feedback, comments or concerns to improve this pathway should be sent to:*** <u>***oscaradmin@this.nhs.uk***</u> ***or use the link provided*** **Only the electronic version is maintained, once printed this is no longer a controlled document**
10	**Review and update plan for the Pathway completed by development team** **(Non-public facing** *for assurance and governance purpose only)*
	- Agreement must be reached between the lead and developing team as part of the final draft what the process would be surrounding review and update. - Who are the contact / lead for initiating an update or review of the pathway? *The contract/lead would be responsible in bringing together a team to review the pathway and take this through the Assurance Process. There is no difference in the governance and assurance process of a new pathway verses a pathway under review.* - The pathway may require an update prior to the review date due to new guidance or processes being introduced. Therefore it is important for the lead Commissioner and lead for initiating the pathway to be responsible for flagging new policy or guidance (e.g. NICE) to the OSCAR lead who will support the review and update process. - There is a requirement that this plan is clearly recorded in this section so it is clear who is responsible for initiating the review and update with support from the OSCAR lead.

	• A review will automatically be flagged by the OSCAR lead 4 months prior to its planned expiry.
11	**Publication and Communication plan (non-public facing** *for assurance & governance purpose only)*
	• The communciation plan below that will be implemented through the OSCAR lead: Core elements: o Guidance will be published on OSCAR website within 1 week of approval. o A monthly content update will be shared with Quality Committee (NKCCG), Integrated Governance Committee (WCCG) Clinical Cabinet (WCCG), Clinical Strategy Group (NKCCG) SG, LMC, GP Federations, PCIG, ICE group and Comms for assurance and information. o The Communications will be received by all appropriate professionals and organisations within 2 weeks of the pathway being published. o Following approval of all new pathways they will be published and highlighted under 'Recently added' on OSCAR front page. o The RSS Operational Group will be required to ensure that the Communication plan is implemented effectively this will be led by the OSCAR lead. • Please confirm that the above plan is robust. • Please identify if there are any other additional communication requirements to ensure this reaches all appropriate professionals and organisations.
12	**OSCAR Admin section: (for admin purpose only)**
	• Complete & File the Assurance Process Document • Update OSCAR Pathways Log • Added to New pathway list (Monthly) • Log review/update plan • Queries and actions recorded on ratification log • Published on OSCAR with disclaimer • Highlighted in Recently Added • Implement the Communications Plan. • ICE investigation group informed of any additional investigations/test requirements • New pathway list shared with the list identified in the Communications section.

Communication Template to be used during the development of the pathway

Date	Clinican	Comment	Actioned Y/N	Outcome

7.0   Assurance Process Document for New or Existing Pathways

Section A of the checklist : To be completed by the pathway development lead and team. (All lead contributing clinicans should sign to state they are satisfied with the final version of the pathway.

Section B of the checklist: To be completed by the OSCAR lead after section A is completed

Section C of the checklist: To be completed at the OSCAR Oversight Group (OOG) on completion of sections A&B

Section D of the checklist: The Recommendation to be completed by the OSCAR Oversight Group Chair prior to it going to IGC for ratification and approval.

Please complete the table below identifying the name of the pathway and which option it is.

Name of Pathway:	
Option 1 – No existing local pathway	
The Devon pathway has been localised	
Option 2 – Existing local pathway	
Local pathway has been reviewed, taking into consideration the Devon content and other supporting information	
Option 3 – New pathway	
New local pathway has been developed taking in consideration the Devon content and other supporting information	

North Kirklees Clinical Commissioning Group
Wakefield Clinical Commissioning Group

Assurance Process Document (the Checklist) for Approval of the OSCAR Pathway						
PATHWAY Core Components SECTION A	**Assurance Statement Mandated Requirement**	**Compliance**			**Supporting Information or rationale for N or NA**	**Verification by OSCAR Oversight Group & Comments SECTION C**	Agree
		Y	N	NA			Y/ NA	N
Methodology 1	The pathway been developed in accordance with the guidance and template.						
2	The pathway is user frendly, clear concise and is compliant with original scope and purpose.						
3	The pathway developed is appropriate and safe for Primary Care use.						
4	This pathway will enhance and reflect local service provision and need in the delivery of effective care in Primary Care and will reduce variation in practices.						
Evidence – base* 5	Is the pathway evidenced based: * That research has taken place to search best practice * NICE guideline compliant? * National Guidance?						
6	Critical appraisal/analysis of the evidence was conducted by the stakeholders prior to the final drafting of the pathway.						
7	The pathway follows Local/STP/or CCG commissioning policy/statements						
8Development of the pathway	All the risks (red flags) are clearly evidenced and agreed with all stakeholders.						
9	Clearly states * age ranges and exclusions						

PATHWAY Core Components **SECTION A**	Assurance Statement Mandated Requirement	Compliance			Supporting Information or rationale for N or NA	Verification by OSCAR Oversight Group & Comments **SECTION C**	Agree	
		Y	N	NA			Y/ NA	N
	* Pre referral and referral restrictions and criteria							
9	Additional tests to be undertaken in Primary Care: **If yes** please elaborate.							
10	Clearly states referral methods eg eRS and e-consulation with links and referrals forms							
11	The management plan and recommendations are specific, clear and unambigious.							
12	The pathway is reflective of the Directory of Service (link to DoS). If it does not reflect DoS has this been escalated?							
13A Impact to services	Is there a potential resource concern or change to service delivery required?							
13B	**If yes** has this been formally flagged to commissioners, please provide detail.							
13C	**If yes** Has a communication plan been developed and signed off to reflect this.							
13D	**If yes** have you ensured that the appropriate QIA /IIA is completed with appropriate engagement?							
Governance 14	This checklist has been completed robustly in a transparent manner							
15	The communication plan been developed and approved by the developing team.							
16	The signoff has been completed by clinicans							

	and lead commissioners involved.							
17	There is a clear audit trail recorded of all communication and engagement.							
18	Evidence that there has been effective engagement with all named clinicians from Primary and secondary care, lead commissioner and other stakeholders identified in the original scope							

PATHWAY Core Components SECTION A	**Assurance Statement Mandated Requirement**	**Compliance**			**Supporting Information or rationale for N or NA**	**Verification by OSCAR Oversight Group & Comments SECTION C**	Agree	
		Y	N	NA			Y/ NA	N
19A	Were medications part of the Management plan of the pathway?							
19B	**IF YES**: Were the medicines optimisations teams of the CCG's or provider consulted?							
19C	**IF YES**: did they approve the pathway?							
20 .Review/ update process	The Review and Update assurance section has been completed with a robust plan.							

This clinical pathway has been reviewed and ratified by the following team who have been involved in its development.

Sign off by all stakeholders SECTION A	**Name**	**Professional Title/Organisation**	**Signature**	**Date**

North Kirklees Clinical Commissioning Group
Wakefield Clinical Commissioning Group

OSCAR Core Components SECTION B	Assurance Statement Mandated Requirement	Compliance			Supporting Information or rationale for N or NA	Verification by OSCAR Oversight Group & Comments SECTION C	Agree	
		Y	N	NA			Y/ NA	N
	The formatting and content comply with the template critieria and supporting guidance.							
	Spell check and grammer is completed.							
	All contact us and care pathway sidebars are present							
	All clinical/evidence base and patient information hyperlinks are live and current.							
	Hyperlink to Self-Management, eRS and e-Consultation entries							
	Include SDM Statement and link to SDM tool							
	Documented process for version control is provided							
	If copyright and permissions is required are							

	they sought and documented.							
	Medical-legal responsibiliites are clear in the pathway							
	It is clear that only the electronic version is maintained and accurate							
	Are there any concerns which have not been addressed?							
	The review and update process agreed in the pathway clear and robust.							
	The reference number been issued							
	The OSCAR lead has agreed a robust communication plan wth the development team surrounding the publication of the pathway.							
	Recorded on OSCAR pathway log.							

Decision made by OSCAR Oversight Group (Chairs' signature on behalf of the Group) **SECTION D**	Name	Professional Title/ Organisation	Signature	Date	Decision to recommend approval to IGC Yes or No (rationale required if No)
					Yes No

Rationale if No: |

North Kirklees Clinical Commissioning Group
Wakefield Clinical Commissioning Group

Any additional comments or notes:

For information:

The Pathway was presented and approved by Integrated Governance Committee at Wakefield CCG on_____

OSCAR reference Number:_____

The Pathway went for information only to the Quality Committee at North Kirklees CCG on _____

8.0   OSCAR Oversight Group (OOG):   Terms of Reference

8.1   Aim of the group

8.1.1   To support and inform the assurance process regarding the OSCAR service. The key aim of this group is to scrutinize and verify that a robust assurance process (Assurance Process Document) has been completed during the development or review of all OSCAR clinical pathways in accordance with the OSCAR Assurance Process.

8.2   Scope of Group: Objectives

8.2.1   To assess new and reviewed/updated OSCAR pathways against the Assurance Process Document to ensure the document has be fully completed by both the development/review team and the OSCAR lead with accompanying relevant documents and evidence.

8.2.2   The OOG group will assess whether there is robust assurance that the process has been followed in accordance with the OSCAR process (and toolkit). Furthermore where needed there is sufficient additional information provided within the document or accompany documents to make an informed judgement. This judgement should be based on the quality (clinical effectiveness of the pathway, patient safety (flagging, this should also include correct clinical engagement) and patient experience (patient information and choice) of the development of the pathway as well as the content.

8.2.3   The OOG group will determine whether they are assured that the process has been adhered to and will complete the final section on the Assurance Process Document; the verification section.

8.2.4   The Group will provide a recommendation to the Integrated Governance Committee to approve the pathway. If the OOG group is not assured this will be referred back to the lead for the pathway and the Operational Group will be informed of this decision

9.0.   Accountability and reporting arrangements/interdependencies

9.1   Accountability is to the RSS Operational Group hosted by Wakefield CCG which membership includes members from both Wakefield CCG and North Kirklees CCG. Recommendations for pathways will be noted at the RSS Operational Group but will have decisions made at Integrated Governance Committee.

9.2   Members will abide by their information sharing agreements of their respective organisations and respect confidentiality of information provided to the group in cross organisational working.

10.0   Membership

10.1   Membership needs to include the following representatives (or designated deputy)

- RSS Senior Manager
- OSCAR Lead
- Two Clinical Editors GP's who are employed by the RSS service for one session per week.
- Two GP's from Wakefield CCG and North Kirklees CCG.
- Two CCG Commissioning Managers from Wakefield and North Kirklees CCG
- A Quality representative from the Acute Commissioning Team.
- Additional clinical members can be invited on an ad-hoc basis to ensure speciality knowledge is available during the recommendation stage.

10.2   Where members do not attend more than two meetings consecutively they will be sent a letter reminding them of their commitment and requesting feedback regarding their future involvement It is expected that each member or names deputy attends a minimum of 60% of the meetings.

11.0. Quorum

11.1   This group will be deemed quorate when at least four members are present, reflecting at least two clinicians, one commissioning Manager, and one member of the RSS team.

12.0   Frequency and duration of the meetings

12.1   Bi-monthly meetings will be scheduled and only cancelled if no OSCAR pathways require reviewing. This will be reported to the Operational Group and IGC through the reporting process.

12.2   Meetings will usually be held for 90 minutes

12.3   To be chaired by The TRISH Manager Pam Sheppard and deputised by……..

13.0   Reporting arrangements

13.1   This group will report directly to the Operational Group. This meeting will have action notes taken rather than a full set of minutes.

14.0   Level of financial authority/decision making

14.1   This group will have no decision making authority but can provide a recommendation to the Operational Group.

15.0   Date Agreed:

16.0   Yearly Review:

16.1   Changes to ToR including changes to membership are to be approved by the Integrated Governance Committee.