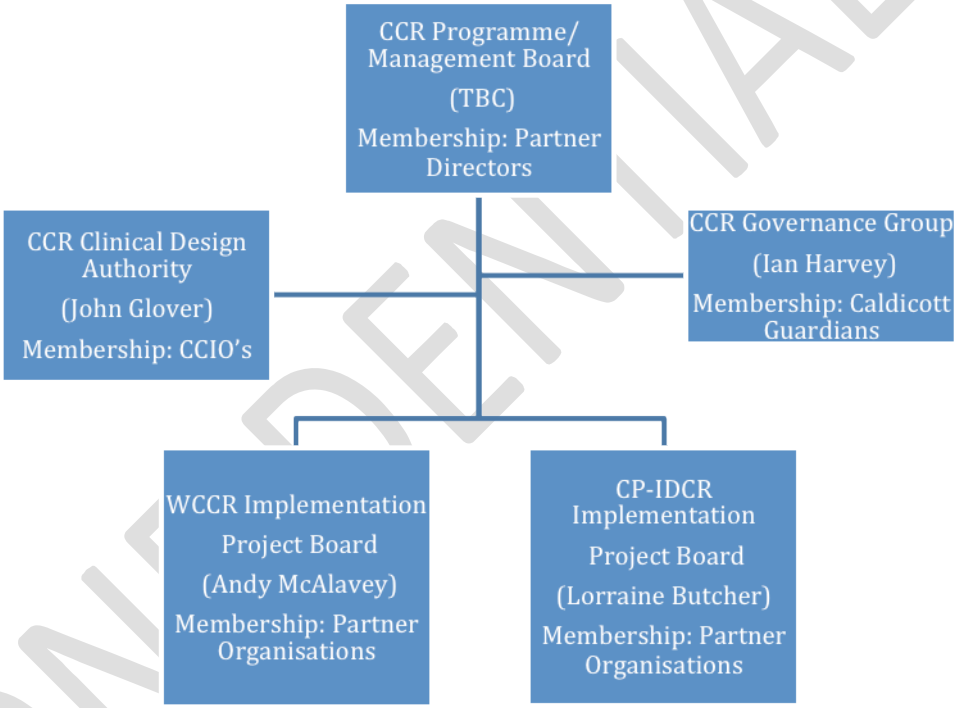
DRAFT TERMS OF REFERENCE

Cheshire Care Clinical Design Authority (CDA)	
1. Constitution	The Cheshire Care Record (CCR) partners have established a sub-committee, known as the CCR Clinical Design Authority (the sub-committee). The CCR Partners are: Council • East Cheshire Borough Council • Cheshire West & Chester Council (CWaC) CCGs • South Cheshire CCG • Vale Royal CCG • Eastern Cheshire CCG • West Cheshire CCG Provider • Mid Cheshire Hospitals NHS FT (MCH) • East Cheshire NHS Trust (EC) • The Christie NHS FT • Clatterbridge Cancer Centre NHS T (CCC) • Cheshire & Cheshire Partnership (CWP) • Countess of Chester NHS FT (CoCH). The sub-committee has powers specifically delegated as defined in these terms of reference and shall act in accordance with appropriate legislation and regulation or direction.

2. Terms of Reference	**a. Purpose**
	
	• The CDAs role is:
	
	• to oversee the design of the CCR solution including:
	
	  • The data items to be included
	  • The presentation of the data items
	  • The navigation of the solution.
	
	• to ensure that the design of the CCR helps to maximise the benefits return for the project by:
	
	  ○ ensuring that the most useful data required by clinicians is available
	  ○ is presented in a user friendly manner that can be accessed quickly and efficiency
	  ○ with minimal training requirements.
	
	• The CDA shall appoint a Chair, and one or more individuals to receive and distribute communications on its behalf.

	• The CDA will be administered by the CoCH as the CCR owner and on behalf of the CCR Progamme. • The CDA may regulate its own procedures subject to the provisions of this agreement. **b. Powers & Responsibilities** The CDA have the authority to prioritise and determine changes to the operation of the CCR as described above, including reviewing and actioning the operational requirements within the CCR Requirements Log as long as this can be done within the existing CCR budget and timescales. The group will also review and make recommendations for prioritisation for strategic changes that are recorded within the Requirements Log to the CCR Programme Board.
3. Membership	Membership comprises the following: • the Chief Clinical Information Officer from each provider organisation • nominated representative GPs from each locality within South, Eastern and West Cheshire CCGs • up to three patient representatives nominated by Partners. In addition the following attendees should be present: • CCR Senior Responsible Officer (CoCH Director of IM&T). **a. Quorum** The sub-committee will be deemed to be quorate when 4 provider, 3 primary care, 2 CCGs, 1 Council and 1 patient representative are in attendance. **b. Attendance by Members** Attendees must have the authority to make decisions on behalf of their organisations and localities and speak to all appropriate papers. It is expected that members will attend at least 75% of meetings. The GP representatives will be required to liaise with their GPs via the monthly GP locality meetings to ensure that they are representative of their locality and will be given time to canvas GPs before they authorise significant changes to the design of the CCR. **c. Decision Making** Decisions shall be taken by consensus. If consensus on any decision cannot be reached, and unless the CDA decides otherwise, its decisions shall be taken by a simple majority, or where there is no majority the Chair of the group has a casting vote. **d. Attendance by Others** Other officers of the participating organisations may be invited to present items or be present at discussions as the business of the sub-committee dictates.
Governance	This Group is one of a number of groups with different roles in relation to the delivery and operation of the CCR as follows: **Information Governing Group**: Responsible for ensuring that the CCR adheres to

	Information Governance and Data Protection requirements. **CCR Programme:** Responsible for determining the overall strategic direction of the CCR and approving its extension in terms of additional partners, functionality and geographic boundary. CP-IDCR & WCCR Implementation projects: Responsible for overseeing the implementation of the CCR within their respective geographic areas including the technical provision of data into the CCR and rolling out access to users. The CDA may present recommendations for strategic enhancement to the CCR Programme, but has no authority to determine strategic developments without CCR Board agreement. The relationship of the groups is shown in the diagram below: 
4. Accountability and Reporting Arrangements	The primary responsibility of the sub-committee is to oversee the design of the CCR solution. The proceedings of each meeting of the sub-committee shall be made available to each implementation project Board and to the CCR Programme Board.
5. Frequency	The sub-committee shall meet at least every 3 months or at such other interval as the CDA shall determine. The Chair may at any time convene additional meetings of the sub-committee to consider business that requires urgent attention.
6. Authority	The sub-committee is authorised by the partner organisations to examine and investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff from participating organisations and all members of staff are directed to co-operate with any request made by the sub-

	committee.		
7. Monitoring Effectiveness	The work of the sub-committee will be formally recorded by the CoCH through its action notes, which will be circulated to and approved by the membership. The action notes of the sub-committee will be prepared and distributed within 5 working days of each meeting. The action notes of the sub-committee will be considered and approved at its next scheduled meeting.		
8. Dissemination of information	The sub-committee receives information from its membership, the partner organisations and from the CCR Programme. Updates will be provided by the membership to each partner organisations Governing Bodies/Boards.		
9. Review	The Terms of Reference will be reviewed in three months at the end of September 2015.		
10. Administration	The agenda must reflect the items identified under the Scope and Duties. It will be agreed by the Chair and circulated 1 week prior to the meeting. Items for inclusion must be requested to the Chair at least 5 working days before circulation of the agenda. The sub-committee shall be supported administratively by the CCR Senior Responsible Officer who will produce all necessary papers, attend meetings to record actions and decisions, keep a record of matters arising and issues to be carried forward and generally provide support to the Chair and members of the sub-committee as appropriate.		
Date Approved	Revised draft 0.1 29 April 2015	**Review Date**	May 2015