

Pathway: Musculoskeletal (MSK) Special Interest Group

Terms of Reference

1. Introduction

These terms of reference set out the purpose, scope, membership, governance, and reporting arrangements of the Pathway: MSK Special Interest Group of the West Midlands Imaging Network (WMIN).

2. Purpose

The Pathway: MSK Special Interest Group (MSK SIG) is a forum where experts in their respective fields within the Network can discuss and undertake discrete pieces of work as required with the aim to improve service provision, learning, patient access and involvement.

This collaborative approach satisfies:

- QSIN –
 - IN-501 (Network-wide Clinical Guidelines),
 - IN-601 (Network Organisation),
 - IN-701 (Network Review and Learning), and
 - IN-702 (Network Audit).
- Maturity Matrix –
 - OG-4 (Clinical Governance)
 - OG-1 (Network Leadership)

The MSK SIG will have oversight of all task and finish groups and will set the agenda for an annual workplan.

3. Scope

The scope of the MSK SIG includes:

- Discussion of issues related to the delivery of the service on a network basis
- Provision of information and advice, as appropriate, to the West Midlands Imaging Network Operational Board
- Receipt of updates and information from WMIN Operational Board and other relevant committees



- Promoting collaboration between the member centres on the provision of services and the sharing of relevant information
- Establishing mechanisms for:
 - Network review and learning (IN-701) including changes in national guidance and Identify any changes needed to network-wide policies, procedures and guidelines (QS IN-501)
 - Review and agree learning from positive feedback, complaints, critical incidents and 'near misses' related to the service
 - Undertaking programmes of rolling audits where deemed appropriate sharing results, good practice and potential service improvements
- Establishing task and finish groups to produce Network-wide clinical guidelines (IN-501) which could include (but not be limited to):
 - a. Referral management
 - b. Common referral pathways
 - c. Image optimisation
 - d. Image reporting
 - e. Access to specialised services
 - f. Imaging protocols

4. Membership & Quoracy

Membership of the MSK SIG will consist of representatives with a special interest in this field across the Network system. This will include a multi-disciplinary arrangement to include:

- A multi-disciplinary team with representation from all relevant staffing groups where relevant, for example to include radiographers, radiologists, radiology nurses, clinical scientists, medical physics experts and where relevant those clinicians referring into the imaging service (IN-201)
- Optional including patients and carers (IN-101) and Disease-specific clinical networks locally and regionally (IN-601)

Quoracy will be 50% of membership, either in person or by deputy to include at least one radiologist, one radiographer and one clinical scientist.

Where the Special Interest Group is not quorate the meeting may still go ahead. However all decisions need to either be ratified by email afterwards or at the next meeting, at the discretion of the chair.

A Chair and Deputy shall be selected by the MSK SIG and approved by the WMIN Operational Board. Where relevant, the deputy and the chair should be from different staffing groups. A member of the Network core team will facilitate the group and their work. The appointment of the Chair will initially be for 3 months, following which there will be a review by the group and then subsequently annually. The maximum duration of the term will be 3 years.

Core members will be expected to:

- Uphold the values and benefits of the West Midlands Imaging Network
- Promote collaborative working, in line with the ethos of system working



- Provide adequate representation from their relevant organisation, ensuring the full range of services are represented in the group
- Report back on the activities to relevant interested parties within their organisation
- Be able to lead on relevant task and finish groups and ensure their accountability to the SIG

The representatives will be reviewed annually to ensure members are able to uphold the values of the group and fulfil these expectations.

5. Management of Meetings

The MSK SIG will meet no less than quarterly, via Microsoft Teams. This frequency will depend on the active work programmes. There may be occasions where the MSK SIG will remain dormant, such as when work is complete where less frequent meetings will continue to be carried out to aid shared learning and audit results. This will be on the discretion of the chair and agreement with the Network Director and/or the Network Clinical Director.

If decisions are needed between the meetings, virtual meetings will be held by video conference (MS Teams). Agenda and supporting papers will be circulated to the members 5 working days prior to each meeting.

Meetings will be recorded for administrative purposes only. Detailed minutes will not be kept, however, actions, decisions and pertinent points will be recorded and circulated no more than two weeks after meetings following agreement from the Chair and/or Deputy, and formal approval will be sought at the next meeting. Any amendments will be agreed and recorded at that meeting.

Items for discussion must be sent at least 5 days prior to meetings. Individuals sending items will be expected to lead the discussion at the SIG (Chairs discretion applies)

The WMIN core network team will be the point of contact for members wishing to convey relevant information to the meeting or to the rest of the WMIN.

6. Information Sharing

Agendas and papers will be provided to members a minimum of one week prior to the meeting. Following the meeting, these, alongside the meeting minutes, will be uploaded onto the WMIN FutureNHS page, following agreement by the Chair.

All information will be available to all staff of the member organisations. If members wish for any information to not be made available via the page, it may either be redacted, or held separately. This may include commercially sensitive information. This will be at the discretion of the WMIN core team representative.

All information however remain will be subject to freedom of information requests.

7. Governance, Reporting and Accountability

The MSK SIG reports to the WMIN Operational Board via the Chair. Representation at the Board will be by exception only, with feedback being made available in the form of minutes or via the Network core team representation.

Highlight papers will be drawn up for the WMIN Operational Board and sent in advance of the meeting. The WMIN Operational Board agenda will allow for any reporting by exception,



for the board to clarify information, or to discuss any decisions requested by the SIG representative.

Each member of the MSK SIG is responsible for reporting back to colleagues, managers and directors within their Trust.

Review of the terms of reference and workplan is on an annual basis.

The publication of any Network-wide guidance will be on the recommendation to the Operational and/or Executive Boards. Formal branding will be used to ensure clear document control and recognition of collaboration. Issuing Network Guidance is only through the Network Director and/or Clinical Director using the Network templates and processes.

Where a consensus is unable to be met, this should be escalated to the Operational Board for discussion.

Identify risks and concerns relating to the delivery of Diagnostic Imaging and escalate them to the WMIN Operational Board

Task and finish groups will be convened if required. These groups will be accountable to the SIG with updates provided as required. Membership of the task and finish groups may be drawn from the wider community as necessary, with a lead identified to run the group.

The MSK SIG shall review its effectiveness on an annual basis and report back in the WMIN annual report. This will involve monitoring and reporting on:

- Frequency and attendance at meetings.
- Compliance with the purpose of the Network as outlined in the ToRs and standing agenda items
- Evidence based outcomes resulting from the decisions taken at the Group.



Document Management

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Version History

Version	Date Adopted	Summary of Amendments	Name	Title
V0.1		Initial Draft	NS	Head of Operational Delivery
V1	13/02/2024	Formalisation of approved document as per WMIN Document Policy	HW	Senior QI Manager

Document Control:

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