

Clinical Advisory Group (CAG)

Terms of Reference and Operating Arrangements

The Clinical Advisory Group is CTMUHB's equivalent to the Health Professions Forum.

1.0 Role & Scope

1.0.1 CAG is essential to CTM as it will:

- Listen to our workforce is an essential component of any successful organisation.
- Basis of CTMs need for a clinical strategy that is clinically driven, and as such need meaningful contributions from clinicians across CTM.
- Provide a structure within CTM that enables the front line clinical team voices to reach management and the Board from a pan-health board perspective
- Report directly to the CTM Board.

1.0.2 Summary of CAG purpose:

- To advise CTM Board on clinical topics and initiatives, and to review items requested by the Board.
- Via a Clinical Sounding Board (CSB), gather, listen and respond to clinicians delivering care.
- Advise the UHB Board on all aspects of Clinical Strategy
- Act as a clinical voice within CTMUHB
- To take the place of the traditional 'Healthcare Professional Forum' and ensure it meets the requirements

1.0.3 The CAG will:

- Act as the clinical voice within CTMUHB.
- Work with and alongside Management Board and Executives and will be the representative voice of all clinical groups across the Health Board advising on clinical services and care.
- Provide a balanced, multi-disciplinary view of healthcare professional issues to advise the Board on local strategy and delivery.
- Facilitate engagement and debate amongst the wide range of clinical interests within CTMUHB's area of activity, with the aim of reaching and presenting a cohesive and balanced healthcare professional perspective to inform the CTMUHB's decision making.

1.0.4 The role of CAG does not include consideration healthcare

professional terms and conditions of employment.

1.1 Terms of reference and operating arrangements

1.1.1 The Board will set out, the relationships and accountabilities of CAG with other groups as required, including the National Professional Advisory Group.

1.1.1.1 National Professional Advisory Group must have a member attending from the CAG. This person will act as the link between these two forums.

1.2 Membership

1.2.1 Summary of membership and chairing of the CAG

- CAG will include a full cross section of clinical professions from across all Integrated Locality Groups.
- This membership will be regularly reviewed to ensure there is a good mix of clinical voices from all professional and geographic areas
- The CAG will be chaired by an appointed clinician with support from a deputy chair.
- Additional support can and will be provided, noting that the forum will be an agile group focussing on discussion and receiving viewpoints

1.2.2 The membership of the CAG will reflect the structure of the seven health Statutory Professional Advisory Committees set up in accordance with Section 190 of the NHS (Wales) Act 2006. Membership of the CAG shall therefore comprise the following eleven (11) members, as a minimum:

- Welsh Medical Committee
 - Primary and Community Care Medical representative
 - Mental Health Medical representative
 - Specialist and Tertiary Care medical representative
- Welsh Nursing and Midwifery Committee
 - Community Nursing and Midwifery representative
 - Hospital Nursing and Midwifery representative
- Welsh Therapies Advisory Committee
 - Therapies representative
- Welsh Scientific Advisory Committee
 - Scientific representative
- Welsh Optometric Committee
 - Optometry representative
- Welsh Dental Committee
 - Dental representative
- Welsh Pharmaceutical Committee
 - Hospital Pharmacists representative

- Community Pharmacists representative

1.2.3 CAG membership will be extended beyond this eleven set members in order to ensure a broad representation of healthcare professional groups from across specialties and geography of CTM, including primary, community and secondary service provision.

1.2.4 CTMUHB has extended membership of the CAG to reflect representation from Nursing & Midwifery, Allied Health Professions, Medical, Primary Care, and Community from each of the three Integrated Locality Groups.

1.3 Member Responsibilities and Accountability:

1.3.1 Summary of the expectations of CAG members:

- To attend the CAG session each month where possible or give apologies in advance
- To respect other clinician's views when debating and discussing
- To respect and champion the values of the Health Board in the way the meetings are held
- To feel empowered to contribute wherever possible
- To feedback discussion to fellow clinical colleagues

The Chair

1.3.2 The Chair is responsible for the effective operation of the CAG:

- Chairing meetings;
- Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all business is conducted in accordance with its agreed operating arrangements; and
- Developing positive and professional relationships amongst the CAG's membership and between the CAG and the CTMUHB's Board, and in particular its Chair, Chief Executive and Clinical Directors.

1.3.3 The Chair shall work in close harmony with the Chairs of the CTMUHB's other advisory groups, and, supported by the Director of Corporate Governance, shall ensure that key and appropriate issues are discussed by the CAG in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

1.3.4 As Chair of the CAG, they will be appointed as an Associate Member of the CTMUHB Board. The Chair is accountable for the conduct of

their role as Associate Member on the CTMUHB Board to the Minister, through the CTMUHB Chair. They are also accountable to CTMUHB Board for the conduct of business in accordance with the governance and operating framework set by the Health Board.

The Vice Chair

1.3.5 The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing chair resumes their duties or a new chair is appointed, and this deputation includes acting in the role of Associate Member of CTMUHB Board.

1.3.6 The Vice Chair is accountable through the CAG Chair to CTMUHB Board for their performance as Vice Chair, and to their nominating body or grouping for the way in which they represent their views at the CAG.

Members

1.3.7 The CAG shall function as a coherent advisory group, all members being full and equal members and sharing responsibility for the decisions of the CAG.

1.3.8 All members must:

- Be prepared to engage with and contribute fully to the CAG's activities and in a manner that upholds the standards of good governance – including the values and standards of behaviour – set for the NHS in Wales;
- Comply with their terms and conditions of appointment;
- Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- Promote the work of the CAG within the healthcare professional discipline they represent.

1.3.9 CAG members are accountable through the CAG Chair to CTMUHB Board for their performance as Group members, and to their nominating body or grouping for the way in which they represent the views of their body or grouping at the CAG.

1.4 Appointment and terms of office

1.4.1 Appointments to the CAG shall be made officially by the Board, ensuring membership is invited from the relevant healthcare professional groups, and in accordance with any specific requirements or directions made by the Welsh Ministers. These will be based upon CAG recommendations.

- 1.4.2 Recommendations of membership will be conducted by CAG to replace members who have had to stand down or reach the end of their term in role.
- 1.4.3 The **Chair** will be identified from within the membership of the CAG, in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Ministers. The nomination will be subject to consideration by the Board, who must submit a recommendation on the nomination to the Minister for Health and Social Services. Their appointment as Chair will be made by the Minister, but it will not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.
- 1.4.4 The Chair's term of office will be for a period of up to two (2) years, with the ability to stand as Chair for a longer period as determined by the Board. That individual may remain a member of the CAG after their term of appointment as Chair has ended.
- 1.4.5 The **Vice Chair** will be identified from within the membership of the CAG, in a manner determined by the Board, subject to the condition that they be appointed from a different healthcare discipline to that of the Chair, along with any specific requirements or directions made by the Welsh Ministers. The appointment to Vice Chair of CAG shall be subject to consideration and appointment by the Board. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board. In the CAG's Chair's absence, the Vice Chair will also perform the role of Associate Member on the CTMUHB Board. The appointment of the Vice Chair is therefore also on the basis of the conditions of appointment for Associate Members set out in the Regulations.
- 1.4.6 The Vice Chair's term of office will be for a period of up to two (2) years, with the ability to stand as Vice Chair for a longer period as determined by the Board. That individual may remain a member of the CAG after their term of appointment as Vice Chair has ended.
- 1.4.7 A member's tenure of appointment will be for a period of up to two (2) years.
- 1.4.8 Any member's tenure will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform the CAG Chair as soon as is reasonably practical to do so in respect of any issue which may impact on their eligibility

to hold office. The CAG Chair will advise the Board in writing of any such cases immediately.

1.4.9 CTMUHB will ensure membership is in line with this eligibility on an annual basis by way of an annual review of the Terms of Reference.

1.5 Resignation, suspension and removal of members

1.5.1 A member of the CAG may resign office at any time during the period of appointment by giving notice in writing to the CAG Chair and the Board.

1.5.2 If the Board, having consulted with the CAG Chair and the nominating body or group, considers that:

- It is not in the interests of the health service in the area covered by the **CAG** that a person should continue to hold office as a member; or
- It is not conducive to the effective operation of the **CAG**

It shall remove that person from office by giving immediate notice in writing to the person and the relevant nominating body or group.

1.5.3 Where applicable a nominating body or group may request the removal of a member appointed to the CAG to represent their interests by writing to the Board setting out an explanation and full reasons for removal.

1.5.4 If a member fails to attend any meeting of the CAG for a period of six months or more, the Board may remove that person from office unless they are satisfied that:

- i) The absence was due to a reasonable cause; and
- ii) The person will be able to attend such meetings within such period as the Board considers reasonable.

1.5.5 Before making a decision to remove a person from the CAG membership, the Board may suspend the membership of that person for a limited period (as determined by the Board) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the Board suspends any member, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

1.6 Relationship with the Board

- 1.6.1 The CAG's main link with the Board is through the CAG Chair's membership of the Board as an Associate Member.
- 1.6.2 The CAG's Chair may also request the attendance of Board members or any other individual to attend a group meeting.
- 1.6.3 The Board shall determine the arrangements for any joint meetings between the CTMUHB Board and the CAG.
- 1.6.4 The Board's Chair shall put in place arrangements to meet with the CAG Chair on a regular basis to discuss the CAG's activities and operation.

1.7 Rights of Access to the LHB Board for Professional Groups

- 1.7.1 CTMUHB Chair, on the advice of the Chief Executive and/or Director of Corporate Governance (Board Secretary), may recommend that the Board afford direct right of access to any professional group, in the following, exceptional circumstances:
 - i) Where the CAG recommends that a matter should be presented to the Board by a particular healthcare professional grouping, e.g., due to the specialist nature of the issues concerned; or
 - ii) Where a healthcare professional group has demonstrated that the CAG has not afforded it due consideration in the determination of its advice to the Board on a particular issue.
- 1.7.2 The Board may itself determine that it wishes to seek the views of a particular healthcare professional grouping on a specific matter, in accordance with Standing Order 6.5.7.

1.8 Relationship with the National Professional Advisory Group

- 1.8.1 The CAG Chair (or CAG Vice-Chair) will not necessarily be a member of the National Professional Advisory Group and this is a position approved by the Board as variation to the model Standing Orders. CTMUHB will however, ensure at least one member of the CAG is a member of the National Professional Advisory Group who will act as the formal link between the two Groups.