

## MID WALES CLINICAL ADVISORY GROUP

### TERMS OF REFERENCE

#### Partners:

Full member	Co-opted Member
Betsi Cadwaladr University Health Board (BCUHB) Hywel Dda University Health Board (HDdUHB) Powys Teaching Health Board (PTHB) Welsh Ambulance Service NHS Trust (WAST) GP Clusters	Shrewsbury and Telford Hospital NHS Trust (SaTH) Wye Valley NHS Trust (WVT) Aberystwyth University

#### Objective:

To encourage clinically led service development by supporting a forum to develop clear professional advice on the development of patient pathways and service models to provide optimum outcomes and experience for the citizens of Mid Wales.

#### 1. Purpose and Scope of the Group

- 1.1. To provide a forum for clinical debate to develop models of care to more effectively meet the needs of the population of the area known as Mid Wales.
- 1.2. Mid-Wales is not defined in any legal sense, but for the purposes of this group, includes the population of Ceredigion, South Meirionnydd and North /Mid Powys that access services from any of the partners.
- 1.3. To develop service proposals that respond to changing demography and ensure equitable access in the rural setting.
- 1.4. Review existing services in light of developing clinical techniques and guidance. The MWCAG will agree a prioritised strategic work programme for the development of service areas and will appoint a Clinical Workstream Chair to lead a task and finish group to develop options for service delivery in each respective area that:
  - Respond to workforce issues, provide advice on appropriate skill mix and team based solutions.
  - Encourage clinicians to identify barriers to effective, prudent care and propose solutions.
- 1.5. The MWCAG will place the citizens of mid-Wales as its focus and appraise options for service delivery against a wide range of quality and outcome measures relevant to the local population in addition to assessing these against national clinical and service standards. Clinical, health and well-being and socio-economic appraisal will be applied to options in order to demonstrate their impact and consequences to inform the group's recommendations.
- 1.6. During its work, the group may identify standards that cannot be applied universally to the population group and will propose solutions and mitigations to minimise the impact of non-conformity.

#### 2. Principles

- 2.1. The following principles underpin this working of the group in that the partners will:
  - a) Ensure a public health and population based approach to the delivery of care.
  - b) Ensure patients can access emergency acute health care within a clinically appropriate time from their home.

- c) Ensure as much care is delivered as close to people's homes as is possible and safe so to do.
- d) Collaborate and co-operate in the development of patient pathways and service models that will benefit the patients of mid-Wales.
- e) Be accountable for their own actions, roles, responsibilities and undertakings.
- f) Be open, communicating openly about major concerns, issues or opportunities.
- g) Learn, develop and seek opportunities to achieve the full potential from the collaboration. Share information, experience, materials and skills to learn from each other and develop effective working practices.
- h) Respond in a timely manner to requests for information, support, guidance and other as might be requested.
- i) Act in good faith to support the achievement of the key objectives and compliance with these principles.
- j) Provide coherent, timely and efficient decision-making.

### **3. Chair and Membership**

- 3.1. The Chair of this group will be the Lead Clinical Executive Director for the Mid Wales Joint Committee and the Deputy Chair of the group will be one of the senior clinicians nominated from the group's membership. Deputies may be nominated to attend where advance notice of their attendance has been given. Members need to ensure consistency and appropriateness when nominating deputies.
- 3.2. The members of the group are set out in Appendix 1.
- 3.3. The group may co-opt others in an advisory capacity to support particular work-streams as appropriate. Co-opted members will not count towards quorum or have voting rights.

### **4. Quoracy**

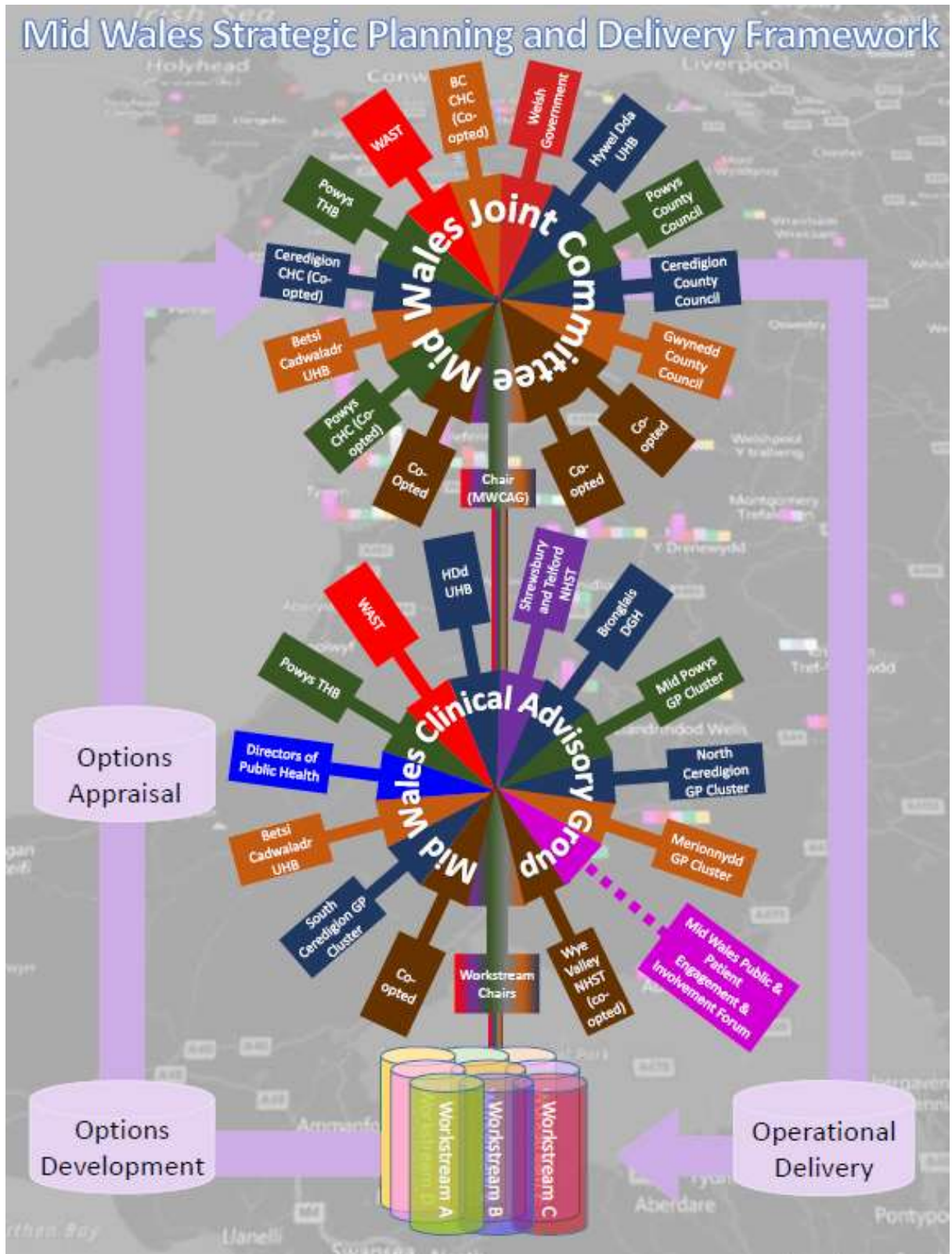
- 4.1. The Quorum for the meeting shall be no less than the Chair or Vice Chair together with one representative from each member organisation, with a total of no less than 6 (six) attendees.
- 4.2. If a quorum has not been reached, then a "non-quorate" meeting may proceed if those attending agree, but any record of the meeting should be clearly indicated as notes rather than formal minutes and decisions will need to be ratified in the next quorate meeting.

### **5. Frequency of Meetings**

- 5.1. The group will meet bi-monthly in the first instance with frequency of meetings kept under review to ensure they are appropriate.

### **6. Support**

- 6.1. Support for the meeting will be provided by the Mid Wales Joint Committee Team.



### **7. Authority**

- 7.1. The group is authorised to explore any activity relating to its objective and seek relevant information from service providers.
- 7.2. The group may establish work-streams for specific work areas as may support the group's objectives.
- 7.3. The group may make evidence based recommendations to the Joint Committee acknowledging existing organisational strategy, provided that these meet the overall objective.

### **8. Accountability**

- 8.1. Each partner will nominate a lead officer who will be responsible for ensuring actions required of their organisation are achieved and will be jointly responsible with the chair for the effective operation of the group.
- 8.2. Each partner will be accountable for their involvement to their respective operational management committees, or other such committee that oversees this function.
- 8.3. The MWCAG Chair will be a member of the Mid Wales Joint Committee to which they will be accountable for the actions and delivery of the MWCAG.

### **9. Reporting**

- 9.1. All meetings shall be formally minuted and a record kept of all reports/documents considered. The primary record of the meeting will be held by the meeting's secretary on behalf of the Chair.
- 9.2. The minutes of the meetings will be submitted to the committees/boards as set out in the accountability arrangements above.
- 9.3. A quarterly progress report setting out achievements, exceptions and recommendations will be produced for review by the Mid Wales Joint Committee and each partner's respective organisation.

### **10. Information Governance**

- 10.1. In pursuit of the objective, partners will act to ensure the safety and security of corporate and patient information.
- 10.2. An information protocol and sharing agreement will be put in place to allow the sharing of information essential to the pursuit of the objective, including corporate information and anonymised patient information and covering data loss, breach of confidence and Freedom of Information Act requests.

### **11. Corporate and Financial Governance**

- 11.1. The group shall operate within the Standing Orders and Standing Financial Instructions of the partner organisations.

**12. Review of the Terms of Reference**

12.1. The Terms of Reference will be reviewed annually and as and when required to ensure the Group's effectiveness.

12.2. Any lead officer may propose amendments to the Terms of Reference at a meeting of the group on behalf of their respective organisation. Changes to the Terms of Reference will be subject to agreement of the Mid Wales Joint Committee

<b>Version</b>	<b>Issued to:</b>	<b>Date</b>	<b>Comments</b>
v1.0	Mid Wales Joint Committee	12 <sup>th</sup> Mar 2018	
v1.1	Mid Wales Clinical Advisory Group	20 <sup>th</sup> Nov 2018	<b>Amend:</b> i) (7.3) Use of the word “acknowledging” in place of “unencumbered” ii) Remove reference to CHCs as they are already represented on other groups within the MWJC governance structure. iii) NPHS to be replaced by Directors of Public Health. iv) Citizen to replace the word patient. v) Health and well-being be reflected earlier in the terms of reference.
v1.2	Mid Wales Joint Committee	14 <sup>th</sup> Jan 2019	<b>Agreed</b>
v1.3	Mid Wales Clinical Advisory Group members	6 <sup>th</sup> Feb 2020	<b>Amend:</b> i) Membership updated to include PTHB Professional Lead for Optometry and Aberystwyth University Principal Lead in Healthcare Education. ii) Membership for existing members updated with clinical representatives as members and non-clinical representatives as in attendance. iii) Quorum to be the Chair or Vice Chair together with one representative from each member organisation, with a total of no less than attendees.
v1.4	Mid Wales Clinical Advisory Group Chair	2 <sup>nd</sup> Mar 2020	<b>Amend:</b> i) MWJC Programme Director to be full member. ii) SaTH to be co-opted member of the group.
v1.5	Mid Wales Clinical Advisory Group members	4 <sup>th</sup> March 2020	<b>Agreed</b>

**Mid Wales Clinical Advisory Group - Membership**

MEMBERS	
<b>Powys Teaching Health Board</b>	Medical Director (Chair)
	Assistant Director Community Services group
	Director of Public Health
	Director of Nursing and Midwifery
	Professional Lead for Optometry
<b>Hywel Dda University Health Board</b>	Medical Director / Deputy Medical Director
	Hospital Directors Bronglais General Hospital
	Consultant Oncologist
	Clinical Director - Scheduled Care
	Director of Public Health
	Director of Nursing / Assistant Director of Nursing
	Clinical Director of Therapies
<b>Betsi Cadwaladr University Health Board</b>	Director of Public Health
	Integrated Health Community Director of Operations (West)
	Interim Area Nurse Director West
	Assistant Director Therapy Services
<b>Welsh Ambulance Services NHS Trust</b>	Medical Director / Regional Clinical Lead – Consultant Paramedic
<b>Cluster Leads</b>	Cluster Lead – North Ceredigion
	Cluster Lead – South Ceredigion
	Cluster Lead – North Powys (also representing Mid Powys)
	Cluster Lead - Meirionnydd
<b>Mid Wales Joint Committee</b>	County Director Ceredigion and MWJC Programme Director
CO-OPTED	
<b>Shrewsbury and Telford NHS Trust</b>	Consultant Surgeon
<b>Wye Valley NHS Trust</b>	Director of Strategy and Planning
<b>Aberystwyth University</b>	Principal Lead in Healthcare Education
IN ATTENDANCE	
<b>Powys Teaching Health Board</b>	Director of Planning & Performance
	Lead for the North Powys Wellbeing Programme
<b>Hywel Dda University Health Board</b>	General Manager – Scheduled Care
	General Manager – Bronglais General Hospital
<b>Mid Wales Joint Committee</b>	Programe Manager
	Project Support Officer