

Clinical Advisory Forum: Terms of Reference

1. Purpose

1.1. The Clinical Advisory Forum (CAF) exists to provide independent senior clinical input to the work of the Patient and Clinical Engagement (PCE) Directorate. It will form an important component of Monitor's patient and clinical engagement strategies, helping to inform:

- a better understanding of the clinical impact of Monitor's work;
- the appropriate use of the regulatory levers available to Monitor; and
- delivery of Monitor's wider strategic objectives¹.

2. Membership

2.1. The CAF shall comprise up to 19 members. The Medical Director (Executive Director of Patient and Clinical Engagement) shall act as the Chair of the CAF. In his absence the Deputy Medical Director or Nurse Director shall act as Chair.

2.2. The membership of the CAF will consist of up to nine medical directors and nine chief nurses of NHS foundation trusts (NHSFTs). Members of the CAF shall be appointed by the Chair of the CAF following an open invitation for applications. Representatives from a broad cross-section of trusts will be sought including acute, mental health, community and ambulance trusts. Whilst members of the CAF are appointed as individuals in their own right and not as representatives of their employer or professional body, when a member ceases to be a board member of an NHSFT trust their membership of the CAF will also cease.

2.3. Appointments to the CAF shall usually be for a period of up to three years and are unlikely to be extended for further periods.

2.4. Only members of the CAF have the right to attend CAF meetings. Other individuals may be invited by the Chair of the CAF to attend all or part of any meeting as and when appropriate and necessary.

3. Secretary

3.1. A member of the Board Secretariat shall act as the secretary to the CAF.

¹ Making sure public providers are well led; making sure essential NHS services are maintained; making sure the NHS payment system promotes quality and efficiency; making sure procurement, choice and competition operate in the best interests of patients; promoting change through high quality analysis and debate, and by encouraging innovation; making sure Monitor is a high performing organisation.

4. Frequency of Meetings

4.1. The CAF shall meet every two months, according to business requirements.

5. Notice of Meetings

5.1. Meetings of the CAF, other than those regularly scheduled as above, shall be summoned by the secretary of the CAF at the request of the Chair. Due regard will be given to notice periods required by those clinicians who still have clinical commitments.

5.2. Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed and any supporting papers, shall be circulated to each member of the CAF and any other person required to attend, no later than five working days before the date of the meeting.

6. Conduct of Meetings

6.1. Except as outlined above, meetings for the CAF shall be conducted in accordance with the provisions of Monitor's Rules of Procedure.

7. Minutes of Meetings

7.1. The secretary shall minute the proceedings of all meetings of the CAF, including recording the names of those present and in attendance.

7.2. Draft minutes of meetings shall be circulated promptly to all members of the CAF and, once agreed, made available to all members of Monitor's Executive Committee.

8. Duties

8.1. The primary role of the CAF will be to act as a critical friend to the PCE Directorate and, in particular, to inform, challenge and review:

8.1.1. The ongoing development of Monitor's patient and clinical engagement strategies;

8.1.2. The delivery of the PCE Directorate's work programme and the advisory activities it undertakes;

8.1.3. The clinical impact of Monitor's work.

8.2. Members will provide advice on Monitor's work as required. Appendix 1 provides an overview of the type of work that the forum may be involved in.

8.3. Members may be asked individually for advice related to their area of expertise, or may be asked to form a collective view on a more general area.

8.4. A sub-group of CAF members may be formed to advise on a particular case or project.

9. Other matters

9.1. The CAF shall:

- 9.1.1. Have access to sufficient resources including co-option in order to carry out its duties, including access to the Board Secretary for assistance as required;
- 9.1.2. Be provided with appropriate and timely training, both in the form of an induction programme for new members and on an ongoing basis for all members.

April 2015

Appendix 1 – Types of work

The following list provides some examples of the type of work that forum members may be asked to advise on.

1. *Making sure public providers are well-led*
 - Monitor's Risk Assessment Framework and other aspects of the regulatory regime
 - Development and other support available to FTs
2. *Making sure essential services are maintained*
 - Contingency planning
 - Whole health economy approaches
3. *Making sure the NHS payment system promotes quality and efficiency*
 - Long-term pricing strategy and associated research, development and evaluation projects
4. *Making sure procurement, choice and competition operate in the best interests of patients*
 - Parties benefit cases (mergers)
 - Clinical and service aspects of conduct cases (provider and commissioner)
 - Clinical and service aspects of market investigation references and reviews
5. *Promoting change through high quality analysis and debate, and encouraging innovation*
 - Initiatives/ studies e.g. design and implementation of new models of care