WEST MIDLAND REGIONAL PODIATRY LEADERSHIP FORUM

TERMS OF REFERENCE

1. **Definition**
   In this constitution, the term “Professional” when used without further qualification refers to the recognised Heads of Podiatry Services, who act as advisors and managers for such services. The “Group” refers to the West Midland Regional Podiatry Advisory Group.

2. **Title**
   The Group shall be known as the “**West Midland Regional Podiatry Leadership Forum**” and will be referred to as the Group throughout this document.

3. **The Group’s Mission Statement**
   “To facilitate and promote leadership in the continuous development of Podiatric practice and services within the geographical area of the Group.”

4. **Terms of Reference**
   The Group shall offer advice to strategic Health Authorities, NHS Trusts, PCTs and relevant professional bodies concerning the contribution Podiatry clinical professionals give to health and care.

5. **Objectives**
   (a) To provide communication on clinical and professional issues across the West Midlands clusters’ health economy (Appendix 1).
   (b) To act as a professional resource for Podiatric healthcare to the above organisations.
   (c) To provide a forum for managerial and clinical supervision for Podiatrists attending the group.
   (d) To provide a forum to facilitate support for Podiatry leaders within the West Midlands clusters.
   (e) To act as a focal point for networking and sharing of information.
   (f) To work with the Regional Workforce Deanery to inform workforce and strategic planning.
   (g) To work with the Regional Workforce Deanery to commission appropriate levels of Podiatry placements from Educational providers.
   (h) To provide expert clinical advice on the delivery of student educational opportunities and to work with the Regional Workforce Deanery to quality assure courses provided across the Health Economy.
(i) To act as a resource for Commissioning groups to enable safe, clinically governed cost effective development of Podiatry services across the health economy.

(j) To draw up an annual action / work plan for the group following each AGM.

6. **Membership**

Standing membership of the Group shall consist of either Heads of Professionally lead Podiatry Services or such other appropriate professional manager if no such post exists. Any member unable to attend should appoint an alternative (normally deputy/senior member of staff) with appropriate delegated authority to represent their area.

The Group, through the Chair may invite any individual as appropriate e.g. heads/programme leads of Schools of Podiatry. These will be deemed as invited members but who will have no right to vote.

7. **Officers**

**Present:** The Officers of the Group shall be a Chairperson, Vice Chairperson and an Honorary Secretary, each to serve for a one-year period. This may be reviewed by the Group as necessary.

All meetings shall be presided over by the Chairperson, or if absent, the Vice-Chair. If both persons are absent then those present shall elect a member to take the Chair for that particular meeting.

The Honorary Secretary shall conduct the correspondence relating to that office, give due notice of all Group meetings, arrange venues, prepare an agreed agenda, produce and circulate minutes within 4 weeks of the last meeting to members and other bodies, as and when the Group considers appropriate.

8. **Committee Meetings**

(a) **Frequency**

Meetings will be a minimum of four meetings a year with a maximum being bimonthly. Extraordinary meetings can be called by the Chair or by any members of the Group citing the reasons for meeting.

(b) **Quorum**

The Quorum for such meetings shall be six members (not alternates). If less then a Quorum the meeting will discuss items of business however any decisions or items for voting will have to be deferred until the next quorate meeting.

(c) **Conduct of Business**

(i) All items for inclusion on the agenda must be submitted to the Secretary no later than seven days before the next meeting. Minutes/Notes/Action lists will be circulated no later than one calendar month after the last meeting.
(ii) If activities of the Group require voting decisions then equal constituency will have equal voting weight. The Chairperson has the right of a casting vote.

(iii) An Ad Hoc Working Party, including if appropriate, co-opted members may be established by a resolution of the Group. Any such Party will be accountable to the Group and shall report its deliberations to the Group. A clear mechanism for this will be advised to any such Party and will be based on PRINCE 2 project management methodology.

(d) Committee Year
The Committee Year will be from 1st April to 31st March.

(e) Urgent and Emergency Decisions
Matters of an urgent nature that require an urgent response / decision prior to the next programmed meeting will be communicated by the chairperson and responses collated by the secretary. A resultant decision will be disseminated on the views of all member organisations of the group. All such urgent decisions shall either be ratified or rescinded at the next meeting.

In the event of emergency decisions being required, the Chairperson shall consult with at least four members of the Group. All such emergency decisions shall either be ratified or rescinded at the next meeting.

(f) Confidential Matters
From time to time it may be necessary to put confidential matters on the meetings’ agenda. These will normally take place in the afternoon session. These items will be marked confidential (and in the minutes) and members are required to adhere to the principles of confidentiality laid down in the Group’s Ground Rules. Invited members may be asked to leave if necessary where information to be discussed is of a ‘sensitive’ nature.

9. Relationships with other Groups
From time to time members of the Group will be asked to represent the Group at other meetings. Each member has a responsibility to conduct themselves in a professional manner and to uphold the high standards the Group sets itself and to feedback to the forum as required.

10. Review of the Constitution
This Constitution will be subject to review every two years. The Constitution may also be reviewed before this time if the Group feels it necessary.

11. Ground Rules for Meetings
- Respect and trust each other
- Constructive criticism
- Participative
- Shared responsibility
- Open minded
- Listen
### 12. Key Values of the Group

<table>
<thead>
<tr>
<th>Group Members</th>
<th>Everything the Group does is focused on its members and their needs.</th>
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</thead>
<tbody>
<tr>
<td>The Profession</td>
<td>The Group’s activities are directed at achieving a positive benefit for the profession as a whole.</td>
</tr>
<tr>
<td>Stake Holders</td>
<td>The Group recognises the importance of working in partnership with external stakeholders to achieve success.</td>
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<tr>
<td>Collaboration</td>
<td>The Group recognises that it only achieves success through its members working together, sharing information and supporting each other.</td>
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<tr>
<td>Openness</td>
<td>Group members respect and trust each other and act with integrity.</td>
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<tr>
<td>Learning</td>
<td>The Group supports continual improvement through a learning culture.</td>
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<tr>
<td>Innovation</td>
<td>The Group encourages development and creativity.</td>
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<tr>
<td>Evaluation</td>
<td>Group members reflect on their activities in order to learn and continuously improve.</td>
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</tbody>
</table>

### 13. Critical Success Factors

(i) To recognise the contributions of members and others (list of activities in Constitution).

(ii) To identify and develop links/partnerships with external stakeholders.

(iii) To maintain an effective communication system.

(iv) To promote education and life-long learning.

(v) To monitor the number and effectiveness of the Group’s meetings.

(vi) To share good practice.

**Actions to be taken:**

- The above sections will be reviewed annually (at first meeting of the year)
Appendix 1

NHS West Midlands 5 cluster areas.

<table>
<thead>
<tr>
<th>Cluster 1</th>
<th>Cluster 2</th>
<th>Cluster 3</th>
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</thead>
<tbody>
<tr>
<td>Stoke on Trent</td>
<td>Shropshire</td>
<td>Wolverhampton</td>
</tr>
<tr>
<td>North Staffordshire.</td>
<td>Telford &amp; Wrekin</td>
<td>Walsall</td>
</tr>
<tr>
<td>South Staffordshire</td>
<td>Hereford</td>
<td>Dudley</td>
</tr>
<tr>
<td></td>
<td>Worcestershire</td>
<td>Sandwell</td>
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<table>
<thead>
<tr>
<th>Cluster 4</th>
<th>Cluster 5</th>
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<tbody>
<tr>
<td>Birmingham East and North</td>
<td>Solihull</td>
</tr>
<tr>
<td>Heart of Birmingham</td>
<td>Coventry</td>
</tr>
<tr>
<td>South Birmingham</td>
<td>Warwickshire</td>
</tr>
</tbody>
</table>

The five regional clusters will be led by a lead Chief Executive, appointed by the Strategic Health Authority. Individual PCTs will remain responsible and accountable for their own performance and commissioning of services for their populations. The clusters will be responsible for identifying and implementing management cost reductions, improving the quality and productivity of services through innovation and partnerships (commonly known as the QIPP agenda), achieve management costs savings and consider the future shape of health services.

The PCT Lead Chief Executive Officer for each cluster, and together with the management team of the SHA, will form the West Midlands Management Board.