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**NCL Clinical Advisory Group**  
**Terms of Reference**  
**v3.0 – 6 August 2020**

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## **1. Summary of the role of the NCL Clinical Advisory Group (CAG)**

An NCL Clinical Advisory Group (CAG) has been established by the NCL Gold team, to provide a local forum to ensure temporary service changes arising from COVID-19 pressures are considered, implications anticipated are mitigated and decisions are appropriately enacted and communicated. The NCL CAG will be the interface between the London CAG regarding clinical services that may impact NCL and vice versa.

The NCL CAG will provide robust assurance about the clinical service change decisions that are being taken and provide a clear and transparent audit trail of the rationale for the decision to effect a clinical service change. The group will also have a formal role providing a formal clinical review of the temporary service changes made to ensure clinical oversight of the operational transition into the post-pandemic phase.

The terms of reference for the NCL CAG and membership were refreshed at the start of May 2020 to reflect the ongoing role of the CAG during the recovery phase of the Covid-19 pandemic and its role providing clinical input to the Gold Board and other workstreams around clinical prioritisation.

It is noted that the role and function of the NCL CAG is specific to the emergency requirements of the Covid-19 pandemic and as such its membership is very tight. In carrying out its functions the NCL CAG will draw on the clinical expertise and broader clinical leadership in NCL through the Health and Care Cabinet. Dr Jo Sauvage is Co-Chair of the Health and Care Cabinet with Flo Panel Coates. Flo Panel Coates role on the NCL CAG is specifically to provide that link between the CAG and the Health and Care Cabinet in governance terms.

## **2. London-wide Background**

London has an existing arrangement for senior clinical leaders across all five STPs and the regional clinical team to collectively consider strategic clinical issues through the London wide CAG. In response to the COVID-19 pandemic, the London-wide Clinical Advisory Group's Terms of Reference have been amended to address the emergent clinical issues arising from COVID preparedness.

The role of the revised London CAG, renamed to the COVID-19 CAG is to provide advice to the Incident Coordination Centre and the London Regional Chief Executive through the London Medical Director and Chief Nurse. The group provides expert clinical advice relating to the COVID-19 response.

The establishment of an NCL CAG would provide a clear interface between the London-wide clinical advisory arrangements and STP-wide decision making through the System Gold.

## **3. Operating principles**

The NCL CAG will adopt the London COVID-19 CAG principles for operation, which include:

- Openness
- Transparency
- Consistency
- Collaboration
- Systematic methodology
- Evidenced based/informed decisions
- Promoting personalisation, parity and equity
- Patient, population and carer centred

The establishment of this process and associated documents must be considered within the context of the unprecedented situation of the COVID-19 pandemic at this time.

#### 4. Membership of the NCL Clinical Advisory Group

Members of the group will represent functional, rather than organisational, perspectives in their review and consideration of proposals. The following members have been nominated via the NCL Gold Group. The membership was refreshed at the start of May 2020.

<b>Standing members</b>	
NCL CCG Chair Co-Chair Health and Care Cabinet	Dr Jo Sauvage (link to London CAG) (Co-chair)
NCL Medical Directors	Dr Chris Streater (Royal Free) (link to the London CAG) (Co-Chair) Dr Clare Dollery (Whittington Health) Dr Tim Hodgson (UCLH) Dr Emma Whicher (North Middlesex University Hospital) (also co-chair of the Ethics Committee)
Co-Chair Health and Care Cabinet	Flo Panel-Coates (Chief Nurse, UCLH)
NCL GP x 2 (in addition to chair)	Dr Peter Christian Additional GP representative being recruited – to be confirmed
Chief Nurse/Director of nursing x2	Michelle Johnson (Whittington Health) Jenny Goodridge (link to the London CAG)
London Ambulance Service (LAS)	Graham Norton / Patrick Hunter
NCL Director of Quality	Kay Matthews
NCL Director of Strategic Commissioning	Sarah Mansuralli
<b>Members as required (depending on agenda items)</b>	
Mental Health rep (CAMHS focus) x1	Medhi Veisi (BEH)
Mental Health rep (adults focus) x1	Vincent Kirchner (C&I)
Medicines Management	Pauline Taylor
<b>Administration</b>	
Programme Support	Anna Stewart / Sophie Donnellan
Communications and Engagement	Chloe Morales Oyarce

The meeting will be quorate if the following members are present: one of the two GP representatives, two of the four medical director representatives, one of the two CCG Executive Directors; and two of the three nurse representatives (the co-chair of the Health and Care Cabinet is a Chief Nurse and so included in the nurse quoracy).

**Senior clinical and operational representatives from the trust would be invited to the NCL CAG meeting to present significant service changes which are being put forward, answer questions, hear the discussion and ensure supportive collaborative decision-making.**

For discussions about changes which would have implications for mental health or community services, the relevant representatives must be present. If implications relating to those sectors arise during the course of a discussion views should be sought from the relevant representatives after the meeting. Director of Public Health input and expertise will be sought on specific agenda items.

## 5. Purpose of the NCL CAG

The NCL CAG will serve as an effective forum for:

- Reviewing guidance emanating from London CAG to consider and advise on NCL implications.
- Advising London CAG of particular areas in the guidance that may need further review at NCL level
- Considering proposed service changes and considering their wider clinical implications in the immediate short term and in the longer term
- Provide recommendations to GOLD system group for service changes that should be approved
- Provide a collective point of clinical contact for the NCL Incident Coordination Centre
- Consider clinical issues that should be prioritised by the STP during this pandemic and recommend actions to mitigate or improve quality, safety and patient care.
- Ensure temporary clinical service changes are approved and agreed by the GOLD work stream leads working group prior to being submitted to London CAG for approval or to NCL ICC Communications for wider dissemination.
- Ensure that there is a robust process and audit trail for all new clinical service changes that have been implemented in the *emergency* and *sustained* response phase of the pandemic, including documented risks and mitigation where this is appropriate.
- Retrospective consideration, for completeness, of changes that have been implemented prior to the establishment of the NCL CAG in the immediate *emergency response* phase and agreed through the Gold and London-wide processes
- Ensure that there is a planned review of the implementation of normal operating processes in the *post-response phase* and provide clinical advice and input to the Gold Board around prioritisation for recovery
- Ensure effective two-way dialogue between London CAG and NCL CAG on clinical service changes of relevance and sharing of good practice being implemented in other STPs.
- Ensure that there is a clear process for approving consistent messaging with the communications team, aligned with London-wide and national messaging, which can be passed to the NCL ICC for cascade
- Ensure that there is a clear plan for prioritising and ensuring appropriate and timely sharing of approved temporary changes to key local authority stakeholders, including the JHOSC [NB London process for major changes requires a conversation with the JHOSC chair first], and other partners (LAS, 111), and giving a route for feedback / approval as appropriate
- Review recommendations and actions arising from the Ethics Committee which has been established to maintain consistency/equity of access, share good practice, and also to provide a forum for the provider based ethical groups to air difficult issues and access advice

## 6. Meeting schedule

The NCL CAG is proposed to meet virtually/in person three times a week (Monday, Wednesday and Friday 1.30pm to 2.30pm) where there are service changes for consideration and decision. Other meetings may be required at short notice. If a meeting slot is not required it will be stood down.

## 7. Tiers of decision-making

Tier	Types of decision	Examples
London-wide	Clinical recommendations made on London-wide changes or changes which impact on London-wide services	Closures of an A&E which would have implications for neighbouring boroughs or trusts.  Decisions which are being made across London and need to be made consistently eg management of cancer pathways/capacity  Decisions which would impact specialised commissioning
NCL-wide	Clinical recommendations made on NCL system wide changes made by Surge, Community services, ITU and Workforce work-streams	Decisions that would only impact NCL patients to create capacity eg changes to the location of surgical services or sharing of facilities
Sole Borough/ Multiple Boroughs	Borough/ Multi-borough recommendations made by appropriate director and GP lead to go through the NCL CAG for a light-touch review (Director of Quality to present)	Very localised changes to community pathways in an individual borough or within a single provider organisation.

It is proposed that all decisions relating to NCL go to the CAG for discussion. The agenda would be split into two parts:

- **Part A:** for detailed discussion would be the NCL-wide decisions, this would form the bulk of the agenda
- **Part B:** for a lighter touch review would be a log of the sole borough/provider proposals alongside the recommended decision from the local clinical triumvirate who have reviewed them.

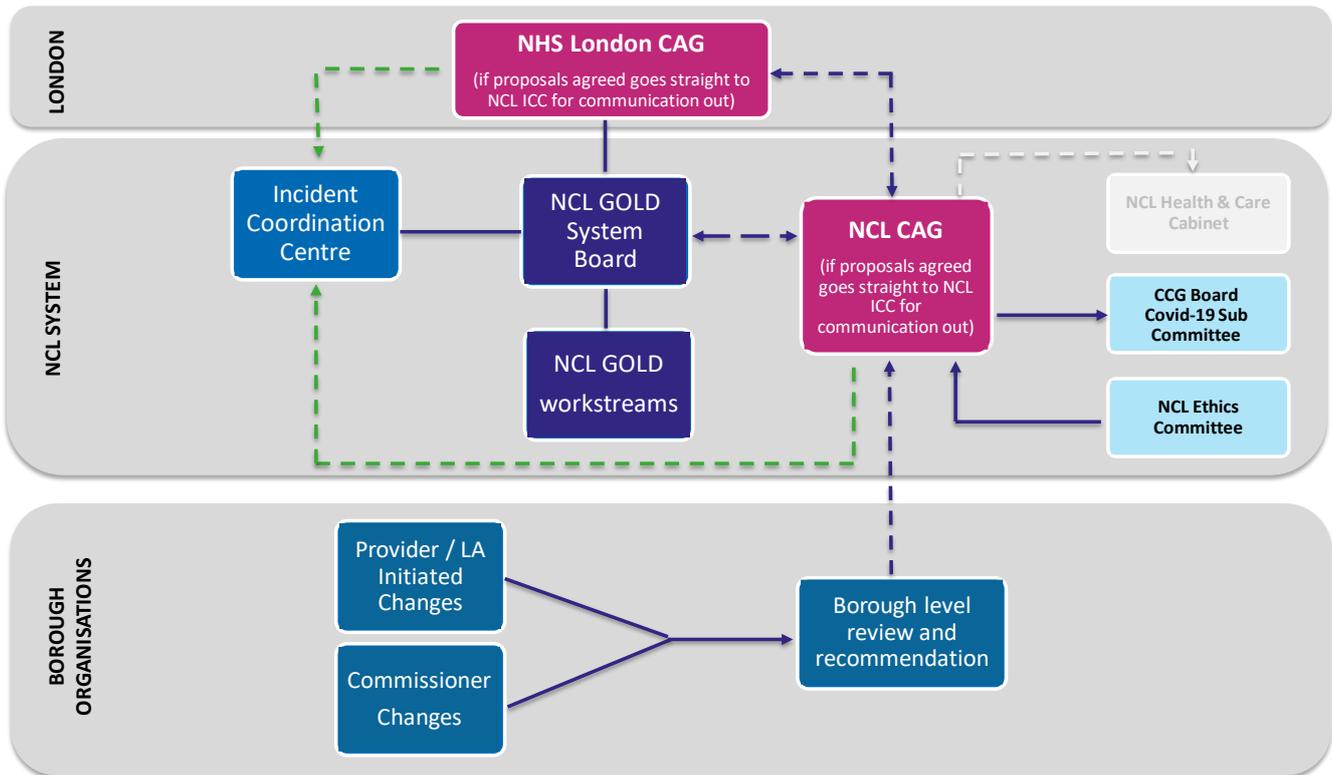
## 8. Governance and Accountability

The NCL CAG would adhere to the following governance and accountability structure. The quorum is indicated in the membership table above.

It is noted that the role and function of the NCL CAG is specific to the emergency requirements of the Covid-19 pandemic and as such its membership is very tight. It will draw on the clinical expertise and broader clinical leadership through the Health and Care Cabinet, the Co-Chairs of which both sit on the CAG. This relationship is shown on the governance chart.

The NCL CAG will oversee the work programme and take recommendations from an Ethics Committee which has been established to provide a forum to maintain consistency/equity of access, share good practice, and also to provide a forum for the provider based ethical groups to air difficult issues and access advice. The Chair(s) of the Ethics Committee sit on the NCL CAG.

The CCG Executive Lead for the NCL Clinical Advisory Group will be the Executive Director of Strategic Commissioning supported by the SRO for the NCL Clinical Quality Work stream. Programme support will be provided by the NCL Director of Major Reconfigurations.



## 9. Process for referring into the NCL CAG

