

National Clinical Coordination Group

Terms of Reference - final

1.0 Introduction

- 1.1 The NHS is expected to deliver improvements to services (provided 7 days a week) and quality as well as efficiencies of 2-3% per year by April 2021. The Carter Review (1) examined productivity and efficiency in English non-specialist acute hospitals and made 15 recommendations designed to tackle unwarranted variation and help trusts improve their performance.
- 1.2 To deliver the recommendations concerning clinical quality and efficiency, the so-called 'Getting it Right First Time (GIRFT)' methodology will be employed to provide the NHS with a robust and systematic evaluation of care pathways, and to develop national guidance across all specialties that can be implemented and managed effectively through robust, system-wide performance management. A Model Hospital, accessed via an e portal will be used to display comparative data for trusts to evaluate their performance against selected clinical (and non clinical) metrics.
- 1.3 Other initiatives are looking at various parts of specific care pathways. Indeed, there are currently multiple programmes in operation across the landscape, designed to identify and drive improvements in areas ranging from demand management and commissioning, to provider efficiency, productivity and outcomes. These are at various stages of evolution, have differing scope and do not cover all aspects of the pathway, leading to potential gaps, confusion and duplication.
- 1.4 The Carter Report therefore recommended the bringing together of all clinical programmes currently in operation in this landscape within a quality, efficiency and productivity committee. This has been named the National Clinical Coordination Group (NCCG).

2.0 Scope and Objectives of the Group

- 2.1 To ensure the specific recommendations of the Carter Report are widely understood and applied by the bodies represented, identifying risks and mitigation strategies .
- 2.2 To represent the coordination body for implementation of the Carter Report's clinically relevant programmes, projects and initiatives within the DH and NHS national and arms' length bodies.
- 2.3 To ensure maximum impact for the work being undertaken to optimise end-to-end care pathways via the GIRFT initiative, working through the Model Hospital Board and engaging as necessary with Medical Royal Colleges, Faculties and professional societies; and with patient associations, providers and commissioners.
- 2.4 To ensure there is informal and open exchange between the clinical directors of the bodies represented concerning other significant initiatives across the NHS, to ensure alignment of their respective work streams and to avoid duplication.

3.0 Membership

- 3.1 The NCCG shall be co chaired by the National Directors for Quality & Efficiency and National Director for clinical Productivity. Its membership comprises the senior clinicians from each of

NHS England, NHS Improvement and Care Quality Commission, and the Executive Director of Operational Productivity (who heads the Carter Implementation Program). The full list of members is provided in Table 1 below.

- 3.2 Members are expected to attend meetings wherever possible. If a member of the Group is unable to attend a meeting on occasion another member of their team may be appointed to deputise on their behalf. Deputies have the same full-delegated rights and responsibilities as the member they represent.
- 3.3 The quorum necessary for the transaction of business shall be four members, including a Chair, but not including deputies.
- 3.4 Others may be invited by the Chairs to attend all or part of any meeting as necessary.

Table 1: National Clinical Coordination Group Membership

Name	Role	Organisation
Professor Timothy Briggs	National Director for Clinical Quality and Efficiency	DH/NHSI
Professor Timothy Evans	National Director of Clinical Productivity	DH/NHSI
Dr Mike Durkin	National Director of Patient Safety	NHSI
Professor Bruce Keogh	National Medical Director	NHSE
Professor Sir Michael Richards	Chief Inspector of Hospitals	CQC
Dr Kathy McClean	Medical Director	NHSI
Dr Jeremy Marlow	Executive Director of Operational Productivity	NHSI
Secretariat		NHSI

4.0 Frequency of meetings

- 4.1 The NCCG shall meet 4 times per year (approximately quarterly) or *ad hoc* as

requested by a Chair, when Committee meetings are deemed to be required.

4.2 Business may also be conducted via email correspondence.

5.0 Notice of meetings

5.1 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 forwarded to each member of the Group and any other person required to attend, no later than two working days before the date of the meeting.

6.0 Minutes of meetings

6.1 The secretary shall minute the proceedings and resolutions of all meetings of the Group, including recording the names of those present and in attendance.

6.2 Minutes of the meetings shall be circulated promptly to all members and to additional individuals or organisations as requested by the Chair(s) where appropriate.

References:

1. Lord Carter of Coles. Operational productivity and performance in English NHS acute hospitals. Unwarranted variation. DH February 2016.