

NCAPOP Independent Advisory Groups (IAG)

TERMS OF REFERENCE

Updated: 25 January 2023

Contents

1. Purpose of the IAG	3
2. Current NCAPOP Programmes with an IAG.....	4
Clinical Outcome Review Programmes	4
National Clinical Audits	4
Mortality Review Programmes	Error! Bookmark not defined.
3. IAG membership.....	4
Chair	4
Funders.....	5
Other membership.....	5
4. Meetings.....	5
5. Roles and responsibilities	5
The Funding Stakeholders (and their advisory bodies).....	5
IAG members (non-Funder)	6
The Commissioner (HQIP)	6
Commissioning	6
Topic selection	6
Contract management	7
The Supplier	7
6. Topic selection process.....	7
7. Maternal Perinatal and Infant (MPI) overarching group.....	7
8. Review of Terms of Reference.....	7
Appendix A: Definitions	8
Appendix B: IAG representation.....	9

Background

The Healthcare Quality Improvement Partnership (HQIP) is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices. Its aim is to promote quality improvement, and in particular to increase the impact that clinical audit and clinical outcome review programmes have on healthcare quality in England and Wales. HQIP holds the contract to manage and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP), comprising more than 30 clinical audits as well as a number of clinical outcome review programmes. These national projects cover care provided to people with a wide range of medical, surgical and mental health conditions. They are funded by NHS England, the Welsh Government and in some cases other devolved authorities.

In 2010, the National Patient Safety Agency carried out a tendering process which resulted in advisory boards being created as part of the Clinical Outcome Review Programmes' governance structure. These advisory boards were named 'Independent Advisory Groups' (IAGs). Each of the IAGs were formally set up in 2011 after the commissioning of these programmes transferred to HQIP. In 2016, IAGs were also set up for some maternity and child health national clinical audit programmes.

1. Purpose of the IAG

The IAG provides strategic governance and insight to the relevant programme. The purpose of the IAG is to assist HQIP in commissioning and managing the relevant programme and to act as an impartial non-political adviser and make recommendations to the funders considering the interest of patients, quality improvement and patient safety.

The primary aims of the IAG are:

Commissioning:

- Provide guidance and expert commissioning support to HQIP

Review of current work outputs:

- Ensure there is alignment between the specification and Supplier work streams and outputs
- Provide guidance through assessing progress and outputs from the programme, assessing the merits of proposed topics and outputs based on clinical and financial value and alignment to relevant policy of each Funding stakeholder
- Provide a systematic overview of the relevant programme, considering opportunities for alignment and collaborative working, and ensuring there is no duplication of effort
- Review the performance of the Supplier at appropriate points in the contract duration and make recommendations for approval by the funding bodies for continuation or retender; taking such advice as they require from their own advisory bodies

Topic section (where relevant – see Table 1):

- Review topic section proposals (where relevant) and make recommendations to the funding bodies. HQIP onwardly disseminates the recommendations of the IAG to the funding body. Final approval of project decisions, service specification and contract award resides with the Funding stakeholders

2. Current NCAPOP programmes with an IAG

Clinical Outcome Review Programmes

There are currently four Clinical Outcome Review Programmes (CORP) (Table 1) commissioned by HQIP and an IAG for each.

Table 1: Clinical Outcome Review Programmes (CORPs) within NCAPOP			
No	Programme	Geography	Topic selection process (Y/N)
1	Child Health (CH-CORP)	England, Wales, and Northern Ireland	Y
2	Maternal, Newborn & Infant (MNI-CORP)	England, Wales, Scotland, Northern Island, Channel Islands and Isle of Man	Y
3	Medical & Surgical (MS-CORP)	England, Wales and Northern Island	Y
4	Mental Health (MH-CORP)	England, Wales, Scotland, Northern Ireland and States of Jersey	Y

National Clinical Audits

There are currently two National Clinical Audits with an IAG.

Table 2: National Clinical Audits with an IAG within NCAPOP			
No	Programme	Geography	Topic selection process (Y/N)
1	National Maternity and Perinatal Audit (NMPA)	England and Wales	Y
2	National Neonatal Audit Programme (NNAP)	England, Wales and Scotland	N

Note: All programmes from 1 October 2022 are commissioned on a 3+2 model (3 year initial term with the option of an extension up to 2 years).

3. IAG membership

The overall aim is to ensure appropriate funding body representation and a strong balance of patient and professional expertise, whilst limiting the total size of the group to no more than 20 to allow effective operation of the group. Appendix B shows the IAG expertise required by each of the four Clinical Outcome Review Programmes. Representatives may bring expertise spanning more than one category for each programme.

Each IAG will have a core membership determined and managed by HQIP according to the following:

Chair

The IAG chair is appointed by HQIP. Any sub-group chairs are appointed by HQIP after consultation with the IAG chair. All appointed chairs (IAG and sub-groups) will serve a maximum term of up to four years, however if the chair is a National Clinical Director (NCD), they can remain chair as long as they are NCD.

Funders

A single representative from each of the major Funding stakeholders (England, Scotland, Wales and Northern Ireland). For Channel Islands and Isle of Man, they will be to be informed, as appropriate.

On rare occasions, funders may send an alternative representative if the primary person cannot make the meeting. In this situation, it is the primary person's responsibility to ensure that the nominated representative:

- Is briefed in advance of the meeting so they are fully aware of the agenda topics and any relevant issues before attending
- Has the relevant meeting papers
- Is authorised to make decisions in the absence of the primary person

Other membership

- A maximum of five members appointed as representative experts from relevant professions e.g. public health and third sector organisations as appropriate for each IAG but appointed for the expertise they bring to the IAG rather than to represent a particular professional group or body
- Two members appointed as patient and public representatives, comprising individuals with lived experience and representatives of patient / third-sector groups
- The IAG may invite (via the Commissioner) temporary members to provide specified expertise as required at the discretion of HQIP
- Members will be appointed for a term of three years and reviewed at that point

4. Meetings

- HQIP will provide the secretariat for the IAG meetings
- Meetings will primarily take place virtually via MS Teams. Should a physical meeting be scheduled, these would be held in London
- Travel expenses and accommodation (where overnight stays are required) for members will be met by HQIP, subject to the HQIP expenses policy (funding body members meet their own expenses)
- The IAG will normally meet once per contract year (with an additional ad hoc meeting, should it be required)
- Ad hoc additional meetings may be required at times of specification development, contract extension or re-tender
- A meeting will be considered quorate if 50% of members are present

5. Roles and responsibilities

The Funding stakeholders (and their advisory bodies)

The Funding stakeholders will attend IAG meetings and participate in:

- Support the selection of provider organisations to deliver the projects through participation in HQIP's procurement processes including input into specification development meetings, review and sign off of specification documents, evaluation of tenders. Funders have the final authority over and collectively decide the relevant specification
- Nominate representatives to sit on the IAGs, if they wish

- Receive information about topics proposals, vote on topic selection proposals and provide feedback
- Provide funding as agreed for the provision of the specified work to be contracted from the Supplier
- Provide appropriate feedback prior to the release of reports by specific projects in liaison with the HQIP and the NCAPOP providers
- Participate in the extension process
- Review underspend proposals and contract variations as appropriate
- Seek advice as they determine necessary from other members of the IAG, other individuals / groups and their own advisory bodies
- Receive and consider recommendations put forward by the IAG
- The funder representative on the IAG will be responsible for liaising discussions / decisions back into the relevant teams within the funding body. This is to ensure that the funder is sighted and has the opportunity to provide relevant feedback on any decisions / ratification required. This is particularly important for example with topic section decisions (see section 6 below) and ensuring buy-in from the funding organisation regarding commissioning of work from the provider

IAG members (non-Funder)

The non-funding IAG members will attend IAG meetings and participate in:

- Attend IAG meetings
- Be invited to participate in the relevant programme's specification development meeting (SDM) including Part 2 of the meeting
- Receive information about topics proposals, vote on topic selection proposals and provide feedback
- Be invited to participate in the extension process
- Provide appropriate feedback prior to the release of reports by specific projects in liaison with the HQIP and the NCAPOP providers
- Provide adhoc support to HQIP and funders outside of IAG meetings as needed

The Commissioner (HQIP)

The commissioner, HQIP, will undertake the following:

Commissioning

- Obtain IAG recommendation on Supplier contract re-tender / extension on the basis of informed review of performance

Topic selection

- Ensure funding availability and agreement with Funding stakeholders for the programme and topics to be delivered by the NCAPOP Supplier
- Copying in the funder IAG representative/s to relevant emails to the funding bodies to ensure they are informed at all times about funder decisions
- Ensure that the Supplier runs the topic selection process according to HQIP guidance
- Ensure the topic(s) recommendation(s) are communicated to Funding stakeholders, and the Supplier

Contract management

- Monitor and manage the effective performance of the NCAPOP Suppliers, in both topics and core work, escalating issues as appropriate for review and guidance by the relevant IAG or sub-group
- Oversee the publication and dissemination process for the project reports (embargoed until the point of publication) with the NCAPOP suppliers, managing Funding Stakeholder and other stakeholder interests appropriately and with adequate consultation

The Supplier

The supplier is invited to attend the IAG meeting to discuss progress and present the short listed topics for topic selection (the supplier does not take part in the voting process of part 2 of the IAG confidential meeting discussions).

6. Topic selection process

Some projects/programmes have a requirement for topics to be selected and delivered against specified requirements during each contract year. Topics will be chosen through the topic selection process, outlined in the Provider Technical Manual (PTM). The IAG discusses and provides a recommendation to the funding bodies. It is important the funder representative on the IAG keeps the funder fully informed and seeks funder advice before voting. Final approval of projects resides with the Funding Stakeholders who may seek advice from their own advisory bodies if needed.

7. Maternal Perinatal and Infant (MPI) overarching group

The four maternity and perinatal programmes may at times convene an overarching IAG that aims to take a strategic view across all three programmes. These meetings are booked as and when they are required. The programmes include:

- Maternal Newborn and Infant CORP (MNI-CORP)
- National Maternity and Perinatal Audit (NMPA)
- National Neonatal Audit Programme (NNAP)

8. Review of Terms of reference

The IAG Terms of reference will be reviewed by HQIP annually.

Appendix A: Definitions

Definition	Meaning
Clinical Outcome Review Programme	The set of projects defined by the Funding stakeholders and managed on their behalf by the Commissioner, and through which National Confidential Enquiries and other specified services are delivered. These are outlined in Table 1.
Commissioner	The organisation appointed by NHS England to manage the NCAPOP on behalf of the Funding stakeholders. This is the Healthcare Quality Improvement Partnership (HQIP).
Devolved administrations	The Scottish Government, the National Assembly for Wales, the Northern Ireland Assembly and the Crown Dependencies of Guernsey, Jersey and the Isle of Man.
Funding stakeholders	NHS England, Welsh Government, NHS Scotland, Northern Ireland Department of Health, Public Health Jersey, Public Health Guernsey and Department of Health Isle of Man.
Supplier	The organisation appointed to deliver the specific NCAPOP projects/programmes.
Topics	The separate sub-topics within each project/programme selected on an annual basis for review and analysis as well as dissemination of results and learning.

Appendix B: IAG representation

Programme	Category of funder clinical expertise potentially required	
Child Health (CH-CORP)	<ul style="list-style-type: none"> • Epidemiology • Methodological expertise • Community paediatric representation • Primary care representation 	<ul style="list-style-type: none"> • Paediatric intensivist • Paediatric A&E • Paediatric nursing • Patient safety
Maternal, Newborn & Infant (MNI-CORP)	<ul style="list-style-type: none"> • Anaesthesia • Epidemiology • Fetal medicine • Maternal medicine • Midwifery • Neonatology 	<ul style="list-style-type: none"> • Nursing • Obstetrics • Pathology • Patient safety • Perinatal psychiatry • Primary care representation
Medical & Surgical (MS-CORP)	<ul style="list-style-type: none"> • Epidemiology • Community representation • Primary care representation • Epidemiology • Nursing • Medical 	<ul style="list-style-type: none"> • Allied health professionals • Anaesthetics • Private providers • Surgical • Patient safety • Allied health representation
Mental Health (MH-CORP)	<ul style="list-style-type: none"> • Epidemiology • Mental health nursing • Primary care representation • Social work/local authority 	<ul style="list-style-type: none"> • Forensic psychiatry • Psychiatry • Patient safety • Liaison psychiatry
National Neonatal Audit Programme (NNAP)	<ul style="list-style-type: none"> • Epidemiology • Fetal medicine • Neonatology 	<ul style="list-style-type: none"> • Nursing • Pathology • Patient safety
National Maternity and Perinatal Programme (NMPA)	<ul style="list-style-type: none"> • Epidemiology • Fetal medicine • Maternal medicine 	<ul style="list-style-type: none"> • Midwifery • Neonatology • Obstetrics