

Clinical Outcome Review Programme (CORP) Governance

Independent Advisory Groups (IAG)

Version: Final 1.0

Date: 8th June 2011

Approver	Role	Approval Date
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1. Background

The tendering process carried out by the National Patient Safety Agency in 2010 stated that “Advisory Boards” would be created as part of the governance structure for Clinical Outcome Review Programme. These “Advisory Boards” will now be referred to as the “Independent Advisory Groups” (IAGs).

This document sets out the process, roles and responsibilities of the key stakeholders responsible for oversight, management and decision making within the CORP programme. The key stakeholders are:

- The Independent Advisory Groups (IAG)
- The Funding Stakeholders and their advisory systems or groups
- The Commissioner
- The Service Providers
- Advisory organisations to the Funding Stakeholders

There will be one IAG for each of the four Clinical Outcome Review Projects.

2. Definitions

“Clinical Outcome Review Programme”

means 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 Medical and Surgical care; Mental Health; Maternal and Newborn Health and Child Health

“Commissioner”

means the organisation appointed by the DH to manage the Clinical Outcome Review Programme to be commissioned on behalf of the funding stakeholders. Currently this is the National Patient Safety Agency (NPSA). It is the intention of the DH that this role should transfer to the Healthcare Quality Improvement

Partnership (HQIP) at a date to be specified

“Contract Year”

Means the 12 month period starting 1st April and ending 31st March with the first Contract Year commencing on 1st April 2011

“Devolved Administrations”

means 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”

means the Department of Health for England, NHS Wales, the Scottish Government Directorate for Health and Social Care, Department of Health and Social Care Northern Ireland, Department of Public Health Jersey, Department of Public Health Guernsey and Department of Health Isle of Man

“Service Provider”

means the organisation appointed to deliver a specific Clinical Outcome Review Programme

“Topics”

means the separate areas of investigation within each Clinical Outcome Review project selected on a annual basis for research and analysis and report publication

3. IAG membership

Each IAG will have a core membership made up of a single representative from:

- Each of the major funding stakeholders (England; Northern Ireland; Scotland - except for Medical and Surgical; and Wales). Channel Islands and Isle of Man will need to be informed and allowed to attend if desired; and
- 5-7 seats to be taken up by representative “experts” from relevant Royal Colleges, academia and public health 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;
- Funding stakeholders should nominate a representative for their respective Devolved Administration and may also suggest candidates for the “expert” seats
- The Commissioning organisation will be responsible for identifying and inviting potential “expert” members.

The Commissioning organisation will hold one of the seats as an observer.

4. Overview

The Commissioner on behalf of the combined Devolved Administrations will manage the Clinical Outcome Review Programme to be commissioned on behalf of the Funding Stakeholders and will monitor and manage performance of the contracted Service Providers.

In addition to the core programme of work the Clinical Outcome Review Programme has a requirement for Topics to be selected and delivered against specified requirements during each Contract Year. The duration of each Topic is variable dependent on specification.

The Commissioner will be guided by each IAG in Topic selection, progress and outputs from the core work of the CORP and the Topics and service contract renewal or extension. Final approval of projects, Topic selection, the overall programme specification and suitable Service Providers resides with the Funding Stakeholders who may seek advice from their own advisory bodies; in the case of England this will be the National Clinical Audit Advisory Group.

5. Process roles and responsibilities

- i. The Commissioner will provide the secretariat for the IAGs;
- ii. The IAG will at its first sitting elect a Chair from within the non- Funding Stakeholder representatives at the IAG. The role of Chair maybe rotated as desired by the IAG members;
- iii. Annually the Commissioner will oversee a “call for topic” selection process gathering relevant information about each proposal for review and assessment by the IAG;
- iv. The Commissioner will submit a Topic short list to the members of the relevant IAG supplemented by appropriate technical or clinical advice;
- v. The Service Provider will attend the IAG meeting to discuss the short-listed Topics with the IAG members. The Commissioner may invite to the IAG session the originator of the Topics to provide additional information and justification; and.
- vi. The IAG will agree the Topics on an annual basis;
- vii. The Commissioner will agree a project plan for each Topic with the Service Provider;
- viii. The Service Provider will supply quarterly project progress reports to the IAG and Funding Stakeholders for existing Topics;
- ix. The Service Provider is responsible for providing quarterly progress reports on all activities defined in the service contract with the commissioning body. These progress reports must be submitted by the Commissioner to the Funding Stakeholders and IAG;
- x. The IAG, advised by the Commissioner, will review the performance of the Service Provider at the appropriate point in the contract duration and make recommendations for approval by the funding bodies for continuation or retender; and
- xi. The Funding Stakeholders will consider the proposals from the IAG, or make suggestions of their own, and agree the range of Topics they want to commission as part of the CORP programme,

taking such advice as they require from their own advisory bodies; in the case of England this will be the National Clinical Audit Advisory Group.

6. Independent Advisory Group

- i. The IAG will meet twice during each Contract Year (June/July and December /January)
- ii. The meetings will cover :
 - Assessment and approval of future Topic proposals;
 - Review of progress on existing Topics;
 - Review of progress on non-Topic work by each Service Provider; and
 - Recommend actions to be taken by the Commissioner on their behalf.
 - Submit views on the specific project, and the performance of the Service Provider, so as to aid the decision making of the Funding Stakeholders as to re-commissioning or discontinuation of a contract
- iii. The IAG members are required to assess the merits of proposed Topics and outputs from programmes based on clinical and financial value and alignment to relevant policy of each Funding Stakeholder;
- iv. In deciding Topics within each Clinical Outcome Review Programme the IAG will take into account the outcome of previous work of the Clinical Outcome Review Programme, National Confidential Enquiries, outputs from the National Reporting and Learning System, U.K. Government and Devolved Administrations' priorities and strategic objectives as well as drawing on appropriate clinical expertise;
- v. The IAG should act as an impartial non-political adviser considering first and foremost the interest of patients, quality and patient safety;
- vi. The IAG may invite via the Commissioner, temporary members to provide specified expertise as required; and
- vii. Review of Service Provider performance and recommendation for contract extension.

7. The Funding Stakeholders (and their advisory organisations)

- i. The Funding Stakeholders will collectively decide the specification of work to be covered by a project within the CORP programme and a provider to carry these out, taking advice from such advisory groups, and the IAGs, as they determine necessary.

- ii. Will supply representatives to sit on the IAGs and delegate powers to them to choose Topics within the programme on their behalf, within the IAGs.
- iii. Provide funding as agreed for the provision of the specified work to be delivered by the Service Provider.
- iv. Approve the releases of reports by specific projects in liaison with the Commissioner and Service Providers.
- v. Fund the expenses of their own representatives for attending IAG meetings
- vi. Take advice as they deem necessary from their own regional clinical advisory bodies' e.g. NCAAG (England); HIS (Scotland); NCAAC (Wales)

8. The Commissioner

- i. Obtain definition, requirements specification and a full business case for each proposed Topic;
- ii. Confirm that new Topics are within scope of the specified Clinical Outcome Review Programme and ensures funding availability and agreement with Funding Stakeholders for the programme and Topics to be delivered by the Service Provider;
- iii. Manage the process to agree the approved Topics for delivery by the Service Provider;
- iv. With and through the Service Provider, ensure the Topic is properly communicated with stakeholders
- v. Obtain from the Service Provider a detailed project plan for the delivery of the approved Topics for approval by the IAG and oversee their Topic delivery on an ongoing basis between IAGs;
- vi. Monitor and manage the effective performance of the Service Providers in both Topics and core work, escalating issues as appropriate for review and guidance by the relevant IAG.
- vii. Oversee the communications process for the project reports with the Service Providers, managing Funding Stakeholder and other stakeholder interests appropriately and with adequate consultation.
- viii. Obtain IAG recommendation on Service Provider contract extension on the basis of informed review of performance

High level roles and process flow

