

## Terms of Reference

### Consortium Board of the National Guideline Alliance

#### Background

The Royal College of Obstetricians and Gynaecologists (RCOG) has been commissioned by the National Institute for Health and Care Excellence (NICE) to produce evidence-based guidelines for health and social care in England and Wales in a wide variety of topics.

The RCOG is delivering this commission via the formation of the **National Guideline Alliance (NGA)**, which commenced on 1<sup>st</sup> April 2016. The NGA is an amalgamation of three previous National Collaborating Centres (women and children's health, cancer and mental health) providing an integrated and efficient multi-disciplinary approach to guideline development. The NGA is commissioned to develop up to 14 guidelines at any one time.

The NGA is formed of around 50 staff, combining a diverse skillset and expertise of clinicians, systematic reviewers, health economists, information scientists and project managers.

For each guideline developed by the NGA, the team work with an independent Guideline Development Group (GDG), which comprises of health and social care professionals and service user representatives who review the best available evidence to make guideline recommendations.

#### Introduction

The purpose of the Consortium Board is to ensure that there is a collaborative approach to the projects undertaken that reflects the multi-dimensional nature of the delivery of NHS care and that products are developed in a fair and inclusive manner and in accordance with the NICE methodological principles.

The NGA Consortium Board represents the interest of all Consortium members and provides leadership on the activities covered in the NICE/RCOG Collaboration Agreement.

The Consortium Board meets quarterly to consider progress of the current commissions, review the future work of the Consortium and generally to lead and control the relevant activities of the Consortium members.

#### Duties of the Consortium Board

1. To establish appropriate governance arrangements and a defined agreed quorum for decision-making.
2. To appoint and remove Consortium members. If at least two thirds are in favour, having consulted NICE, the Consortium Board may remove a member and/or appoint a new member. However, the RCOG Responsible Officer and the Vice President (Clinical Quality) shall at all times be a member of the Consortium Board.
3. To endorse commissions from NICE.
4. To monitor projects in the Memorandum set out in the NICE/RCOG Agreement.
5. To provide oversight to the management of risks and issues affecting the NGAs ability to meet its obligations, ensuring appropriate mitigation activities are in place.
6. To support the identification and mobilisation of opportunities for NGA development and enhancement.

7. To endorse publications on behalf of the Consortium.
8. To endorse the quarterly and annual accounts and reports.
9. To represent the Consortium in dispute resolution with NICE.
10. To advise or assist the RCOG with appointment panels for NGA senior staff.
11. To act in a manner that demonstrates effective collaboration and multi-disciplinary working.

## **Roles and Responsibilities**

### **The Consortium Board Chair**

The Consortium Board Chair is appointed by the RCOG through a competitive selection process for a period of three years in the first instance (maximum of six years). The Consortium Board Chair is responsible for:

1. Convening and chairing Consortium Board meetings on a quarterly basis.
2. Representing the Consortium at RCOG Council meetings and RCOG Trustees Board as required.
3. Representing the Consortium outside board meetings (e.g. at meetings with NICE).
4. Acting on behalf of the Consortium in signing reports that have been endorsed by the Consortium Board.
5. Presenting the Annual Report and Business Plan to the RCOG Board of Trustees.

### **The Consortium Board Vice Chair**

The Consortium Board Vice Chair is appointed by the RCOG through a competitive selection process for a period of three years in the first instance (maximum of six years). The Consortium Board Vice Chair is responsible for:

1. Acting on behalf of the Consortium Board Chair if he/she is unavailable.
2. Supporting the Consortium Board Chair as required.

### **RCOG Responsible Officer**

The Responsible Officer is the RCOG Executive Director of Education, Quality and Projects who is responsible for:

1. Ensuring the RCOG/NICE Agreement is adhered to.
2. Working with the NICE Lead Executive Director to resolve disputes that have been referred to them by the Consortium Board in accordance with Schedule 1.1 of the NICE/RCOG Collaboration Agreement.

### **Senior Director, NGA**

The Senior Director is employed by the RCOG and manages the overall delivery of high quality clinical guidelines within the NICE/RCOG Agreement. The Senior Director of the NGA is responsible for:

1. Supplying the Consortium Board in a timely manner with information in a form and of a quality to enable it to discharge its duties.
2. Ensuring that RCOG Standing Financial Instructions, policies and procedures are adhered to.

### **Members of the Consortium Board**

Consortium Board members act as a link between the NGA and the organisation they represent. They normally serve for a three year term of office (maximum six years). They are appointed by their organisation and their appointment is ratified by the Consortium Board. A NICE Executive Director attends each meeting. Consortium Board members are responsible for:

1. Attending and contributing to Consortium Board meetings.
2. Nominating a deputy if they are unable to attend.
3. Commenting on key issues outside of the quarterly meetings if the timescale does not match the meeting schedule.
4. Facilitating implementation of the guidelines by promoting the guidelines and the NGA in their organisation, profession and constituency.

### **Declaration of Interests**

Members of the Consortium Board will complete an annual Declaration of Interest form according to NICE and RCOG Policy. Any new or relevant conflict of interest should be declared at each meeting or under any item. The Chair will decide if a declared conflict of interest precludes them from any discussion.

### **Frequency and conduct of meeting**

The Consortium Board will meet quarterly at the RCOG. Dates will be issued at least three months in advance. Board members may suggest agenda items to the Senior Director of the NGA at least two weeks in advance. Meeting papers will be circulated electronically at least one week prior to the meetings. Minutes of the Consortium Board meeting will be sent to the RCOG Clinical Quality Board clearly identifying any items requiring a decision or approval and also to the RCOG Finance and General Purpose Committee on an as required basis.

### **Decision making**

The Consortium Board will operate through consensus and collaboration and voting will rarely be required. If it is, each member has one vote apart from the NGA staff members who have one collective vote normally vested in the Senior Director. In the event of a tie, the Consortium Board Chair will have a casting vote. Deputies will have voting rights in the absence of the substantive member being unable to vote. Decisions regarding contracts and funding must be ratified by the RCOG Finance and General Purposes Committee prior to implementation.

Consortium Board meetings will be quorate if at least four members are present to include the Chair or Vice Chair, the Responsible Officer or delegate, at least one other member and the NGA Senior Director or delegate. If a meeting is not quorate, Chair's action will be taken following appropriate electronic communication with Consortium Board members.

### **Disputes**

If a Consortium Board member or other party has a complaint or concern about the Board, this should be raised with the Chair in the first instance. If this is not resolved it will be discussed at the next Board meeting and, if necessary, escalated to RCOG Executive Director of Education, Quality & Projects (Responsible Officer) and the NICE Lead Executive Director.

### **Finance and Policy**

While, under the terms of the RCOG/NICE Agreement, the RCOG agrees to act in a way which is consistent with the governance provisions and views of the Consortium members, the RCOG is the sole contractor with NICE and has overall responsibility for the delivery of the Agreement. The NGA is part of the College and sits within the Education, Quality & Projects Executive Directorate and all activities must be carried out in accordance with the RCOG's Standing Financial Instructions, policies and procedures.

All decisions relating to the business plan, financial reports, contracts and risk management must be considered by the RCOG Finance and General Purpose Committee and approved by the Board of Trustees. Risk relating to delivery of the Agreement must be recorded in the RCOG Risk Register.

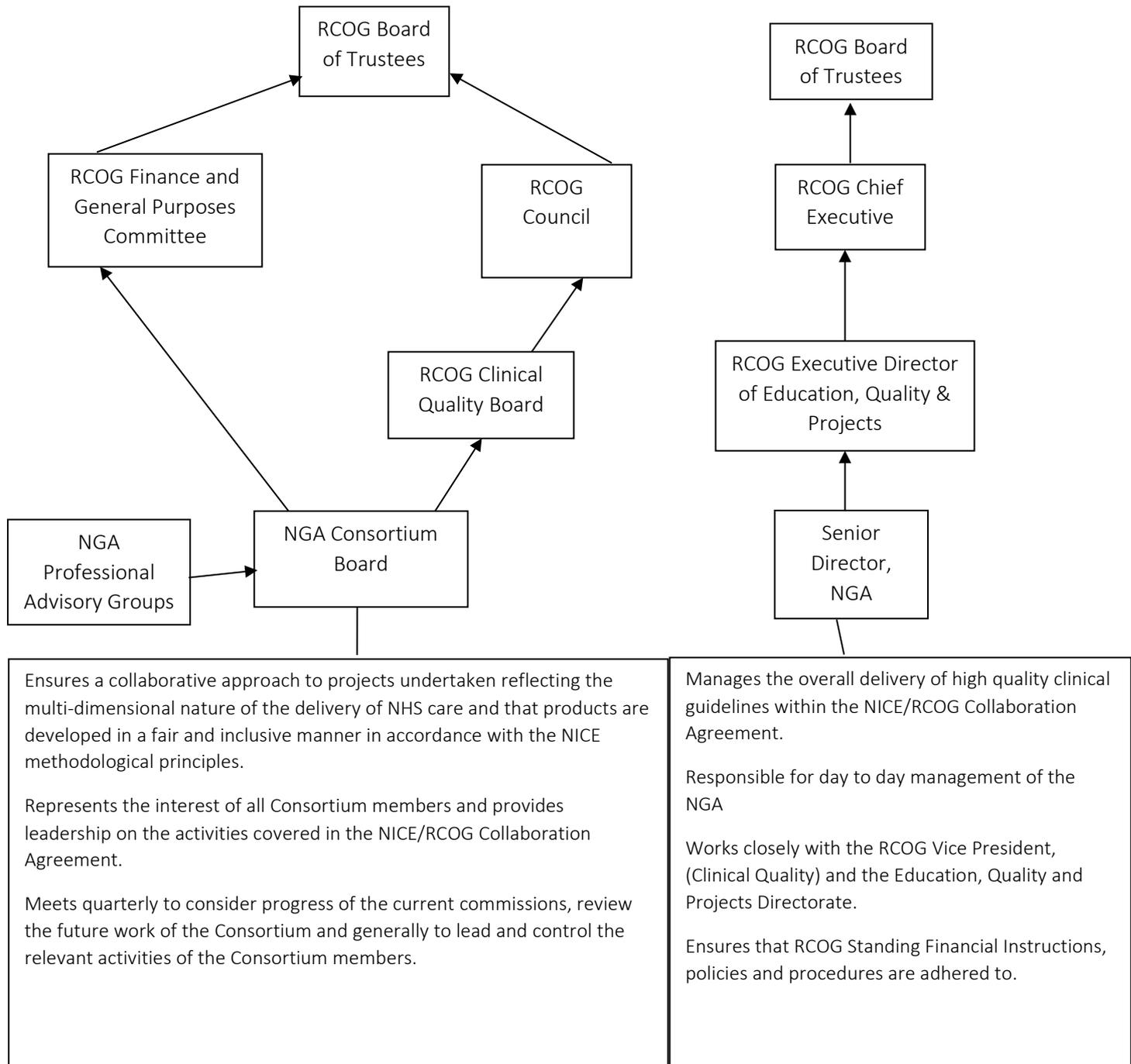
**Consortium Board members:**

<b>Member</b>	<b>Role</b>
Dr Jane Barrett	<b>Chair</b>
Prof Tim Draycott	Vice President Clinical Quality (President-elect), RCOG
Mr Gary Waltham	<b>Responsible Officer</b> RCOG Executive Director of Education, Quality and Projects
Mrs Anita Powell	Senior Director, Clinical Quality, RCOG
Dr James Gilbert	Head of Evidence Reviews, NGA
Ms Vanessa Nunes	Senior Director, NGA
Ms Sarah Bartel	Business Manager, NGA
Ms Angela Bennett	Director of Guidelines, NGA
Dr Shubulade Smith	RC Psychiatrists
Dr Tim Littlewood	RC Pathologists
Dr Hannah Tharmalingam	RC Radiologists
<b>Vacant</b>	RC Surgeons of England
Ms Rhona Buckingham	RC Physicians
<b>Vacant</b>	RC General Practitioners
Ms Rosa Nieto	RC Paediatrics and Child Health
Ms Carmel Lloyd Ms Zeenath Uddin	RC Midwives
Dr Christine Callender	RC Nursing
Ms Hannah Farndon	British Psychological Society
Mr Anthony Pearson (RCOG Women's Voices Lead) TBC	Patient/Lay representation
Ms Christine Carson Mr Simon Ellis	NICE
Mr Michael Maresh Dr Stephen Murphy Professor Steve Pilling Ms Bridget Warr	Clinical / Social Care Advisors
Professor Steve Pilling	University College London

Ms Kathy Roberts	Associate of Mental Health Providers
------------------	--------------------------------------

**ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS**

**NGA Governance and Reporting Arrangements**



Ensures a collaborative approach to projects undertaken reflecting the multi-dimensional nature of the delivery of NHS care and that products are developed in a fair and inclusive manner in accordance with the NICE methodological principles.

Represents the interest of all Consortium members and provides leadership on the activities covered in the NICE/RCOG Collaboration Agreement.

Meets quarterly to consider progress of the current commissions, review the future work of the Consortium and generally to lead and control the relevant activities of the Consortium members.

Manages the overall delivery of high quality clinical guidelines within the NICE/RCOG Collaboration Agreement.

Responsible for day to day management of the NGA

Works closely with the RCOG Vice President, (Clinical Quality) and the Education, Quality and Projects Directorate.

Ensures that RCOG Standing Financial Instructions, policies and procedures are adhered to.

As the sole contractor with NICE, the RCOG has overall responsibility for the delivery of the Agreement. The NGA is a Department of the RCOG and all activities must be carried out in accordance with the College's Standing Financial Instructions, policies and procedures. All decisions relating to the business plan, financial reports, contracts and risk management must be considered by the RCOG Finance and General Purpose Committee and approved by the Board of Trustees.