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To Whom It May Concern:

**Invitation for a Perinatal Pathology Specialist to Join the Maternal, New-born and Infant Clinical Outcome Review Programme Independent Advisory Group**

On behalf of HQIP, I am writing to ask your assistance in identifying potential candidates to sit as a member of the Independent Advisory Group (IAG) for the Maternal, New-born and Infant Clinical Outcome Review Programme (aka MBRRACE) which is commissioned by HQIP on behalf of NHS England and the devolved nations.

Clinical Outcome Review Programmes, previously known as confidential enquiries, are designed to help assess the quality of healthcare, and stimulate improvement in safety and effectiveness by systematically using case note review methodology. The Maternal, New-born and Infant programme was established in 1952 with the creation of a confidential enquiry into maternal deaths (CEMD). A confidential enquiry into perinatal deaths was created in 1992 (CESDI) and subsequently both programmes were merged into one in 2003 (CEMACH, then CMACE). The current programme, known as MBRRACE, is delivered by the University of Oxford and the University of Leicester.

The IAG provides strategic governance and insight to the programme and is made up of representatives from the funding stakeholders supported by relevant clinical experts chosen for their specific knowledge and expertise. Our previous perinatal pathology representative stepped down but we would value continued input from this clinical speciality on the IAG.

The Independent Advisory Group meets 1-2x/year in London. Key activities are to advise HQIP and the funders, select confidential enquiry topics, and review reports. A copy of the Terms of Reference for the group is attached. Travel expenses are met by HQIP (see <https://www.hqip.org.uk/wp-content/uploads/2018/03/hqip-expenses-policy-2017.pdf> for more information).

We would be extremely grateful if you would share this request with people feel may be suitable. Interested individuals can self-nominate by sending me their name, position and a brief bio (my details are below). In the event that we have significant interest, we will review the nominees with the chair of the IAG, Dr Matthew Jolly, and select the most appropriate person, taking into account the experience and skill mix of the current group.

Thank you in advance for your assistance.

Kind regards,



Associate Director of Quality and Development

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# **NCAPOP Independent Advisory Groups (IAG) TERMS OF REFERENCE**

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## Background

The Clinical Outcome Review Programmes (CORP) are commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). HQIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices. HQIP holds the contract to commission, manage and develop [NCAPOP](#)<sup>1</sup>, comprising around 40 projects covering care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, for some individual projects, other devolved administrations and crown dependencies. All definitions are provided in Appendix A.

The Clinical Outcome Review Programmes, which encompass confidential enquiries, are designed to help assess the quality of healthcare, and stimulate improvement in safety and effectiveness by systematically enabling clinicians, managers, and policy makers to learn from adverse events and other relevant data. The programme outputs aim to promote quality improvement in patient outcomes.

In 2010, the National Patient Safety Agency carried out a tendering process which resulted in advisory boards being created as part 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.

This Terms of Reference (ToR) are for use by the following:

- IAG members
- Funding Stakeholders and their advisory systems or groups
- The commissioner

## 1. Purpose of the IAG

The IAG for each CORP provides strategic governance and insight to the relevant programme, commissioned and managed by HQIP as part of the NCAPOP. The IAG is advised by the commissioner (HQIP) who is the host organisation for the CORP. The purpose of the IAG is to:

- Assist HQIP in commissioning and managing the relevant programme
- Act as an impartial non-political adviser and make recommendations to the funders considering the interest of patients, quality and patient safety

The Funding Stakeholders will consider the proposals and recommendations from the IAG, or make suggestions of their own, and agree the range of topics they want to commission as part of the Clinical Outcome Review Programmes.

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<sup>1</sup> [www.hqip.org.uk/national-programmes](http://www.hqip.org.uk/national-programmes)

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 provider 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 service provider 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 and 2) commissioned by HQIP and an IAG for each.

<b>Table 1: Clinical Outcome Review Programmes (CORPs) within NCAPOP</b>					
<b>No</b>	<b>Programme</b>	<b>Geography</b>	<b>Commissioning</b>	<b>Current contracted dates</b>	<b>Topic selection process (Y/N)</b>
1	Child Health (CH-CORP)	England, Wales, Scotland, Northern Island, Channel Islands, Isle of Man	via standard HQIP process (3 + 2 years)	01/01/2015 - 31/12/2019	Y
2	Maternal, Newborn & Infant (MNI-CORP)	England, Wales, Scotland, Northern Island, Channel Islands, Isle of Man	via the Maternal, Perinatal & Infant (MPI) procurement framework (4 years)	01/10/2017 – 30/09/2021	Y
3	Medical & Surgical (MS-CORP)	England, Wales, Scotland, Northern Island, Channel Islands, Isle of Man	via standard HQIP process (3 + 2 years)	01/04/2015 - 31/03/2020	Y
4	Mental Health (MH-CORP)	England, Wales, Scotland, Northern Island, Channel Islands	via standard HQIP process (3 + 2 years) - only extended for 1 year. Contract is being recommissioned from 2019.	01/04/2015 - 31/03/2019	Y



## National Clinical Audits

There are currently two National Clinical Audits with an IAG.

No	Programme	Geography	Commissioning	Current contracted dates	Topic selection process (Y/N)
1	National Maternity and Perinatal Audit (NMPA)	England, Wales, Scotland	via standard HQIP process (3 + 2 years)	01/07/2016 – 30/06/2019	Y
2	National Neonatal Audit Programme (NNAP)	England, Wales, Scotland	via the Maternal, Perinatal & Infant (MPI) procurement framework (4 years)	01/03/2017 – 31/03/2021	N

## Mortality Review Programmes

There are currently one Mortality Review Programme with an IAG.

No	Programme	Geography	Commissioning	Current contracted dates	Topic selection process (Y/N)
1	Perinatal Mortality Review Programme (PMRT) – held in conjunction with the MNI-CORP IAG	England, Wales, Scotland	via standard HQIP process (3 + 2 years)	01/02/2017 – 31/01/2020	N

## 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 each.

### 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 need 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 terms of three years and reviewed at that point
- A meeting will be considered quorate if 50% of members are present

### Membership term

- Members will be appointed for terms of no more than three years

## 4. Meetings

- HQIP will provide the secretariat for the IAG meetings
- 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 will meet their own expenses)
- The IAG will normally meet twice during each contract year (usually autumn and spring)
- Ad hoc additional meetings may be required at times of specification development, contract extension or re-tender
- All meetings are held in London
- 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:

- Support the selection of provider organisations to deliver the projects through participation in HQIP's procurement processes
- Have the final authority over and collectively decide the relevant CORP specification
- Nominate representatives to sit on the IAGs
- Provide funding as agreed for the provision of the specified work to be contracted from the Service Provider
- Provide appropriate feedback prior to the release of reports by specific projects in liaison with the HQIP and the NCAPOP providers
- Approve the release of reports by specific projects in liaison with the commissioner and NCAPOP service providers
- 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 Commissioner (HQIP)

The commissioner, HQIP, will undertake the following:

### Commissioning

- Obtain IAG recommendation on Service Provider 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 service provider
- Ensure that the service provider runs the topic selection process according to HQIP guidance
- Ensure the topic(s) recommendation(s) are communicated to Funding Stakeholders, and the service provider

### Contract management

- Monitor and manage the effective performance of the NCAPOP service providers, 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 communications process for the project reports with the NCAPOP Service Providers, managing Funding Stakeholder and other stakeholder interests appropriately and with adequate consultation

## The Provider

The service provider is invited to attend the IAG meeting to discuss progress and short listed topics for topic selection

## 6. Topic selection process

The Clinical Outcome Review Programmes, and some audits, 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 Technical Provider Manual. The IAG discusses and provides a recommendation to the funding bodies. 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 three maternity and perinatal programmes also have an overarching IAG that aims to take a strategic view across all three programmes. The programmes include:

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

## 8. Review of Terms of Reference

The Terms of Reference will be reviewed by HQIP annually.

## Appendix A: Definitions

### Definition

“Clinical Outcome Review Programme”

“Commissioner”

“Devolved Administrations”

“Funding Stakeholders”

“Service Provider”

“Topics”

### Meaning

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.

The organisation appointed by NHS England to manage the Clinical Outcome Review Programmes to be commissioned on behalf of the Funding Stakeholders. This is the Healthcare Quality Improvement Partnership (HQIP).

The Scottish Government, the National Assembly for Wales, the Northern Ireland Assembly and the Crown Dependencies of Guernsey, Jersey and the Isle of Man.

NHS England, Welsh Government, NHS Scotland, Northern Ireland Department of Health, Public Health Jersey, Public Health Guernsey and Department of Health Isle of Man.

The organisation appointed to deliver the specific Clinical Outcome Review Programme.

The separate sub-topics within each Clinical Outcome Review Programme selected on a annual basis for research and analysis and report publication.

## Appendix B: Clinical Outcome Review Programme IAG representation

Programme	Category of expertise potentially required
Child Health (CH-CORP)	<ul style="list-style-type: none"> <li>• Epidemiology</li> <li>• Methodological expertise</li> <li>• Community paediatric representation</li> <li>• Primary care representation</li> <li>• Paediatric intensivist</li> <li>• Paediatric A&amp;E</li> <li>• Paediatric nursing</li> <li>• Patient safety</li> </ul>
Maternal, Newborn & Infant (MNI-CORP) (note: This programme's IAG is a sub-group of the Maternal, Perinatal and Infant IAG which was created as part of the Maternal, Newborn and Child Health framework)	<ul style="list-style-type: none"> <li>• Anaesthesia</li> <li>• Epidemiology</li> <li>• Fetal medicine</li> <li>• Maternal medicine</li> <li>• Midwifery</li> <li>• Neonatology</li> <li>• Nursing</li> <li>• Obstetrics</li> <li>• Pathology</li> <li>• Patient safety</li> <li>• Perinatal psychiatry</li> <li>• Primary care representation</li> </ul>
Medical & Surgical (MS-CORP)	<ul style="list-style-type: none"> <li>• Epidemiology</li> <li>• Community representation</li> <li>• Primary care representation</li> <li>• Epidemiology</li> <li>• Nursing</li> <li>• Medical</li> <li>• Allied health professionals</li> <li>• Anaesthetics</li> <li>• Private providers</li> <li>• Surgical</li> <li>• Patient safety</li> </ul>
Mental Health (MH-CORP)	<ul style="list-style-type: none"> <li>• Epidemiology</li> <li>• Mental health nursing</li> <li>• Primary care representation</li> <li>• Social work/local authority</li> <li>• Forensic psychiatry</li> <li>• Psychiatry</li> <li>• Patient safety</li> <li>• Liaison psychiatry</li> </ul>