
Information for panel members

Background

National confidential enquiries into perinatal deaths have been carried out in the UK for over twenty years to monitor quality of care provision and to address the consistently high rates of perinatal mortality compared to many of our European partners. The confidential enquiry methodology is used to investigate the quality of care provided to a selected group of women and babies where the baby died (or cases of perinatal morbidity), and in particular to:

- assess quality and safety of maternity and infant services
- support improvements in service quality through national learning
- produce evidence-based recommendations and good practice points
- influence clinical practice, service provision, health policy and clinical education

Aim

The purpose of the enquiry is to assess quality of care for a representative sample of perinatal deaths meeting the enquiry criteria, identifying aspects of both good practice and aspects where there is a need for improvement.

Preparation for the enquiry process

The initial development of the enquiry followed the standard methodology used by MBRRACE-UK for perinatal confidential enquiries. A multidisciplinary topic expert group (TEG) will be established and one videoconference meeting will be held where a series of questions and potential checklists are developed (using the relevant guidance from the Royal College of Obstetricians and Gynaecologists, the Royal College of Anaesthetists, the Royal College of Pathologists, NICE, the British Association of Perinatal Medicine, the Resuscitation Council (UK), and Sands) to develop a framework for evaluating of the quality of care provision.

The assessment process

You will be asked whether you are able to attend an assessment panel on a particular date. The panel membership will be decided by the MBRRACE-UK team based on expertise, experience and availability. Once it is clear that a full multidisciplinary team can be convened all the members of the assessment team will receive a confirmed date. The meeting will take place either in person at a central location where possible or via videoconference, and will last the whole day. It is essential that all the members of the panel are present for the entire meeting. Each meeting will comprise a maximum of 12 panel members of mixed specialty and will be chaired by one of the MBRRACE-UK team. Panel members may be invited to attend more than one meeting.

When you attend a case review panel meeting the Chair (neutral) will re-iterate the principles of the process and answer any questions prior to the start of the meeting. During the course of the meeting each case will be discussed with the aim of resolving any differences of opinion about the standard of care provided. Each case will be allocated a lead panel member who will present a summary of the case before the discussion is opened up to the whole group. At the end of each discussion a consensus evaluation form, based on the panel review, will be completed. The final consensus assessment of each case will be collated by the MBRRACE-UK team.

Anonymisation of medical notes

All medical notes will be available for viewing in an anonymised format and no attempt should be made by reviewers to try to identify the woman or her baby.

Access to case notes

Approximately 3-4 weeks ahead of the meeting you will be given access to the notes of the cases to be discussed on that day. All details of allocated cases (case notes, post-mortem report and local review) will be available for viewing **only** via a secure online high compliance system. Full details for accessing the anonymised notes via the case viewer will be provided to each case reviewer in an email, as well as via telephone for all new panel members. Please note: all panel members are required to complete and return our confidentiality statement and declaration of interest form before access is granted to view the selected cases (see Appendix 1 and 2).

You will be asked to read all of the case notes and “score” the care using a standard assessment form which will be sent to you by the MBRRACE-UK office together with instructions for completion. This is to facilitate discussion during the meeting. In addition, one or perhaps two cases will be identified for which you will be asked to lead the discussion at the meeting.

Assessment of care

We have developed a standardised form to support the review process. The assessment form asks the reviewer to consider a series of steps on the care pathway which map to the various headings on the document produced by the TEG. It comprises questions about the quality of care at each stage using a grading system, but also includes free text boxes for reviewer’s opinions or other points they wish to raise, including examples of good care.

For each aspect of care along the pathway, reviewers will be asked to grade the care on a four-point scale:

Box 1: Grading of care at each point of the care pathway

- 0 No sub-optimal care identified;
- 1 Minor issues with the quality of care identified;
- 2 Significant issues with the quality of care identified;
- 3 Major issues with the quality of care identified.

Where suboptimal care is identified reviewers will also be asked to consider whether it was relevant to the outcome, the type of suboptimal care (e.g. a failure to recognise a problem), and who was responsible. Reviewers should also note any instances of particularly good care.

For each case, reviewers will also be asked to assign an overall grade to the care, separately for the mother and baby (Box 2). At the end of the discussion of each case at the panel meeting, the panel will agree a consensus score for the mother and for the baby.

Box 2: Overall grading of care

- 1 Good care, no improvements identified;
- 2 Improvements in care* identified which would have made no difference to outcome;
- 3 Improvements in care* identified which may have made a difference to outcome.

* Improvements in care should be interpreted to include adherence to guidelines, where these exist and have not been followed, as well as other improvements which would normally be considered part of good care, where no formal guidelines exist.

In terms of the baby, 'outcome' represents whether the care provision may have contributed to the baby's death. From the woman's perspective outcome is interpreted as the care the woman received after birth including her physical and psychological wellbeing and full consideration of her future fertility.

Please note that whilst the aim of the enquiry is to focus on quality of care HQIP (the organisation which commissions MBRRACE-UK) has specific guidance that applies in any case where any deficiencies in care are of a more serious nature (Box 3):

Box 3: HQIP Cause for Concern Guidance

- Death (child or adult) attributable to abuse or neglect, in any setting, but no indication of cross agency involvement (i.e. no mention of safeguarding, social services, police or LSCB).
- Staff member displaying:
 - Abusive behaviour (including allegations of sexual assault)
 - Serious professional misconduct
 - Dangerous lack of competency
 - But not clear if incident has been reported to senior staff
- Standards in care that indicate a dysfunctional or dangerous department or organisation, or grossly inadequate service provision.

Cases felt to fulfil these criteria must be notified separately and urgently.

Appendix 1: Confidentiality statement

Confidential Enquiry Panel Assessors

MBRRACE-UK is a collaboration led from the NPEU, University of Oxford which was appointed by the Healthcare Quality Improvement Partnership (“HQIP”) to deliver the national Maternal, Newborn and Infant Clinical Outcome Review Programme, including the Confidential Enquiry into Perinatal Mortality and Morbidity. The MBRRACE-UK collaborators are delighted that you have agreed to act as an MBRRACE-UK Confidential Enquiry Panel Assessor.

The appointment requires you to review case studies and to provide your written findings, conclusions and recommendations in relation to your assessment of the case. Accordingly, your appointment will involve the disclosure to you, both directly and indirectly, of confidential case materials in a variety of forms and media. In consideration of the opportunity to be involved in this project as an MBRRACE-UK Confidential Enquiry Panel Assessor, please read the terms set out below, and confirm your agreement to these terms by signing the form where indicated.

In my role as an MBRRACE-UK assessor I declare that:

- I undertake not to make or keep an electronic or paper copy of the case materials with which I am provided for the purposes of MBRRACE-UK confidential enquiries.
- I will only discuss the details of any individual case (findings, conclusions and recommendations) which I assess in my role as an MBRRACE-UK assessor with other MBRRACE-UK assessors and members of the MBRRACE-UK team unless otherwise specifically authorised to do so by the MBRRACE-UK Perinatal Lead Professor Elizabeth Draper.
- I will at all times keep completely confidential any information relating to the review of individual cases, discussions with other MBRRACE-UK panel assessors and MBRRACE-UK team members, and any other aspects of my role as an MBRRACE-UK panel assessor.
- Should I recognise a case from my clinical work, medico-legal work or some other set of circumstances I will immediately stop reviewing the case and declare this prior knowledge to the MBRRACE-UK Perinatal Lead, Professor Elizabeth Draper, or to the MBRRACE-UK Lead, Professor Jenny Kurinczuk. I understand that depending upon the circumstances it may be necessary to reallocate the case.
- Having reviewed an individual case for the purposes of the MBRRACE-UK confidential enquiries, should I encounter this case at any point in the future in relation to medico-legal work or any other similar work, I will declare a conflict of interest and withdraw from that work thereby ensuring that I do not make use of any privileged information arising from my involvement in MBRRACE-UK for any other purposes and that all such activities are kept completely separate and confidential.
- In the course of my work for MBRRACE-UK that I understand that I am bound by my usual professional code of conduct.
- I understand that this agreement will extend in perpetuity beyond my tenure as an MBRRACE-UK panel assessor.

Signature: Date:

Name:

Appendix 2: Declaration of Relevant Interests form

Name:	
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Relevant paid interests (it is not necessary to disclose the amount):
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Other relevant interests (e.g. membership of organisations or unpaid work):
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Relevant interests of the panel assessor personal partner and other close family members:
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Is there any other information which would be deemed reasonable for the MBRRACE-UK team to be informed of that could give rise to a conflict or perceived conflict of interest with the MBRRACE-UK Confidential Enquiry work?
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I have declared above all current, relevant interests and I will identify any future interests to the MBRRACE-UK team if and when they arise.

Signature: Date:

Name: