Medical and Surgical Clinical Outcome Review Programme

UPCARE: 1.00 Programme name - please do not change this field.*	Medical and Surgical Clinical Outcome Review Programme
1.01 Abbreviation	Medical and Surgical CORP
1.1 Contract status	Ongoing
1.2 Audit or non-audit	Non-audit
1.3 HQIP commissioned*	Yes
1.40 Programme unique identifier*	HQIP221
1.41 HQIP AD	DS
1.42 HQIP PM	SB
1.5 Lead organisation*	National Confidential Enquiry into Patient Outcome and Death
1.6 Programme homepage*	https://www.ncepod.org.uk/medicalsurgical.html
1.7 Programme summary	The medical and surgical clinical outcome review programme focuses on a variety of topics to assess the quality of healthcare provided to patients. The programme makes recommendations, generated by healthcare professionals, patients, carers and lay members, to support improvements in the care of future patients. The emphasis of the programme is on quality rather than causation or outcomes, and the non-blame, clinically-led narrative ensures good clinical engagement and drives the impact each report has.
2.1 Organogram	https://www.ncepod.org.uk/pdf/current/NCEPOD_MS%20CORP_Organogram.pdf
2.2 Organisations involved in delivering the programme	NCEPOD are the sole providers: www.ncepod.org.uk
2.3 Governance arrangements	The top-level **PROJECT BOARD** for NCEPOD is the steering group. This group meets twice per year and in between is copied into email correspondence regarding drafting of each study report and involved with reviewing and agreeing its recommendations. The membership can be found here: https://www.ncepod.org.uk/steeringgroup.html The top-level **PROJECT TEAM** for each topic is the **study advisory group (SAG)** which will be different for each study but the general composition is described below. They meet twice at the start of the study and once at the end,

with email communication throughout the duration of the study; additional meetings can be arranged as required during an individual study. Those marked with an asterisk also form the internal **PROJECT TEAM** who will undertake the core operational management of the study and will meet on a weekly basis.

Internal SAG members

- *Two clinical co-ordinators who will lead the study, chair meetings and draft the report and recommendations
- *One senior clinical researcher who will also project manage the study
- Two additional clinical researchers who will support the lead clinical researcher and/or be able to take over the study during any absence
- Two core NCEPOD lay representatives who ensure the lay view is included across all our studies and who will support the external patient/parent/carer representatives
- One researcher and one admin officer to support the lead clinical researcher in the day-to-day activities.

External SAG members (clinical reference group)

- Approximately ten multispecialty healthcare professionals relevant to the topic
- Nominated members proposed by relevant specialist groups such as royal colleges or associations including one or two steering group members
- Two (minimum) patient/carer representatives to provide the patient view and to work with us on seeking additional patient and public involvement
- The study proposer
- Any specific experts as needed.

All the relevant clinical professions, specialties and patients/carers involved are responsible for the design, delivery and sign-off of the report and its recommendations, assuring the quality of the output.

2.4 Stakeholder engagement

Beyond inclusion in the study advisory groups (SAGs) we also identify stakeholders specific to the study by speaking to the study proposer, SAG members, undertaking literature and internet searches, and asking clinical contacts. Such stakeholders will be asked to help us identify other work in the area and speak to any relevant contacts, as well as advertise surveys and focus groups to children and young people/parents/carers through their websites, networks and social media on our behalf.

Nearer to publication we communicate with other stakeholder to reference their work if our findings/recommendations support theirs, e.g. NICE, National Clinical Audits, GIRFT, CQC, royal colleges and lead Allied Health Professional bodies and work with stakeholders to identify ways of raising awareness of the findings.

One year after the report is release a stakeholder meeting is held to discuss how recommendations have/will progress and what more can be done.

2.5 Conflict of interest policy

View our conflict of interest policy.

We do not publish a register online but everyone joining a study is asked to complete a form before joining a meeting. They are reviewed and any potential conflicts discussed.

3.1 Quality improvement goals

The overarching improvement goals for this programme will build on the previous ten years, aiming to:

- Assess the quality and safety of health services, highlighting variation, both positive and negative, in the provision, safety and quality of healthcare.

To be demonstrated by producing the report summarising good and poor care.

- Promote improvements in service quality through local and national learning, and the provision of quality improvement resources.

To be demonstrated by providing tools and monitoring downloads from the website as a surrogate marker.

- Reduce inequalities in access to, experience of, or outcomes from the delivery of care.

To be demonstrated by asking local providers for any evidence of local improvements where the issue of health inequalities has been raised in a report.

- Influence clinical practice, commissioning, service provision, policy, and education by making recommendations to improve outcomes for patients.

To be demonstrated by asking providers for evidence of local improvements in care in preparation for the stakeholder meeting.

- Ensure that all hospitals are aware of good practice examples of quality improvement initiatives for each topic area.

To be demonstrated by asking providers for evidence of local improvements in care in preparation for the stakeholder meeting.

- Complement and contribute to the work of other healthcare organisations.

To be demonstrated by recording where reports are embedded in other work programmes.

- Put patients and those important to them at the centre of the development and delivery of all aspects of the work programme.

To be demonstrated by including patients/carers in the design of the study and co-production of outputs.

Topic-specific QI plans will be developed for each study using the results of engagement with the programme's study advisory groups (SAGs), the NCEPOD steering group and HQIP's independent advisory group.

3.3a Methods for stimulating quality improvement*

Getting It Right First Time (GIRFT); NHS England improvement programme; Welsh Government improvement programme; Action plan template; On-line Quality Improvement guides; Sharing good practice repository

3.3b Quality improvement supplemental information

View our healthcare quality improvement plan.

4a. Please add the most recent date that

27/02/2026

you have reviewed and updated an online version of UPCARE Programme section on your project's website (click into the response to see pop-up guidance).	
4b. Please add a hyperlink to UPCARE Programme section on your website (click into the response to see pop-up guidance).*	http://www.ncepod.org.uk