

# **CENTRE FOR MATERNAL AND CHILD ENQUIRIES**

## **RECRUITMENT OF TRUSTEES**

### **BACKGROUND INFORMATION ABOUT CMACE**

#### ***1. Introduction***

The Centre for Maternal and Child Enquiries (CMACE) started work on 1 July 2009. Whilst it is a new charity with ambitious plans for the future, it has inherited work programmes with a long and distinguished pedigree.

Its immediate predecessor was the Confidential Enquiry into Maternal and Child Health (CEMACH) which was set up in April 2003. During this period, CEMACH was an operational unit of the Royal College of Obstetricians and Gynaecologists (RCOG).

Its main activity was to carry out the national confidential enquiry programme into maternal and child health. A substantial part of this national enquiry programme significantly pre-dated CEMACH with a national maternal death enquiry which commenced in the 1950s and national enquiries into stillbirths and deaths in infancy which started in the 1990s.

The principal commissioner for this work on behalf of England and Wales is the National Patient Safety Agency. Contributions to the national enquiry programme are also made by Northern Ireland, Scotland, the Republic of Ireland, the States of Jersey and Guernsey and the government of the Isle of Man.

CMACE continues to provide the national maternal and child health confidential enquiry programme under contract to the NPSA and other funding bodies within the British Isles. In future, however, the term “the CEMACH programme” will only apply to this national confidential work and not to any other activities carried out by CMACE.

CMACE will also carry out activities for other funding bodies to support the achievement of its charitable objects in respect of improving the health of mothers, babies and children. The development of these other activities, often for funding bodies at a local rather than national level, will be an important part of the CMACE strategy to which all trustees will be expected to bring their expertise.

The approaches and methodologies which CMACE will use to achieve its objectives will include, for example, confidential enquiry (“retrospective case note review”), research projects, clinical audit and epidemiological and organisational surveys. Supporting these approaches, CMACE has considerable underpinning skills in project design, dataset development, database design and management, data collection and analysis.

CMACE also designs and delivers an active nationwide conference and interactive workshop programme to promote the findings of its work and the practical implementation of its recommendations.

## **2. NPSA Contract and duration of trustee appointment**

The NPSA is expected to carry out a tendering exercise for the national confidential enquiry in 2010 as a result of procurement regulations. All trustees will be expected to contribute their skills to, as far as possible, ensuring continuity of the contract with the NPSA. It is unlikely that CMACE could continue without this contract, so all trustee appointments are conditional on continuity of the NPSA contract. If this is achieved, trustee appointments for new trustees will usually be made for a 4 year term and for existing CMACE trustees for a 2 or a 4 year term.

## **3. Sources and Use of Funding**

Expected turnover of CMACE in 2009/10 is circa £1.7m. The majority of this funding is from the NPSA to provide the CEMACH programme. In respect of the CEMACH programme, there are two ongoing workstreams:

- the maternal death enquiry
- perinatal mortality surveillance.

The remaining work is project based, e.g. projects on maternity outcomes for mothers and babies and projects on children. The current maternity projects are on obesity in pregnancy and intrapartum care. In respect of children, an enquiry into head injury care is currently underway and topic selection for the second child health enquiry is currently in hand.

Approximately half of the resource provided by the NPSA to CMACE is to carry out the two ongoing workstreams within the CEMACH programme identified above. The remaining half is for the projects. Projects typically take from three to four years to complete from topic selection through to delivery of the main enquiry report.

The remainder of CMACE's funding comes from many sources. These have included other charities such as BLISS and the NSPCC and the pharmaceutical company Novo Nordisk for specific research projects. CMACE also carries out locally commissioned clinical audits and confidential enquiries. A number of Local Safeguarding Children Boards have contracted with us to provide child death data collection services under the Children Act 2004. The organisation aims to increase its funding from sources other than the NPSA in order to maximise its overall impact in improving outcomes for mothers, babies and children.

## **4. Governance**

CMACE is a company limited by guarantee and is also registered by the Charity Commission.

The memorandum and articles of association were signed by the founding members of the company:

- Royal College of Obstetricians and Gynaecologists
- Royal College of Paediatrics and Child Health
- Royal College of Midwives
- Royal College of Anaesthetists
- Royal College of General Practitioners
- Faculty of Public Health of the Royal College of Physicians
- Royal College of Pathologists
- Royal College of Psychiatrists.

The articles stipulate eight trustees on the board. These include the Chair, four healthcare professionals, two non-clinical professionals and a lay member. The Chair, Professor James

Walker, was appointed with effect from April 2009. The four clinical and one lay trustee positions are all currently held on a transitional basis by previous members of the CEMACH board. Substantive appointments for these positions are required to be in place from 1 July 2010.

The articles require two further committees. These are the remuneration committee and the national advisory committee (NAC).

The NAC is a representative committee with nominees from the eight (8) founding members, the NPSA and the four UK funding nations. Its primary remit is to advise the CMACE board and the NPSA in respect of prioritisation and topic selection of the funding for the CEMACH programme. The CMACE board can however ask its advice on other matters if it considers this appropriate.

The CMACE board can resolve to establish further committees, such as an audit committee, should it decide, but these are not obligatory to comply with the articles.

### ***5. Internal and Staff Structure***

CMACE has a Chief Executive, who is also Company Secretary, and a senior management team (SMT) who attend meetings of the Board and are responsible for the day-to-day management of the organisation.

The Baker Street office houses the central office team and a regional team covering London and the South East. There are three other regional offices in England and three other bodies are subcontracted to provide local data collection and enquiry panel activity. There are affiliated offices in Northern Ireland, Scotland and the Republic of Ireland.

## ROLE DESCRIPTION

<b>Post</b>	Trustee of CMACE board
<b>Duration</b>	2 or 4 years – subject to renewal of contract for the CEMACH programme – see (2) in “Background Information”
<b>Time commitment</b>	On average, one day per month to include 4-5 Board meetings a year, occasional other meetings and preparation
<b>Location</b>	Board meetings are usually held in London
<b>Expenses</b>	The position is unpaid unless additional duties over and above those required to fulfil the trustee role are required; the postholder is however entitled to reimbursement of all reasonable expenses incurred in fulfilling their duties as trustee.
<b>Accountability</b>	As the board is responsible and liable for the governance and functioning of the charity, trustees are accountable in varying degrees to members, funders, the Charity Commission and Companies House.

### **Purpose of Post**

All trustees participate as a full member of the board which is responsible for the overall governance and strategic direction of the charity, developing the organisation’s aims, objectives and goals in accordance with the governing document and legal and regulatory guidelines.

### **Specific Contribution**

The articles of association are designed to ensure that the board has access to as wide a range of key skills required to deliver the aims, objectives and goals. They specify that, in addition to the Chair, there will be four clinical professionals, two non-clinical professionals and a lay member. Each trustee therefore brings an additional purpose in their contribution to the CMACE board. This is to ensure that the board and the charity can benefit from their specific skills and perspectives, although trustees are expected to consider only the best course of action for CMACE and not represent any other organisation or body in their approach to the role.

### **Main duties and responsibilities**

1. To attend and participate in board meetings as a full and equal member of the board in all issues which it considers.
2. To contribute to the development of the mission, vision, values and strategic direction of the organisation in accordance with its charitable objects.
3. To ensure that the charity operates within the legal and regulatory framework applicable to healthcare research and any other areas in which it works.
4. To ensure that the charity meets the requirements of the Charity Commission, Companies Acts, corporate governance standards and its own memorandum and articles of association.
5. To ensure that the board asks for, receives and acts on sufficient and appropriate information to monitor the delivery of its strategic direction and legal and regulatory requirements.
6. To participate in additional committees where appointed to do so and/or to attend other meetings or events relevant to delivery of the function of trustee.
7. To promote and develop the charity in order for it to grow and maintain its role in improving health outcomes for mothers, babies and children

8. To be an ambassador for the charity at all times
9. To ensure that where decisions are required to which the board does not have sufficient expert knowledge or advice, that this is obtained so that all decisions are based on the best possible information.
10. Where appropriate, to bring their specialist expertise to bear in the deliberations of the board.

All trustees are expected to conduct themselves in the best interests of CMACE and in such a way as to add to the confidence of the clinical and wider community in the charity. They will be expected to declare any conflicts of interest and will be required to sign a confidentiality undertaking.

## PERSON SPECIFICATION

### General

All trustees are equally responsible for ensuring that CMACE meets the requirements of the Charity Commission, Companies Acts and general legislation. All are expected to ensure high standards of corporate governance.

In addition, the spread of backgrounds specified in the Articles of Association is intended to ensure that the Board has direct access to a range of knowledge, skills and experience key to fulfilling its wider oversight of the mission, vision, values, strategic direction and operational success of the organisation.

There is a wide range of potentially relevant clinical disciplines including obstetrics, paediatrics, midwifery, general practice, public health and all clinical disciplines relevant to the health of mothers, babies and children.

In respect of non-clinical skills there is also a wide variety of skills that the organisation needs and which would be beneficial at board level. In addition to ensuring a lay perspective, these potentially include, for example, accountancy, law, social care, corporate and charity governance, marketing, personnel management and information governance.

Drawing on this list, candidates will be expected to state in their application the skill or skills which they could bring as a trustee on the CMACE board.

	Essential	Desirable
Qualifications, skills and expertise	With the exception of the lay member, a professional qualification and expertise in a relevant clinical discipline or in respect of accountancy, law, social care, corporate/charity governance, marketing, personnel management, information security and management.	
Experience	With the exception of the lay member, gained at a senior level  Participation on an influential committee or committees	As an executive or trustee on the board of a sizeable charity  In a research and/or health environment  In an environment in which the focus is on outcomes for mothers, babies and children  In a body which has achieved growth by broadening its range of work and sources of income
Knowledge	Understanding of the role of the board	In a charitable limited company  Knowledge of legal and corporate governance requirements  Knowledge and experience of strategy formulation and

		change management to which a professional contribution has been made.
Disposition	<p>Passionate about improving health outcomes for mothers, babies and children</p> <p>A team worker, able to work with other trustees and the staff of the organisation in a calm and good-humoured way.</p> <p>A good communicator and listener</p>	

## FURTHER INFORMATION AND HOW TO APPLY

1. The posts will be advertised on the CMACE website and on the websites of other relevant bodies.
2. The closing date is 31 March 2010
3. Candidates are expected to apply by sending in a CV and a covering letter which explains why they are interested in the role and how they meet the requirements of the person specification.
4. Candidates will be expected to confirm that they will be able to accept appointment with effect from 1 July 2010.
5. Applications can be posted to Mary Humphreys, CMACE Office Manager at CMACE, Chiltern Court – Lower Ground Floor, 188 Baker St, LONDON, NW1 5SD or by email to [mary.humphreys@cmace.org.uk](mailto:mary.humphreys@cmace.org.uk).
6. If you would like more information about the roles, Richard Congdon, Chief Executive will be able to assist. Please phone 0207-486-1191 or email [Richard.congdon@cmace.org.uk](mailto:Richard.congdon@cmace.org.uk)