1. Introduction

The purpose of this policy is to outline the arrangements for the timely implementation of the recommendations following the publication of reports by the National Confidential Enquiries (NCE) and for outlining the Trust’s approach to preparing for and responding to the requirements and recommendations of High Level Enquiries (HLE). It also outlines the process for dealing with requests for data to support any NCE or HLE.

2. Scope

This policy applies to all recommendations made and requests for data by NCEs and other high level reports and enquires.

3. Aims

This policy outlines the process that the Trust has in place for the management of NCEs and other high level reports and enquires that make recommendations applicable to this organisation in regards to patient safety.

This policy ensures that all recommendations are appropriately considered and reviewed. It ensures that an organisational gap analysis will be conducted in each case and that action plans will be developed where necessary. The policy also stipulates that any actions plans developed will be monitored by an agreed committee/group and reported on appropriately, therefore ensuring that the Trust and our patients can gain the maximum benefit from any recommendations made.

4. Roles and Responsibilities

4.1 Trust Board

The Board functions as the main corporate decision-making body and considers the key strategic and managerial issues connected with statutory and other functions. The Board will therefore need to maintain an overview of the process associated with the NCEs and all other high level reports and enquiries.
4.2 **Medical Director**

The Medical Director is responsible for governance arrangements within the Trust and has delegated responsibility from the Chief Executive for:

- communicating updated information about any enquiries to the Executive Team and Trust Board

- nominating an appropriate individual or Committee to coordinate the Trust’s response to enquiry recommendations, which will include a nominated Local Reporter for NCEPOD and Responsible Leads for other NCEs and high level enquiries.

- ensuring that the Trust Board and delegated sub-committees with responsibility for quality, governance and risk receive and consider the reports from any enquiries

- ensuring that completed outcomes or exceptions to progress against agreed action plans are reported to the Trust Board via the delegated sub-committee

- reviewing identified and emergent risks which are added to the Trust’s Risk register as a result of the enquiry process.

4.3 **Director of Quality and Effectiveness**

Responsible for:

- identifying HLE or other reports which may have implications for the Trust and bringing these to the attention of the Medical Director

- coordinating actions and resources where appropriate to implement and achieve any actions required.

4.4 **Clinical Effectiveness Manager**

Responsible for:

- acting as Local Reporter for NCEPOD, coordinating the data collection for the studies including the appropriate selection of patients for particular studies

- liaising with the Medical Director to implement and facilitate NCEPOD enquiries and report dissemination as agreed

- preparing reports for the Clinical Governance and Quality Committee as required including quarterly monitoring of all NCEs and HLEs
laiasing with Director of Quality and Effectiveness to facilitate dissemination of NSFs and HLE reports and recommendations.

4.5 **NCEPOD Ambassador**

The role of the Ambassador is designed to support both the Local Reporter and fellow clinicians. The post is held by a senior clinician. In particular, the Ambassador will:

- notify colleagues of forthcoming studies
- exhort colleagues to complete study questionnaires
- encourage identified lead clinicians to undertake organisational analysis of NCEPOD recommendations on behalf of the Trust
- suggest ways in which implementation can be improved.

4.6 **Responsible Leads**

The Responsible Leads are nominated senior members of the clinical teams from applicable Directorates. These members of staff have the following responsibilities:

- to ensure a gap analysis is completed. When gaps are identified action plans should be then be developed and monitored by an appropriate committee
- to ensure any risks identified during the process of conducting the gap analysis or barriers when implementing the action plans are addressed and escalated to the Risk Register when appropriate.

5. **Definitions**

5.1 **National Confidential Enquiries (NCEs)**

National Confidential Enquiries consists of three independent organisations:

5.1.1 **The National Confidential Enquiry into Patient Outcome and Death (NCEPOD).**

The purpose of NCEPOD is to assist in maintaining and improving the standards of medical and surgical care for the benefit of the public by reviewing the management of patients, undertaking confidential surveys and research, by maintaining and improving the quality of patients care and by publishing the results of such activities.
5.1.2 The Maternal, Newborn and Infant Clinical Outcomes Review Programme

In 2012, HQIP appointed MBRRACE-UK (Mothers and Babies - Reducing Risk through Audits and Confidential Enquiries across the UK) to run the national Maternal, Newborn and Infant Clinical Outcomes Review Programme. This encompasses the old maternal mortality enquiry, and both the routine MBRRACE-UK data collection and the special projects (recently, head injury, seizures, and diaphragmatic hernia). Its purpose is to achieve continuous improvement in care and patient outcome for the maternal and newborn patients though audit and by publishing results and recommendations.

5.1.3 The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH).

NCISH examines all incidents of suicide and homicide by people in contact with mental health services in the UK. It also examines sudden deaths in psychiatric care. Its purpose is to improve the mental health services and help to reduce the risk of these tragedies happening again in the future. Whilst NCISH does not require participation from acute trusts, The NUTH NHS Foundation Trust will work towards implementation of best practice recommendations from any aspect of the NCISH reports, which has relevance for our organisation.

Note: As of 1 September 2011, the Healthcare Quality Improvement Partnership (HQIP) is responsible for the management and commissioning of the Clinical Outcome Review Programmes, previously the responsibility of the National Patient Safety Agency (NPSA). Note: These programmes are also known as Confidential Enquiries.

5.2 High Level Enquiries (HLEs)

High Level Enquiries relate to published enquiries with recommendations for implementation nationally. They often result from high profile cases such as the Alder Hey Tissue Retention Enquiry and the enquiry into the care provided by Mid Staffordshire NHS Foundation Trust (Francis Enquiry), which result in national recommendations for standards or performance.

5.3 Organisational Gap Analysis

A gap analysis is a technique for determining the steps to be taken in moving from a current state to a desired future state. It involves establishing where we are, where we need to be and the gap between the two (see appendix 2). An action plan then needs to be put into place to address the deficit.
6. Process (outline see Appendix 1)

6.1. Process for ensuring the Trust responds to requests for data

6.1.1 NCEPOD

Requests for and submission of NCEPOD data is managed by the Clinical Effectiveness Manager as the designated Local Reporter.

The Local Reporters main area of responsibility is:
- to receive information from NCEPOD and confirm if the proposed study is relevant to the services provided by the Trust
- to liaise with relevant staff within the Trust to ensure the compilation of datasets in accordance with the study criteria
- to liaise with relevant staff within the Trust to ensure the completion of organisational questionnaires and clinical questionnaires
- ensure the Clinical Governance and Quality Committee is kept informed of proposed NCEPOD studies.

6.1.2 Maternal, Newborn and Infant Clinical Outcomes Review

- From a maternity perspective, the MBRRACE-UK data are now put straight into their web portal.
- The role of the Regional Maternity Survey Office (RMSO) is to maintain regional surveillance by accessing the data from MBRRACE and using this to populate the RMSO database, thereby supporting local audit and investigations of clusters of neonatal deaths and stillbirths. In addition, RMSO therefore undertakes aspects of data quality assurance for the whole region.

6.1.3 NCISH

When a suicide or homicide occurs NCISH is informed via the Office of National Statistics and the Home Office respectively. Any investigation is then undertaken and all local health care providers are contacted to establish if the patient had contact with each organisation. When trust records show that contact occurred in the twelve months before suicide/homicide the person becomes an “Inquiry case” and the responsible consultant psychiatrist is contacted. They are then asked to complete a questionnaire and asked to complete it in consultation with other members of the mental health team.

6.2 Process for Implementation of recommendations

6.2.1 NCEPOD

Enquiry reports are received into the Trust by the Medical Director and subsequently the nominated Local Reporter. The report comes in the form of printed summary reports and copies of the full report. The Medical Director circulates copies of the report as appropriate to ensure
that recommendations are acted upon throughout the Trust and identifies a nominated lead individual to undertake an organisational gap analysis (template - appendix 2). The gap analysis is presented to the Clinical Governance and Quality Committee for consideration. Following consideration of the gap analysis, recommended actions for achieving compliance throughout the Trust are formulated into an action plan. A quarterly summary report is presented to the Clinical Governance and Quality Committee detailing progress against the action plan.

Any recommendations in which the Trust is not compliant will be entered onto the Medical Directors Directorate’s risk register by the Local Reporter and monitored accordingly.

6.2.2 Maternal, Newborn and Infant Clinical Outcomes Review

Enquiry reports are received into the Trust by the Medical Director and Clinical Director of Women’s Services. The Medical Director circulates copies of the report to a nominated Responsible Lead, who is instructed to undertake an organisational gap analysis (template - appendix 2). The organisational gap analysis is presented to the Women’s Services Directorates Obstetric and Quality & Safety groups for consideration. Following consideration of the organisational gap analysis, recommended actions for achieving compliance throughout the Trust are formulated into an action plan, which is monitored via the group.

On the occasions when the Trust is non-compliant with any aspect of the report, the respective management team will be notified by the Responsible Lead and the non-compliance will be entered onto the relevant Directorate’s risk register.

6.2.3 NCISH

Enquiry reports are received into the Trust by the Medical Director. The Medical Director circulates copies of the report to the Head of Therapy Services and nominated Responsible Leads who are instructed to undertake an organisational gap analysis (template - appendix 2). The gap analysis is then presented to the Psychology Clinical Leads meeting for consideration. Following consideration of the gap analysis, recommended actions for achieving compliance throughout the Trust are formulated into an action plan, which is monitored via the group.

On the occasions when the Trust is non-compliant with any aspect of the report, the respective management team will be notified by the Responsible Lead and the non-compliance will be entered onto the relevant Directorate’s risk register.
6.2.4 High Level Enquiries

The Trust will consider any published reports following HLEs and determine where lessons can be learnt within the organisation. Any reports received will be disseminated by the Medical Director. A Responsible Lead and an appropriate committee will be nominated to conduct an organisational gap analysis and produce an action plan if deficiencies are found. Progress against the action plan will be monitored via the nominated Committee.

On the occasions when the Trust is non-compliant with any aspect of the report, the respective management team will be notified by the Responsible Lead and the non-compliance will be entered onto the relevant Directorate’s risk register.

7. Training

There is no training required for the implementation of this policy.

8. Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

9. Monitoring

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Method</td>
</tr>
<tr>
<td>Summary reports of progress against the implementation of the recommendations and developed action plans in relation to all NCEs and HLEs.</td>
<td>Monitoring</td>
</tr>
</tbody>
</table>

10 Consultation and review

The Clinical Governance and Quality Committee was consulted during the development of this policy.

11 Implementation

This policy will be published on the Trust intranet and included in the ‘Trust Policy Newsletter’ to raise awareness of the changes.
Process Outline

**Maternal, Infant & Newborn**
- Reports and Requests for Data
- Received into Trust by Clinical Director
- Responsible Leads Identified
- Local Reporter Sends to NCEPOD Ambassador
- Reports and Requests for Data
- Received into Trust by Medical Director and Local Reporter
- Responsible Lead Identified

**NCEPOD**
- Received into Trust by Medical Director

**NCISH**
- Reports and Requests for Data
- Received into Trust by Medical Director
- Responsible Leads Identified

**HIGH LEVEL ENQUIRIES**
- Reports Received into Trust by Medical Director
- Responsible Lead Identified

**GAP ANALYSIS UNDERTAKEN**

**ACTION PLAN FOR IMPLEMENTATION DEVELOPED**

**ACTION PLAN AND IMPLEMENTATION MONITORED BY APPROPRIATE COMMITTEE**

**QUARTERLY UPDATE PRESENTED AND MONITORED AT THE CLINICAL GOVERNANCE AND QUALITY COMMITEE**

**APPENDIX 1**
## Organisational Gap Analysis Template

### Title of the Enquiry

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Is it met? Y/N/Partially/Planned</th>
<th>Comments (E.G good practice or deficiencies identified)</th>
<th>Action required</th>
<th>Timescale</th>
<th>Person responsible</th>
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<tbody>
<tr>
<td>Organisation of care</td>
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</table>
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:** 20/11/2015

2. **Name of policy / strategy / service:**
   Implementation of National Confidential Enquiries and High Level Enquiries Policy

3. **Name and designation of Author:**
   Mr S Stoker, Clinical Effectiveness Manager

4. **Names & designations of those involved in the impact analysis screening process:**
   Clinical Governance and Quality Committee

5. **Is this a:**
   - Policy [x]
   - Strategy [ ]
   - Service [ ]
   **Is this:**
   - New [ ]
   - Revised [x]
   **Who is affected**
   - Employees [x]
   - Service Users [ ]
   - Wider Community [ ]

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?**
   (These can be cut and pasted from your policy)
   This policy outlines the process that the Trust has in place for the management of NCEs and other high level reports and enquires that make recommendations applicable to this organisation in regards to patient safety.

7. **Does this policy, strategy, or service have any equality implications?**
   Yes [ ]
   No [x]

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:
   All high level enquires are undertaken irrespective of any protected characteristic.
8. **Summary of evidence related to protected characteristics**

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
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</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
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<td>Sex (male/ female)</td>
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<td>Religion and Belief</td>
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<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
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<tr>
<td>Age</td>
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<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
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<td>Gender Re-assignment</td>
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<td>Marriage and Civil Partnership</td>
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<tr>
<td>Maternity / Pregnancy</td>
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</table>

9. Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement?  Yes [ ]  No [x]

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)
PART 2

Name:  
Steve Stoker

Date of completion:  
20/11/2015

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)