

# The Newcastle upon Tyne Hospitals NHS Foundation Trust

## Implementation of National Confidential Enquiries, National Service Frameworks, Strategies and High Level Enquiries Policy

Effective: November 2010

Review: November 2012

### 1. Introduction

The purpose of this policy is to outline the arrangements for implementing the recommendations following the publication of Reports by the National Confidential Enquiries, identifying the arrangements following publication of National Service Frameworks (NSFs) or National Strategies, and for outlining the Trust's approach to preparing for and responding to the requirements and recommendations of High Level Enquiries (HLE).

### 2. Definitions

#### 2.1 National Confidential Enquiries (NCEs)

2.1.1 National Confidential Enquiries consists of three independent organisations:

- Centre for Maternal and Child Enquiries (CEMACE)
- The National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
- The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)

2.1.2 The National Confidential Enquiries exist:

- to investigate the contribution and deficiencies in care to serious adverse patient outcomes
- to identify areas where clinical practice needs to be improved and to make appropriate recommendations for changes that will improve outcomes for patients.

2.1.3 The Trust is invited to participate in all Confidential Enquiries which are pertinent to the areas of care provided. This usually averages three studies per year.

#### 2.2 National Service Frameworks (NSFs)

2.2.1 NSFs are long term strategies for improving specific areas of care. They set measurable goals within set timeframes and provide performance indicators at both national and local level.

2.2.2 The two main roles of NSFs are:

- setting clear quality requirements for care based on the best available evidence
- offering strategies and support to help health organisations achieve these standards.

Each NSF sets a target for improving the standards of care and the associated healthcare outcomes related to that care.

### 2.3 High Level Enquiries (HLEs)

High Level Enquiries relate to published enquiries with recommendations for implementation nationally e.g. The Sixth Report – Shipman; The Final Report (January 2005). This will also relate to other published reports where learning outcomes are shared following an adverse event e.g. Care Quality Commission investigations.

### 2.4 National Strategies

A strategic national framework within which local services can deliver quality improvements.

## 3. Roles and Responsibilities

### 3.1 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 National Confidential Enquiries, National Service Frameworks, National Strategies and High Level Enquiries

### 3.2 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.
- 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

### 3.3 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.

### 3.4 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
- Liaising with Director of Quality and Effectiveness to facilitate dissemination of NSFs and HLE reports and recommendations.

## 4. **Process for Implementation of recommendations**

### 4.1 National Confidential Enquiries

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. 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.

On the occasions where there are certain aspects of a guideline with which the Trust is non-compliant, the areas of non-compliance will be notified to the respective Management Team by the lead clinician and if rated "Moderate or above", will be included in the Directorate's Risk Register and monitored accordingly.

### 4.2 NSFs/ National Strategies

On receipt of an NSF or a Strategy into the Trust, a lead individual is identified to undertake a gap analysis to ensure that recommendations are acted upon throughout the Trust and to determine the Trust's level of compliance in relation to any recommendations. Progress reports will be presented to the Clinical Governance and Quality Committee to highlight progress against areas of non-compliance.

### 4.3 High Level Enquiries

The Trust will consider any published reports following HLEs and determine where lessons could be learnt throughout the organisation. The reports will be disseminated as agreed by the Medical Director and an individual or committee nominated to lead on the organisational gap analysis and action planning. A baseline assessment of the Trust's position will be undertaken to determine current levels of compliance with the published recommendations and the implications of implementation in terms of service, workforce and resource issues.

The assessment will be reported to the Board via the Clinical Governance and Quality Committee as the nominated Committee to determine any actions required to implement recommendations across the Trust.

## 5. Monitoring

The Clinical Governance and Quality Committee will receive organisational gap analysis reports detailing the Trust position in relation to NCEPOD reports. CEMACE reports will be reviewed by the Women's Services Directorate's Clinical Improvement and Risk Group and Children's Services Directorate Risk Group as appropriate. Where deficits are identified within the Trust, the Committee will require action plans to be developed to correct these by the nominated lead or committee.

The Local Reporter in liaison with the nominated lead individuals, for the respective NCEPOD reports, will provide quarterly summary reports to the Clinical Governance and Quality Committee based on recommendations made for achieving compliance throughout the Trust. The reports will detail progress made towards implementation of the recommendations and developed action plans in relation to NCEPOD. The action plans will be reviewed by the Committee until all required actions are completed.

Author: Clinical Effectiveness Manager

**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST  
IMPACT ASSESSMENT – SCREENING FORM A**

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

Policy Title:	Implementation of National Confidential Enquiries, National service Frameworks, Strategies and High Level Enquiries Policy	Policy Author:	Clinical Effectiveness Manager
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		This policy does not discriminate against any individual or group on the basis of race, ethnicity, nationality, gender, culture, religion, sexuality, age or disability.
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If "yes", please answer sections 4(b) to 4(d)).</i>	N/A	
4(b).	If so can the impact be avoided?	N/A	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
4(d)	Can we reduce the impact by taking different action?	N/A	

<b>Comments:</b>	<b>Action Plan due (or Not Applicable):</b>
	<b>Not applicable</b>

Name and Designation of Person responsible for completion of this form: Mr S Stoker, Clinical Effectiveness Manager Date: 5/10/2009

Names & Designations of those involved in the impact assessment screening process: Clinical Governance & Quality Committee  
(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)