University Hospitals of Derby and Burton
NHS Foundation Trust

TRUST POLICY FOR THE MANAGEMENT OF NATIONAL CONFIDENTIAL ENQUIRIES INTO PATIENT OUTCOME AND DEATH

Reference Number POL-CL/116/08	**Version: 5**		**Status:** Final	**Author:** L Raworth **Job Title** Medical Directors Office Manager
Version / Amendment History	Version	Date	Author	Reason
	1	2008	Pam Twine	NHSLA
	2	March 2010	Pam Twine	Reformat monitoring section
	2.1	February 2013	Pam Twine	Review
	3	February 2017	Lorna Priestman	Revised to reflect new roles / committees
	4	December 2019	Lara Raworth	Revised to reflect new roles / committees and harmonisation of sovereign policies
	5	December 2019	June Bettson-Green	Review
Intended Recipients: All clinical staff				
Training and Dissemination: No training required. Policy needs to be brought to Divisional attention for dissemination and action by individuals identified.				
To be read in conjunction with: None				
In Consultation with and Date: Quality Review Group, Divisional Governance Teams, Divisional Directors, Divisional Medical – December 2022				
EIRA stage One Completed Yes Stage Two Completed N/A				
Approving Body and Date Approved			Trust Delivery Group – 02/12/2019 Minor Amendments approved by the Executive Lead 22/12/2022	
Date of Issue			December 2022	
Review Date and Frequency			December 2025 (3 yearly)	

Contact for Review	Medical Directors Office Manager
Executive Lead Signature	 James Crampton, Interim Executive Medical Director

1 Introduction

National Confidential Enquiries into Patient Outcome and Death (NCEPOD) review clinical practice and make recommendations to improve the quality of the care delivered to patients. Recommendations from NCEPOD reviews cover a broad spectrum of suggestions, ranging from individual clinical practice, to national healthcare organisation responsibility, always with the aim of improving patient care and safety.

2 Purpose and Outcomes

This Policy describes the process for ensuring that recommendations of best practice from NCEPOD studies and other nationally agreed guidance is taken into account within the clinical services of the Trust.

This is ensured via:

- The implementation and management of NCEPOD studies
- The process for conducting an organisational gap analysis
- The process for ensuring that recommendations are acted upon throughout the organisation
- The process for monitoring compliance with this policy.

Outcomes

- The self-assessments undertaken by the Divisions within the Trust will be reported via the Quality Review Group
- The Divisional self-assessments will identify compliance or any gaps in compliance with the recommendations from the NCEPOD across the Trust
- The Quality Review Group will monitor action plans for any identified gaps in compliance if appropriate
- The Trust will be able to demonstrate compliance against recommendations
- The Trust will be able to identify and minimise risks related to partial or non-compliance against recommendations and any identified risks will be monitored via the Trust Risk Register.

3 Key Responsibilities/Duties

3.1 Executive Medical Director

The Executive Medical Director is responsible for ensuring that relevant recommendations from NCEPOD studies are reported and are implemented within the Trust.

3.2 Clinical Audit Team

- The Clinical Audit Team is responsible for the receipt, dissemination and reporting of all NCEPOD studies and for collating relevant feedback and reports to the Quality Review Group

They will also:

- Disseminate the reports from all NCEPOD studies to a wide range of staff within the Trust

- Act as the link with NCEPOD and be responsible for the supply of agreed relevant data requested by NCEPOD following distribution of the Confidential Enquiry E- Questionnaires

- Assist with the retrieval of relevant medical records and ensure the appropriate data is copied for the relevant health episode.

3.3 Enquiry Lead

- The Divisional Meeting Group for each Division will identify the enquiry lead\Multi-disciplinary team that will be responsible for receipt of the NCEPOD report and self-assessment form ensuring its completion within agreed timescales. The self-assessment form will identify any gaps in compliance with the recommendations.

- Divisional Meeting Group will develop an executive summary of potential problems identified by the report following the stakeholder responses submitted on the NCEPOD self-assessment form for presentation to the Quality Review Group and other relevant groups / committees as required.

- Designation of this role will be dependent on the nature of the enquiry and agreement with the Associate Clinical Director.

3.4 Quality Review Group

The Quality Review Group is responsible for reviewing the published NCEPOD reports and the receipt of six-monthly summary reports following organisational gap analysis

4 <u>Process for the Management of NCEPOD Reports see Appendix A</u>

The Clinical Audit Team is responsible for the receipt, dissemination, and reporting of all NCEPOD reports and for collating relevant feedback and reports to the relevant groups / committees.

All requests for data for NCEPOD studies are managed by the Clinical Audit Team.

.1 Process for managing recommendations from NCEPOD reports

- Recommendations from NCEPOD reports are included in a self-assessment form which forms the gap analysis and action plan. These are circulated by the Clinical Audit Team to all relevant stakeholders with a specified time frame for return and

monitored by the Quality Review Group

- Relevant stakeholders are asked to complete a gap analysis including an action plan if partial or non-compliant with the recommendations

- The enquiry lead will be responsible for reviewing the stakeholder responses and the development of an executive summary including actions required within six months. This will be presented at the Quality Review Group and any other relevant specialist groups / committees

- The enquiry lead\Multi-disciplinary Team will develop an action plan including all specific practical measures to be carried out within six months of the report being published

- These actions will be followed up six monthly so that by one year after the report the actions recommended should have been implemented and a follow up audit commissioned by the enquiry lead\ Multi-disciplinary Team.

- A summary monitoring report covering all open NCEPOD reports is presented bi-annually at the Quality Review Group.

- The summary report will be presented at to the Quality Improvement Group bi-annually

Monitoring Compliance and Effectiveness

Monitoring Requirement:	To ensure compliance with the agreed process for management of NCEPOD studies which includes: • A process for conducting an organisational gap analysis • A process for ensuring that recommendations are acted on throughout the organisation.
Monitoring Method:	Review of self-assessments and subsequent actions plans in relation to NCEPOD recommendations
Report Prepared by:	Medical Directors Office Manager
Monitoring Report presented to:	Quality Review Group
Frequency of Report:	Six Monthly

- **References**

NCEPOD: http/www.ncepod.org.uk

Appendix A

NCEPOD Process Flow Chart