Name of Policy: National Confidential Enquiries/Inquiries

Effective From: 30/06/2014

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<tr>
<td>Review Date</td>
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<tr>
<td>Sponsor</td>
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This policy supersedes all previous issues.
## Version Control

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National Confidential Enquiries/Inquiries

1. Introduction

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

National Confidential Enquiries (NCE’s) and Inquiries are designed to help assess quality of healthcare and stimulate improvement in safety and effectiveness by systematically enabling clinicians, managers and policy makers to learn from adverse events and other relevant data. The Trust is committed to the timely implementation of the recommendations contained within the reports of the National Confidential Enquiries.

2. Scope of Policy

This policy applies to all staff whose clinical practice or working practice is affected by National Confidential Enquiries/Inquiries recommendations.

There are currently four National Confidential Enquiries:

- National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
- Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries in the UK (MBRRACE-UK)
- Royal College of Paediatric and Child Health (RCPCH)
- National Confidential Enquiry into Suicides and Homicides (NCISH)

3. Aim of Policy

This policy details the coordinated approach the Trust will employ to ensure that the findings and recommendations from all National Confidential Enquiries/Inquiries are appropriately disseminated, reviewed, implemented, monitored and reported.

The Policy will:

- Support the provision of the best care to GHNHSFT patients by adopting best practice guidance from national learning.
- Support compliance with Trust Risk Assurance Standards and CQC Essential Standards of Quality and Safety

4. Roles and Responsibilities

4.1 The Trust Board is ultimately responsible for clinical governance arrangements throughout the Trust and National Confidential Enquiries forms part of this. The Board has a responsibility to seek assurance that clinical governance activities follow the governance arrangements set out in this policy.

4.2 The Medical Director and Director of Nursing and Midwifery, as leads for clinical governance, have delegated responsibility from the Chief Executive for ensuring
there are effective governance arrangements for participating in and responding to
the recommendations of National Confidential Enquiries and other high level
enquiries.

4.3 **PQRS** is the committee is responsible for assessing the implications of any areas
of concern or potential risk related to National Confidential Enquiry/Inquiry
recommendations identified through the Mortality and Morbidity Steering group
that have been escalated for their attention and making decisions on whether any
course of action should be taken.

4.4 **The Mortality and Morbidity Steering Group is responsible for receiving** all newly
published National Confidential Enquiry/Inquiry reports, assessing their relevance
to the organisation and identifying nominated/ overall leads to undertake gap
analysis, action planning and implementation of recommendations. The group will
provide the PQRS committee with an annual report on its activity including Trust
compliance against NCE’s. Any concerns or risks related to non compliance with
recommendations will be escalated to PQRS as they arise. Depending on the nature
of enquiry the Medical Director/Director of Nursing and Midwifery may choose
another appropriate committee.

4.5 **Business Unit Directors and Business Unit Managers** are responsible for ensuring
that any required recommendations and actions are implemented within their
area(s) of control and appropriately reported.

4.6 **The Nominated Lead** is responsible for ensuring that:
- A gap analysis is undertaken against recommendations, an action plan
  formulated and the implementation of that plan monitored.
- Returning the completed gap analysis and action plans to the Head of
  SafeCare within the agreed timescales.
- Presenting the findings of the review and action plans to the Mortality and
  Morbidity Steering Group.
- Presenting updates on progress with implementation of action plans to Head
  of SafeCare and Mortality and Morbidity Steering Group.
- Highlighting any risks identified during the course of conducting the gap
  analysis or any barriers for implementing the action plan to the Mortality
  and Morbidity Steering Group for discussion and possible escalation to
  PQRS.

4.6 Where an **Overall Lead** has been appointed they will be responsible for:
- Liaising and collating responses from all applicable Business Units to form a
  Trust response.
- Returning the completed gap analysis and action plans to the Head of
  SafeCare within the agreed timescales.
- Presenting the findings of the review and action plans to the Mortality and
  Morbidity Steering Group.
- Presenting updates on progress with implementation of action plans to Head
  of SafeCare and Mortality and Morbidity Steering Group.
4.7 The Head of SafeCare will be responsible for:
- Distributing NCE reports to the Business Unit Directors/ Business Unit Managers and nominated leads in the identified Clinical Business Units and Specialties via the Mortality and Morbidity Steering Group.
- Receiving and collating the completed responses/ gap analysis and action plans for consideration by the Mortality and Morbidity Steering Group.
- Ensuring all new NCE reports are registered and compliance updated on the dedicated database held within the SafeCare Department. This will outline the Trusts position against each of the NCE’s on an ongoing basis.
- In collaboration with the Medical Director and Director of Nursing compile an overall report for presentation to the Mortality and Morbidity Steering Group detailing overall Trust compliance with all current NCE recommendations on a six monthly basis or more frequently where appropriate.

5. Definitions

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
The purpose of NCEPOD is to assist in maintaining and improving 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 patient care; and by publishing and generally making available the results of such activities.

Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries in the UK (MBRRACE-UK)
"MBRRACE-UK" is the collaboration appointed by the Healthcare Quality Improvement Partnership (HQIP) to continue the national programme of work investigating maternal deaths, stillbirths and infant deaths, including the Confidential Enquiry into Maternal Deaths (CEMD). The programme of work is now called the Maternal, Newborn and Infant Clinical Outcome Review Programme (MNI-CORP).
The aim of MBRACE-UK is to provide robust information to support the delivery of safe, equitable, high quality, patient-centred maternal, newborn and infant health services

Royal College of Paediatric and Child Health (RCPCH)
This is a national programme of work to examine the incidence and associated features of mortality and serious morbidity in 1-18 year olds and aims to improve the delivery and outcomes of health care to children within the UK. The programme is delivered by the RCPCH in collaboration with the MRC Centre for Epidemiology, University College London - Institute of Child Health.

There are two main work-streams to the programme:
- A retrospective analysis of mortality and serious morbidity using existing datasets which are carried out by the Institute of Child Health.
- A themed review of death and cases of serious morbidity.

National Confidential Enquiry into Suicides and Homicides (NCISH)
NCISH examines all incidences of suicides and homicides by people in contact with mental health services in the United Kingdom and sudden deaths in psychiatric care, with the
purpose of improving mental health services and helping to reduce the risk of these tragedies happening again in the future.

6. **Main body of the policy**

6.1 **Process for ensuring the organisation responds to requests for data.**

All requests for NCEPOD data is channelled through the Head of Information 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.
- To ensure the Mortality and Morbidity Steering Group is kept informed of proposed NCEPOD studies via distribution of NCEPOD newsletter.

6.2 **Process for responding to recommendations made in NCE’s**

National Confidential Enquiry Reports come into the Trust via several different routes but in the main through the Chief Executive Office and the Medical Director. All such documents will be discussed at the Mortality and Morbidity Steering Group or other appropriate group who will review the report and identify whether it applies to a single Business Unit or impacts across a number of Business Units within the Trust.

6.3 **Single Business Unit**

Following identification of the relevant service the Mortality and Morbidity Steering group will identify a Nominated Lead. The Head of SafeCare will disseminate the NCE report to the Nominated Lead for review, analysis and planning against current practice. A timescale for completion and return of information will be identified.

On receipt of the NCE the Nominated Lead will complete a gap analysis to determine the level of compliance for each recommendation of the guidance. Where there is partial or non-compliance, the required action will also be identified which will indicate how compliance is to be met. Each action will include details of the responsible officer(s) and timescales. The Nominated Lead will present this at the Mortality and Morbidity Steering Group on an ongoing basis until implemented.

The completed gap analysis and action plans should be returned to the Head of SafeCare.
6.4 Multi-Business Unit

The Mortality and Morbidity Steering group will identify an Overall Lead/existing group who will be responsible for liaising with and collating responses from all applicable Business Units to form a Trust response.

The report will be forwarded by the Head of SafeCare to the relevant Business Unit Directors / Business Unit Managers and Nominated Leads within the affected Business Units with feedback to the overall lead.

The overall lead will collate the responses to form a Trust response / action plan and forward the completed report to the Head of SafeCare and will also present this at the Mortality and Morbidity Steering Group on an ongoing basis until implemented.

6.5 Identification of risk

Where areas of risk related to partial or non compliance with recommendations the nominated lead/ overall lead should identify these to the Mortality and Morbidity Steering Group for discussion. The Mortality and Morbidity Steering group will decide if the identified risks requires escalation to the PQRS committee. Any areas of risk identified should be recorded on the appropriate risk register (Business Unit or Trust).

6.6 Monitoring and reporting mechanisms

In addition to the presentation of gap analysis and action plans at the Mortality and Morbidity Steering Group, a Corporate Progress Report will be produced by the Head of SafeCare and presented to the Mortality and Morbidity Steering group on a six monthly basis. This report will contain:

- Progress against existing action plans
- Details of the Trusts compliance against newly-published confidential enquiries and new action plans
- Details of the reasons for any departures from recommended practice.

6.7 Decisions not to implement NCE and Inquiry recommendations

Where services are unable to comply with or feel that the guidance is inappropriate to the local circumstances this will be reported in the first instance to the Mortality and Morbidity Steering Group for further debate and agreement and escalated to the PQRS Committee for approval. The outcome will be recorded in the Committees minutes and Risk Register where applicable.
7. Training and Development

7.1 Provision of clinical audit training

Assessing the organisations status against recommendations made in NCE’s is key to the delivery of this policy and this may involve carrying out clinical audits to evidence compliance.

The SafeCare Department will provide clinical audit training that can be accessed by all health care professionals who are responsible for auditing the quality of care they deliver. This will include:

- Clinical audit workshops
- Bespoke training for groups and individuals on request.

8. Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we treat staff reflects their individual needs and does not discriminate against individuals or groups on any grounds of any protected characteristic in accordance with the Equality Act (2010). This policy has had an equality analysis.

9. Monitoring Compliance- As a minimum the following elements will be monitored to ensure compliance.

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool / Evidence</th>
<th>Frequency of Report of Compliance</th>
<th>Reporting arrangements</th>
<th>Lead(s) for acting on recommendations</th>
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<tr>
<td>How the organisation responds to requests for data Requests for data are received by the local reporter who confirms appropriateness of the study to the Trust and if appropriate liaise with relevant staff to ensure compilation of data sets for the study.</td>
<td>Head of Information</td>
<td>Map emails from NCE requesting data to local reporter against list of studies in newsletter.</td>
<td>Annually</td>
<td>Policy audit report to: • Mortality and Morbidity Steering Group</td>
<td>Head of Information.</td>
</tr>
<tr>
<td>How the organisation identifies which National Confidential Enquiry/Inquiry recommendations are relevant to its services. Reports are reviewed at M&amp;M steering group and a Lead nominated where appropriate.</td>
<td>SafeCare Department</td>
<td>Minutes of meetings Review of confidential enquiries database</td>
<td>Annually</td>
<td>Policy audit report to: • Mortality and Morbidity Steering Group</td>
<td>Head of SafeCare</td>
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The monitoring involves production of an action plan that will be monitored by the identified committee until all actions have been implemented.

10. **Consultation and review**

Consultation regarding formulation of this policy has been through the Business Unit representation on the Mortality and Morbidity Steering Group.

11. **Implementation of policy**

Implementation will lead by the representatives on the Mortality and Morbidity Steering Group and Head of SafeCare.

12. **References**

Appendix 1

Trust System for Reviewing and Implementing the Recommendations of National Confidential Enquiries

All National Confidential Enquiries received by CEO office sent to Executive Leads/Head of SafeCare for initial review at Mortality and Morbidity Steering Group. Identify relevant Nominated Lead and Overall Lead where appropriate. Register on NCE’s database.

Single Business Unit

- Reports and templates appropriately distributed to Nominated Lead by Head of SafeCare. Copied to Business Unit Director and Business Unit Manager.

Nominated Lead will:
- Review the Enquiry Report and identify the services level of compliance, together with any action required.
- Ensure that reviews of recommendations are undertaken in conjunction with other professionals from the relevant areas.
- Complete a gap analysis document and action plan and send a copy to Head of SafeCare within agreed timescale.
- Present gap analysis and action plan to Mortality and Morbidity Steering Group.
- Consider any risks associated with areas of non-compliance / Register on Business Unit Risk Register as appropriate following discussion with Business Unit Manager/ Business Unit Director/ Mortality and Morbidity Steering Group.

Multiple Business Units

- Reports and templates appropriately distributed to relevant Nominated Leads and Overall Lead by Head of SafeCare. Copied to Business Unit Director and Business Unit Manager.

Overall Lead will:
- Review the Enquiry Report and identify the services level of compliance, together with any action required.
- Ensure that reviews of recommendations are undertaken in conjunction with other professionals from the relevant areas.
- Complete a gap analysis document and action plan and Liaise with Overall Lead
- Overall lead compiles Trust response/action plan and sends copy to Head of SafeCare within agreed timescale.
- Consider any risks associated with areas of non-compliance / Register on Divisional/ Trust Risk Register as appropriate following discussion Business Unit Manager/ Business Unit Director & Head of Corporate Risk

Reports and action plans presented and discussed at the Mortality and Morbidity Steering Group by Nominated / Overall Leads and escalated to PQRS as necessary.

6 monthly report of compliance status and progress presented to Mortality and Morbidity Steering Group

NCE’s Database updated on 6 monthly basis with details of compliance and progress against action plans.

Annual Report on Mortality and Morbidity Steering Group to PQRS.

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