

Procedure for Responding to National Confidential Enquiries and Other High Level Inquiries

Version:	V.4
Approved by:	Executive Management Team
Date Approved:	30 April 2014
Name of originator/ author:	Associate Medical Director
Lead Director:	Medical Director
Date issued:	June 2019
Review date:	April 2022
Intranet	Yes
Extranet	Yes

Contents

- 1 Introduction3
- 2 Purpose3
- 3 Scope3
- 4 Definitions.....4
- 5 Duties and Responsibilities4
- 6 Procedural Arrangements for Responding to National Confidential Enquiries.....5
- 7 Procedural Arrangements for Conducting a Gap Analysis for NCE’s5
- 8 Procedural Arrangements for Responding to other High Level Enquiries.....6
- 9 Process for Monitoring the Compliance with the Procedures7
- 10 Equality Impact Statement.....7
- 11 Associated Documents7
- 12 References.....7
- GAP ANALYSIS FORM8
- Appendix A: Equality Impact Assessment (EQIA) Form one – initial screening10

1 Introduction

The Trust mission statement states: "Tavistock and Portman NHS Foundation Trust (the Trust) is committed to delivering top quality patient care, excellent education and world class research".

As part of the Trust mission towards quality and excellence, the Trust is committed to responding to and learning from national confidential inquiries and other High Level Guidance, and recognises the contribution this makes to both maintaining and improving quality of service and protecting the safety of patients.

2 Purpose

The purpose of this procedure is to:

- ensure that the Trust has arrangements in place to identify and respond to relevant National Confidential Enquiry Reports (NCE's) and other High Level Inquiries (HLI) in a timely manner
- set out the way in which the Trust will consider the relevance of these inquiries to the work of the trust, and set out and monitor action plans to respond to relevant recommendations.

3 Scope

These procedures apply to all clinical staff who work in the trust.

In addition they apply to members of the Governance Department who are responsible for administering the processes described in this document.

4 Definitions

Term	Definition
National Confidential Inquiries	<p>There are two key confidential inquiries that the Trust contributes to National Inquiry into Peri-Operative Death (NCEPOD) and National Inquiry into Maternal and Child Health (NCMACH).</p> <p>The purpose of these inquiries 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, by undertaking confidential surveys and research, by maintaining and improving the quality of patient care and by</p>
High Level Inquiries	<p>Any published enquiry with recommendations for implementation nationally e.g. Shipman Enquiry, Climbie Enquiry, etc. (NHSLA Risk Management Standards for Acute Trusts April 2008).</p>

5 Duties and Responsibilities

5.1 Medical Director

The Medical Director is:

- accountable to the Board of Directors for clinical quality of care in respect of lessons learned from NCEs' and High level Inquiries
- responsible for appointing a lead clinical or formal review group to consider and prepare a gap analysis on receipt of a new NCE or HLI
- responsible for reporting to the Board on NCE's and HLI's in role as Chair of Clinical Quality Safety and Governance Committee (CQSGC).

5.2 Associate Medical Director (Clinical Audit and Clinical Outcomes)

The Associate Director is responsible for:

- ensuring that on receipt of a new NCE or HLI report that the Trust appoints an appropriate reviewer (in conjunction with the Medical Director) to conduct a gap analysis and develop an action plan if the trust does not meet all relevant recommendations in the report
- Monitoring compliance with the action plan and reporting progress to the CQSGC on a quarterly basis

- Identifying risks of non-compliance which if significant are to be added to the trust's risk register.

5.3 Governance and Risk Advisor

The Governance and Risk Lead is responsible for supporting risk assessment in the event that risks of non-compliance are identified, and ensuring they are added to the trust's risk register and monitored through the risk register mechanism.

5.4 Clinical Governance & Quality Manager/ Executive Assistant to Medical Director

The Clinical Governance & Quality Manager is responsible for:

- acting as local coordinator for the National Confidential Enquiry into Homicide and Suicide, (NCEHS) and ensuring timely response from any requests from the NCEHS team
- Alerting the Associate Director to the publication of any new report
- Providing administrative support for the gaps analysis, and monitoring of any action plan

6 Procedural Arrangements for Responding to National Confidential Enquiries

The National Confidential Enquiry (NCE) team will send a request for information from the Trust to the local coordinator.

On receipt of the request the local coordinator will liaise with the Medical Director who will appoint an appropriate Clinical Lead to respond to the request.

The local coordinator and the Clinical Lead are responsible for the full and timely submission of data to the relevant Confidential Enquiry centre.

7 Procedural Arrangements for Conducting a Gap Analysis for NCE's

The clinical governance & quality manager will monitor the NCE website for the publication of relevant NCE study reports (currently the National Confidential Enquiry into Homicide and Suicide) and will alert the Associate Director of new reports as they are published.

The Associate Director will, in conjunction with the Medical Director, appoint an appropriate reviewer for each new report.

The reviewer will be asked to conduct a gap analysis. This may be completed using the form shown at Appendix A or in another format but must cover:

- a review of the recommendations relevant to the work of the Trust
- an assessment of our compliance and,
- an action plan for any areas of non-compliance.

The gap analysis report must be provided to the Associate Medical Director.

The Associate Medical Director will discuss this plan with clinical governance leads and the Medical Director. The Associate Medical Director is authorised under this policy and the arrangements for work stream leads to accept the action plan.

The Associate Medical Director will then monitor the action plan under the work stream responsibilities reporting on progress at least 6 monthly to the CQSGC.

Any significant risks of non-compliance identified in the process will be added to the Trust risk register and monitored through this process.

8 Procedural Arrangements for Responding to other High Level Enquiries

Other High Level Enquiries/Reports often make recommendations which the Trust can learn from and use to improve patient safety, examples include homicide and safeguarding inquiries.

The High Level Report will be received by the CEO and passed to the Medical Director.

Depending on the type and theme of the High Level Enquiry/report an appropriate Lead will be identified to consider its recommendations in the context of clinical care provided by the Trust.

The reviewer will be asked to conduct a gap analysis using the form set out at Appendix A and submit this together with proposed actions for identified gaps to the Associate Medical Director.

The Associate Medical Director will discuss this plan with clinical governance leads and the Medical Director. The Associate Medical Director is authorised under this policy and the arrangements for work stream leads to accept the action plan.

The Associate Medical Director will then monitor the action plan under the work stream responsibilities reporting on progress at least 6 monthly to the CQSGC.

Any significant risks of non-compliance identified in the process will be added to the Trust risk register and monitored through this process.

9 Process for Monitoring the Compliance with the Procedures

Compliance with these procedures will be monitored by the CQSGC which will:

- Receive assurance reports from the Clinical Audit work stream in relation to receipt and action taken on NCE's and HLI's
- Monitor compliance with action plans through the action tracker
- Monitor any significant risks identified in the process via the risk register.

10 Equality Impact Statement

This procedure has been screened using the Trust's Equality Impact Tool and has been found not to discriminate against any group of persons.

11 Associated Documents

- Procedure for responding to NICE
- Procedure for responding to External Investigations and Inquiries
- Integrated Risk Strategy and Policy.

12 References

Department of Health. (2000). *An Organisation with a Memory: Report of an Expert Group on Learning from Adverse Events in the NHS*. London: The Stationery Office. Available at: www.dh.gov.uk.

National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCI/NCISH). Manchester. University of Manchester. Available at: www.medicine.manchester.ac.uk.

GAP ANALYSIS FORM (to be completed by NOMINATED REVIEWER)

Title of document:		
Date of Issue:	Reviewer:	Directorate review applicable to:
Summarize key requirement/recommendation that relate to the Trust		
Reference	Summary of requirement/recommendation	Do we currently meet this recommendation yes/no*
Confirm all sections of the guideline not identified above are NOT relevant to the trust		

Assessment and action plan for any relevant recommendation not fully met by the Trust				
Action plan	Summarize position and/or progress	Who is responsible?	Target date	Achieved Date

Once complete please submit electronically to Clinical Governance and Quality Manager: Irene Henderson

Appendix A

Equality Impact Assessment (EQIA) Form one – initial screening

Completed by	Irene Henderson
Position	Clinical Governance & Quality Manager
Date	April 2019

The following questions determine whether analysis is needed	Yes	No
Is it likely to affect people with particular protected characteristics differently?		X
Is it a major policy, significantly affecting how Trust services are delivered?		X
Will the policy have a significant effect on how partner organisations operate in terms of equality?		X
Does the policy relate to functions that have been identified through engagement as being important to people with particular protected characteristics?		X
Does the policy relate to an area with known inequalities?		X
Does the policy relate to any equality objectives that have been set by the Trust?		X
Other?		

If the answer to *all* of these questions was no, then the assessment is complete.

If the answer to *any* of the questions was yes, then undertake the following analysis:

	Yes	No	Comment
Do policy outcomes and service take-up differ between people with different protected characteristics?			

What are the key findings of any engagement you have undertaken?			
If there is a greater effect on one group, is that consistent with the policy aims?			
If the policy has negative effects on people sharing particular characteristics, what steps can be taken to mitigate these effects?			
Will the policy deliver practical benefits for certain groups?			
Does the policy miss opportunities to advance equality of opportunity and foster good relations?			
Do other policies need to change to enable this policy to be effective?			
Additional comments			

If one or more answers are yes, then the policy may unlawful under the Equality Act 2010 –seek advice from Human Resources.