Guidelines for reviewing participation in the National Confidential Enquiry into Patient Outcome and Death and implementing NCEPOD recommendations

Preamble

This tool has been produced to help trusts review their participation in the National Confidential Enquiry into Patient Outcome and Death, (NCEPOD), and their implementation of NCEPOD recommendations.

This paper describes how NCEPOD works, how trust staff should engage in the Enquiry, and what actions trusts should take when a new NCEPOD report is released. The paper is intended to help trusts:

- improve the care of patients by ensuring that clinicians and managers are aware of new NCEPOD reports as they are released
- meet the requirements of the Central Negligence Scheme for Trusts.

Background

The National Confidential Enquiry into Patient Outcome and Death carries out studies into aspects of care in all areas of medicine except obstetrics (covered by the Confidential Enquiry into Maternal and Child Health - CEMACH) and mental health (the national confidential inquiry into suicide and homicide by people with mental illness – NCISH). CEMACH has primary responsibility for studies into child health, but some NCEPOD studies do collect data on the care of children.

The aims of the Enquiry are to review clinical practice, to identify remediable factors in the care of patients, and to make recommendations for clinicians and managers to implement. The results of the Enquiry have widespread applicability because NCEPOD collects data from all hospitals in England, Wales, Northern Ireland, the Isle of Man, Jersey, Guernsey, the Defence Secondary Care Agency, and from participating private hospitals.

The GMC states that participation by doctors in the Confidential Enquiries is one of the elements of Good Medical Practice.
The Department of Health has stated that all doctors will participate in the work of the Confidential Enquiries.
The Clinical Negligence Scheme for Trusts expects the Trust Board or Governance Group to review NCEPOD recommendations as part of their risk management activities.

Communication with trusts

Data are collected by sending questionnaires to clinicians caring for patients included in a particular study, and by requesting hospital organisational data via a questionnaire sent to the medical director.

Each hospital has an NCEPOD local reporter who takes responsibility for identifying and submitting data on which patients should be included in studies, and assists in other aspects of studies as appropriate. NCEPOD studies could not run without the network of local reporters, and NCEPOD is grateful to the local reporters for their help. It is important that trusts ensure that local reporters have the time and resources to fulfil their role.

Data on how many questionnaires sent to clinicians have been returned to NCEPOD are sent to medical directors and local reporters quarterly.

Dissemination of reports

When an NCEPOD study is completed the report of the study is launched at a public meeting and is published on CD. A printed summary is produced but NCEPOD does not issue paper copies of the full report. Copies of the summary of the report and a limited number of CDs are sent to medical directors and local reporters for them to distribute to relevant clinicians and managers within their trusts. A summary is also sent to chief executives and a copy of the CD to libraries. The CD is available for downloading from the NCEPOD website without charge.

NCEPOD aims to maximise coverage of the launch of a new report by interacting with national print and broadcast media, and by involving specialist societies related to the content of the report.

Feeding back data

NCEPOD studies are confidential so NCEPOD will not feed back to a trust data that could be traced to an individual clinician. However NCEPOD is keen to help trusts assess their overall performance, so aggregated unidentifiable data are returned to trusts along with comparative data from the whole study database whenever possible.

Continuing data collection

Trusts may wish to continue to collect the type of data used for NCEPOD reports for their own audit purposes. The questionnaires used in NCEPOD studies are published in Adobe Acrobat pdf file format as an appendix to the report of the relevant study. Trusts are welcome to print off and use these questionnaires for their own internal use.

Trust should put in place systems to ensure the following outcomes are achieved:

1. The Governance Board or equivalent should establish exactly who has responsibility for alerting the Governance Board that a new NCEPOD report has been released. This may be the NCEPOD local reporter, the medical director or the clinical governance lead (all of whom will be informed by NCEPOD when a report is to be released).

2. The launch of a new NCEPOD report should be an agenda item for the Governance Board.

3. There should be a report to the Governance Board as to which clinicians and other members of staff have been sent notification of the new report, so as to be assured that there has been satisfactory dissemination of the report within the trust.

4. The Governance Board should require a detailed response to each recommendation in the NCEPOD report from the clinical directors of the relevant clinical areas. To help in this exercise NCEPOD will publish a self-assessment checklist for each report that can be amended as appropriate by trusts (the Appendix contains one such self assessment checklist).
    - If a trust decides **not** to implement an NCEPOD recommendation, the reasons for that decision should be documented.
    - If a trust believes that it has already implemented a recommendation it should decide whether the "**Action required**" should be to conduct an audit to confirm that implementation is satisfactory.

5. The NCEPOD report should remain an agenda item for the Governance Board until all items on the checklist needing action have been completed.

6. Where possible NCEPOD will feed back a trust's own aggregated data to the trust medical director. The Governance Board should establish whether any such data has been received. It should review the data and take whatever action is necessary in the light of that information.

7. The trust board should receive the minutes of the Governance Board, and the minutes should specify that NCEPOD recommendations have been reviewed.

Appendix

NCEPOD Self-assessment checklist

Clinical leads:

Organisation of vascular services					
Recommendation	**Is it met? Y/N/Partially/ Planned**	**Comments (Examples of good practice or deficiencies identified)**	**Action required**	**Timescale**	**Person responsible**
Trusts should ensure the availability of radiology services outside normal working hours, including CT scanners					
Clinicians, purchasers, Trusts and SHAs should review whether elective AAA surgery should be concentrated in fewer hospitals					
Major elective surgery should not take place unless all essential elements of the care package are available (i.e. critical care beds, cell savers)					

Surgery					
Recommendation	**Is it met? Y/N/Partially/ Planned**	**Comments (Examples of good practice or deficiencies identified)**	**Action required**	**Timescale**	**Person responsible**
Patients with AAA must have equal priority with other patients with serious clinical conditions for diagnosis, investigation and treatment					
Trusts to improve access to Level 2 beds for elective AAA patients to reduce cancellations or inappropriate use Level 3 beds					
Trusts should ensure that clinicians of the appropriate grade are available to staff preoperative assessment clinics for AAA patients					
SHAs and Trusts to ensure that only surgeons with vascular expertise operate on emergency AAA patients except for exceptional geographical circumstances					

Anaesthesia					
Recommendation	**Is it met? Y/N/Partially/ Planned**	**Comments (Examples of good practice or deficiencies identified)**	**Action required**	**Timescale**	**Person responsible**
Trusts to ensure anaesthetists can identify the major cases that they have managed					
Anaesthetic departments should review the allocation of vascular cases to reduce the number of anaesthetists caring for very small volumes of AAA cases, both emergency and elective					
Trusts to ensure systems in place for the postoperative care of epidural catheters, with appropriate documentation					
Anaesthetic departments and critical care units should review the use of postoperative mechanical ventilation for AAA patients					