

SOP35

Review and Implementation of National Confidential Enquiries into Patient Outcome and Death (NCEPOD)

Appendix	Details
Appendix 1	The Identification and Implementation process for NCEPOD

1.0 Procedure Statement

The purpose of this procedure is to ensure that there are robust processes in place for the review and implementation of best practice of new and existing NCEPOD to satisfy the following requirements.

- The Trust database is kept up to date and monitored appropriately.
- The Trust can provide assurance to commissioners of due process.
- There will be a standardised approach to the review, implementation, and compliance of NCEPOD recommendations.

Royal College reports and speciality specific guidance are managed through local governance processes any escalation of concerns will go through Directorate/Division to Trust level group if required.

2.0 Definitions

2.1 National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

NCEPOD's purpose is to assist in maintaining and improving standards of care for adults and children 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 publishing and generally making available the results of such activities.

3.0 Accountabilities

3.1 Trust Board

The Trust Board is responsible for ensuring that the Trust complies with relevant national best practice and mandatory standards published as National Guidance.

3.2 The Chief Executive (CEO)

The CEO is responsible for ensuring that National Guidance and NCEPOD recommendations are effectively and efficiently managed.

3.3 The Chief Medical Officer is responsible for assessing the relevance of NCEPOD

to the Trust and ensuring that there is an appropriate nominated lead as applicable.

3.4 NCEPOD Local Reporter (NCEPOD LR)

The NCEPOD LR is the Trust lead responsible for providing a link between the Confidential Enquiry body and the Trust and has the following responsibilities.

- Disseminating the reports from National Confidential Enquiries into Patient Outcome and Death to key stakeholders within the Trust.
- Dissemination of the NCEPOD newsletter to give advanced notice of future planned studies to key stakeholders.
- Collecting data and collating a Trust response.

3.5 The Divisional Management Team is responsible for the scrutiny and challenge of assurance given for each piece of guidance (NCEPOD) at Divisional level. They are also responsible for monitoring and implementation of guidance.

3.6 The Directorate Management Team (Clinical Director/Directorate Manager/Group Manager)

Minutes from directorate and divisional governance and related relevant meetings must show detail of gaps identified and monitoring actions to completion. Directorates are accountable to produce any evidence and assurance of guidance status as required.

Directorates to present NCEPOD that hit a barrier initially to Divisional

3.7 The Nominated Lead is responsible for reviewing the NCEPOD, submitting a response within timescales and for providing timely updates for monitoring.

3.8 The Assurance Team Officer will be alerted to or will search NCEPOD website for new publications and must disseminate the NCEPOD report, and relevant documents to nominated leads for a response.

3.9 Governance Team Leaders are responsible for overseeing implementation processes at directorate level and for providing timely compliance and exception reports to Division (via the Healthcare Governance Managers). They must ensure that appropriate guidance is proposed for inclusion on directorate Clinical Audit Plans.

3.10 Governance Officers are responsible for supporting the nominated Lead with completion of relevant paperwork. They must provide exception reports for review at the appropriate directorate governance meetings.

3.11 Quality and Safety Advisory Group (QSAG) is responsible for the monitoring and review of NCEPOD implementation, providing assurance to the Quality Committee (QC).

4.0 Procedure Detail / Actions

This procedure refers to central monitoring of all NCEPOD reports

Directorates will escalate any local guidance that may require review by Divisional Management Team, and, if required, the Divisional Management Team will escalate to Quality and Safety Advisory Group

Timeframes for Implementation of Guidance

Timeframes according to date issued to Lead and date of implementation	Action required
3 months response NCEPOD	Complete and submit a gap analysis/action plan identifying any gaps/rationale of status providing assurance of planned actions required to the Team Assurance Officer, Governance for presentation to Divisional Governance and Quality and Safety Advisory Group.

Assessing the financial implications

Where there is a financial impact regarding implementation of the NatPSA the relevant lead/service management team will follow the Trust Business case approval process.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No

6.0 Equality Impact Assessment

This Procedure has been assessed as not affecting the equality and diversity of any one group or person. Implementation of accountabilities and responsibilities applies to all staff.

7.0 Maintenance

The NCEPOD Procedure will be reviewed every 3 years.

8.0 Communication and Training

Communication of this Procedure will be through the following routes:

- Trust Intranet policies and procedures available to staff.

9.0 Audit Process

All guidance status will remain partially compliant until the necessary actions have been completed or the guidance has been signed off at Directorate / Divisional / Quality & Safety Advisory Group

Criterion	Lead	Monitoring	Frequency	Committee / Group
NCEPOD	Trust Assurance Officer	Central drive	Annually	Quality and Safety Advisory Group

10.0 References

NCEPOD Website: [NCEPOD - Reports](#)

CQC Key Question SAFE, 'WE' Statement Learning Culture

Part A - Document Control

Operational Procedure reference: National Confidential Enquires into Patient Outcome and Death (NCEPOD) which was previously incorporated in the Review and Implementation of NICE Guidance SOP Version 1.0	Operational Procedure Title: Review and Implementation of National Confidential Enquiries into Patient Outcome and Death (NCEPOD)	Status: Final	Author: Deputy Director of Assurance – Cody Long Chief Officer Sponsor: Chief Medical Officer
Version / Amendment story	Version Date	Author	Reason
	August 2025	Deputy Director of Assurance	previously incorporated in the Review and Implementation of NICE Guidance SOP, is now standalone
Intended Recipients: All staff			
Consultation Group / Role Titles and Date: July 2025 Cody Long, Deputy Director of Assurance Maria Arthur, Deputy Director of Assurance Michelle Metcalfe, Deputy Director of Assurance Tajender Athwal, Quality Assurance Lead Sue Hickman, Compliance Manager			
Name and date of Trust level committee where reviewed		Trust Policy Group - September 2025	
Name and date of final approval committee		Trust Policy Group - September 2025	
Date of Procedure issue		September 2025	

Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)	September 2028 (3 years)
Training and Dissemination: Communication of this procedure will be through the following routes: Management Team Members: to agree and advise all Directorates and Departments of its implementation. Trust Intranet Policies – Available to staff.	
Publishing Requirements: Can this document be published on the Trust's public page: Yes If yes you must ensure that you have read and have fully considered it meets the requirements outlined in sections 1.9, 3.7 and 3.9 of OP01, Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines , as well as considering any redactions that will be required prior to publication.	
To be read in conjunction with: ST Governance and Risk Management Enabling Strategy.pdf	
Initial Equality Impact Assessment (All policies): Completed Yes Full Equality Impact Assessment (as required): Completed Yes <u>If you require this document in an alternative format e.g., larger print please contact Central Governance Department on Ext 5114.</u>	
Contact for Review	Cody Long, Deputy Director of Assurance
Implementation plan / arrangements (Name implementation lead)	Cody Long, Deputy Director of Assurance
Monitoring arrangements and Committee	Quality and Safety Advisory Group (QSAG)
Document summary / key issues covered: This procedure document states the Royal Wolverhampton NHS Trust requirements for review and implementation of National Confidential Enquiries into Patient Outcome and Death (NCEPOD)	
Key words for intranet searching purposes	NCEPOD

<p>High Risk Policy? Definition:</p> <ul style="list-style-type: none"> • Contains information in the public domain that may present additional risk to the public e.g., contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. <p>If a policy is considered to be high risk, it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee</p>	<p>No</p>
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VALIDITY STATEMENT

This document is due for review on the latest date shown above. After this date, policy and process documents may become invalid. The electronic copy of this document is the only version that is maintained. Printed copies must not be relied upon to contain the latest updates and amendments.

Process for Identification & Implementation of National Confidential Enquiries for Prevention of Death (NCEPOD)

NCEPOD website is scoped monthly for publications or received by exception by Trust Executives

Compliance issues guidance to the Chief Medical Officer (CMO) to assess relevance and allocation of Trust leads.

Relevant

Compliance sends email with response timescales plus relevant documents to nominated Lead
Copy of guidance and action plan/recommendations (sourced via the NCEPOD website)

Not Relevant

Compliance update database with response

Nominated Lead completes relevant NCEPOD documents indicating implementation status, gaps and actions required and returns to Assurance Team Officer within timescales of 3 months from allocation to Lead. Any risks identified due to non-compliance with the recommendations must be considered for entry onto the appropriate Risk Register (Directorate/Divisional/Trust)

National guidance status and action required

Nominated lead to present to directorate and division for approval prior to presenting to Quality Standards Advisory Group

Monitor actions to completion

Request closure with monitoring plan, to provide continued assurance, to division for approval prior to presenting to Quality Standards Advisory Group for approval of closure

NCEPOD monitoring of action status is via Directorate, Divisional governance meetings, specialty groups and Quality Standards Advisory Group
Governance Officers update database and monitor actions to completion.
Assurance Team Officer monitor update on database and produce compliance status reports to relevant Trust and Division groups as appropriate