



June 2015

# National Confidential Enquiry into Patient Outcome and Death

'Improving the quality of healthcare'

# **Newsletter**



## Time to Get Control? Friday 3rd July 2015

The aim of this study was to explore remediable factors in the process of care of patients (16 and over) who were diagnosed with a major upper or lower gastrointestinal bleed.

The report will provide comment on the following:

- The quality of assessment including risk stratification and the use of early warning scores
- \* Referral pathways: including admission and transfer
- Access to services including endoscopy, interventional radiology and surgery
- \* Delays in treatment
- \* Hospital resources



With thanks to the Royal College of Physicians of London for sponsoring this event

## **Poster Display**

As part of all report launches we invite abstracts to be submitted allowing you to showcase audits that you have undertaken on published NCEPOD reports or work related to the topic of the report being published.

To submit an abstract for a future launch download the abstract form at www.ncepod.org.uk/events.htm and submit it by email to <a href="mailto:poster@ncepod.org.uk">poster@ncepod.org.uk</a>

Showcase your NCEPOD audit
Call for abstracts open

#### **Sepsis Report Launch**

We will be launching the sepsis study on November 24th 2015 at the Royal College of Surgeons of England.

If you would like to reserve a place at this event please email us at <a href="mailto:reportlaunch@ncepod.org.uk">reportlaunch@ncepod.org.uk</a> and put SEPSIS in the subject line.



## The Programme

10.00 Tea/coffee and registration

Chair: Mr Bertie Leigh

11.00 Report findings presented by:
Dr Simon McPherson
Mr Martin Sinclair
Dr Neil Smith

12.30 Questions and Answers

13.00 Lunch and posters

**14.00 Dr Andrew Goddard**Registrar, Royal College of
Physicians London

**14.20 Professor Erika Denton**National Clinical Director
for Diagnostics, NHS England

14.40 Mr John Moorehead

President, Association of Surgeons
of Great Britain & Ireland

15.00 Dr Michael Glynn

National Clinical Director for GI and
Liver, NHS England

15.20 Dr Ian Forgacs

President, British Society of
Gastroenterology

15.40 Panel questions

16:00 Tea/coffee and close

4 CPD credits approved by the Federation of the Royal Colleges of Physicians of the United Kingdom

# Study updates

# Acute pancreatitis study ap@ncepod.org.uk

The aim of this study is to explore remediable factors in the processes of care of patients, aged 16 or over, who are admitted to hospital with a diagnosis of acute pancreatitis. Data collection for this study is ongoing. The large majority of patient identifier spreadsheets have been returned and a steady flow of completed clinician questionnaires and photocopied case notes have been received. The case reviewer meetings (peer review) for the study have commenced, these will continue until the beginning of November 2015 so there is still time for hospitals to participate. Please note, the organisational questionnaire has now been finalised and will be with you by the end of June. Please see the Acute Pancreatitis study page <a href="http://www.ncepod.org.uk/ap.htm">http://www.ncepod.org.uk/ap.htm</a> for further details and documents related to the study.

# Sepsis sepsis@ncepod.org.uk

The aim of this study was to identify avoidable and remediable factors in the process of care of patients with sepsis. Data collection for this study has now closed and I would like to thank you for all your help in returning questionnaires and case notes. It has been a very good data return. This study will be published on November 24th 2015 and will be launched at a day event to be held at the Royal College of Surgeons. The flyer/reservation form to book places for the launch will shortly be available on our website (and will be emailed to you).

# The care of patients with mental health conditions in acute hospitals mentalhealth@ncepod.org.uk

Poor mental health is the largest cause of disability in the UK and closely connected with poor physical health. Patients with a mental health disorder have more medical illness, longer hospital stays, poorer outcome and shorter life expectancy. There is concern that for a number of reasons, mental health patients may receive poorer quality of care in acute hospitals than those without a mental health disorder. This study was proposed to examine the provision for mental health care of patients with mental health problems in acute hospitals and to explore remediable factors in the care received by this group of patients. The Study Advisory Group responsible for designing and steering met twice earlier this year and have worked out the main themes that the study will address as well as the methodology. Data collection for this study is underway. A spreadsheet to identify patients for the study has been disseminated and should be returned by 27th July 2015. We are also recruiting Case Note Reviewers for this study. Any interested clinicians (grade ST-6 and above or senior nurses), particularly General/Acute Medicine, General Surgery, Anaesthesia/ Critical Care Medicine and Liaison psychiatry should send a copy of their CV to the email address above.

The questionnaires for this study are under development and will be disseminated at the beginning of August. Case review meetings will start in September. Further details and a copy of the study protocol are available on the website.

#### New Topics-more info to follow in the next few months

Non invasive ventilation

Cancer in children and young people

### Call for enquiry topics is now open!

Do you have a concern about the care being provided to patients?

Is this a topic we could cover?

If so, download a submission form at:

http://www.ncepod.org.uk/events.htm

#### **Child Health Study**

We are very pleased to welcome
Kirsty MacLean Steel to the NCEPOD
team. Kirsty has joined us to Project
Manage the new Child Health Clinical
Outcome Review Programme.

This work is being developed and data collection will start in early 2016.

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#### **Scotland**

NCEPOD is delighted that from 1st April 2015
Scotland is participating in all our studies. This is an exciting time, as we are finally a 'National' enquiry.
We have contacted all Medical Directors in Scotland, but if you are seeing this and haven't heard from us please do let us know

#### **Vacancies**

http://www.ncepod.org.uk/vacancies.htm

- \* Ambassadors if you are a senior clinician and would like to be a champion of the work of NCEPOD at your Trust this is for you!
- \* Reviewers for the mental healthcare in acute care hospitals study
- Co-ordinators we need an oncologist, a consultant nurse and psychiatrist (children and young people)
- Patient, public and lay involvement be part of our core group

What have NCEPOD's recommendations done for us?! - University Hospitals of Leicester [UHL] NHS Trust's experience -Julie Bennett, Clinical Audit Facilitator

We like to think that, in UHL, we have good 'buy-in' at Trust Board level which helps to ensure that all specialties take NCEPOD reports seriously and act on the recommendations made. Our NCEPOD-related work is supported by our Medical Director, Head of Outcomes and Effectiveness, NCEPOD Ambassador, Clinical Effectiveness Project Support Officer and Clinical Audit Facilitator.

In 2011 NCEPOD provided a review of recommendations made since 2009 and advised that 155 of them were still relevant so we decided to focus on these in October 2014 when our Executive Quality Board [EQB] requested an update on all NCEPOD-related work. We participated fully in all studies relevant to us and we were extremely pleased to be able to report that we were compliant with 126/155 recommendations made. Of course, there's always work to do and, at that time, we were still in the process of assessing our compliance with 19/155 and actively working on ways to achieve compliance in 10/155.

Our review was received positively by our EQB who are keen that we ensure that all departments are made aware of their compliance with NCEPOD recommendations and develop appropriate action plans in areas that require improvement.

Here are a few examples of how NCEPOD's recommendations have helped us change practice and improve our services:-

<u>Caring to the end (2009)</u> - 24/7 shift cover by a Specialist Registrar was introduced for diagnostic and interventional radiology services and is also now supported by an Interventional Radiology Consultant.

<u>Time to Intervene (2012)</u> - As part of our Urgent Care Strategy and our desire to bring consultant assessment of acute medical admissions closer to the time of admission, our AMU consultants set themselves a target to assess patients within 6 hours of admission, rather than the recommended 14 hours recommended in the Bruce Keogh 7-day services standard. For all areas there is a determination to achieve at least 75% with the 14-hour standard by the end of this year and quarterly audits are being undertaken to monitor this. In addition a new DNACPR policy has been introduced, supported by a comprehensive training package which is included as part of the Basic Life Support training for medical staff and we are just (June 2015) starting a Trust-wide audit of this policy. New patient information is now available and a universal DNACPR form has been implemented region-wide. All CPR events are recorded on our risk management system – Datix.

<u>Measuring the Units (2013)</u> - The time it takes to transfer patients to the Acute Hepatology Ward has been audited and guidelines, stating who should be involved in the transfer process, are being developed. It was recognised that there was a need for our Alcohol Liaison Service to be extended so this now covers weekends as well as Monday to Friday.

UHL will continue to use NCEPOD recommendations in the future to help drive changes to improve the services we provide.

## **NCEPOD Local Reporter & Ambassador Days**

Thursday 17th September 2015, London Friday 25th September 2015, Manchester

If you are interested in attending either of the above training dates, please book your place as soon as possible using the below link or by sending your details to the below email address

http://www.ncepod.org.uk/events.htm or info@ncepod.org.uk

#### **Non-Clinical Staff**

Marisa Mason, Chief Executive mmason@ncepod.org.uk

Neil Smith, Clinical Researcher Deputy Chief Executive <a href="mailto:nsmith@ncepod.org.uk">nsmith@ncepod.org.uk</a>

Robert Alleway, IT Manager ralleway@ncepod.org.uk

Heather Freeth,
Clinical Researcher
<a href="https://html.ncepod.org.uk">https://html.ncepod.org.uk</a>

Hannah Shotton
Clinical Researcher
hshotton@ncepod.org.uk

Kirsty MacLean Steel
Project Manager Child Health
kmacleansteel@ncepod.org.uk

Karen Protopapa, Researcher kprotopapa@ncepod.org.uk

Kathryn Kelly, Researcher kkelly@ncepod.org.uk

Aysha Butt, Research Assistant <a href="mailto:abutt@ncepod.org.uk">abutt@ncepod.org.uk</a>

Dolores Jarman Administrative Officer djarman@ncepod.org.uk

Eva Nwosu Administrative Officer enwosu@ncepod.org.uk

Donna Ellis Administrative Officer dellis@ncepod.org.uk

Anisa Warsame
Office Co-ordinator
awarsame@ncepod.org.uk

Nick Mahoney
Administrative Officer
nmahoney@ncepod.org.uk

Would you like us to come and talk at your hospital?

NCEPOD staff are very happy to come and present at your local meetings. We can cover NCEPOD as a general topic or specific studies.

Please contact:
Anisa Warsame
awarsame@ncepod.org.uk

#### **Clinical Staff**

<u>Surgery</u> Mr Martin Sinclair msinclair@ncepod.org.uk

Medicine
Dr Mark Juniper
Lead Co-ordinator
mjuniper@ncepod.org.uk

Dr Vivek Srivastava vsrivastava@ncepod.org.uk

<u>Anaesthesia</u> Dr Kathy Wilkinson <u>kwilkinson@ncepod.org.uk</u>

Dr Alex Goodwin agoodwin@ncepod.org.uk

Radiology
Dr Simon McPherson
smcpherson@ncepod.org.uk

<u>Psychiatry</u> Dr Sean Cross <u>scross@ncepod.org.uk</u>

<u>Paediatrics</u>
Dr Karen Horridge
<u>khorridge@ncepod.org.uk</u>

#### **Contact details**

Ground Floor 74-76 St John Street London EC1M 4DZ

Telephone: 020 7251 9060

Fax: 020 7250 0020

Freepost licence number is RTBS - XCXG - RGLA

Please use this licence number, along with our full address to send any correspondence to us.

As always, we recommend that all case notes are sent via recorded delivery. To use Royal Mail recorded delivery, you will need to add £1.10 onto the freepost envelope.

Please ensure envelopes are security sealed when sending case notes by post or with courier.

Alternatively...scan your case notes to us!

NCEPOD can accept scanned case notes rather than you returning them in the post.

Email them to us, in a sensible order, to

#### ncepod@nhs.net

and don't forget to password protect the file! And please inform us that they will be/have been sent.

On receipt of questionnaires we will email Consultants to acknowledge the receipt and that it was completed fully so that they can record the activity for their CPD. We will also automatically acknowledge case notes as soon as they are logged on our system so that Local Reporters know we have received them.

#### **NEW WEBSITE - HELP WANTED**

We are pleased to announce we will be re-launching our website soon. If you would like to come into our office and test the new website please let us know!

## **NCEPOD Green Policy**

We are always and will continue to be committed in helping to reduce our carbon footprints and do our best to help save the environment. Since January 2015,

NCEPOD has recycled/shredded; 572kg of mixed paper, 680kg of confidential and white paper, 44kg of cans and plastics.. Saving a total of 12 trees and 1,858kg of CO<sub>2</sub> emission savings.

