Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Document level: Trustwide (TW)
Code: CP58
Issue number: 5

NICE publication management and best practice for national confidential enquiries and inquiries

Lead executive	Medical Director
Author and contact number	Research and Effectiveness Manager - 0151 488 7311

Type of document	Policy
Target audience	All CWP staff
Document purpose	To clarify the process of reviewing, disseminating, implementing and recording compliance to NICE publications

Document consultation	Academic Unit & Clinical Governance Department	
Approving meeting	Patient Safety and Effectiveness Sub Committee	18-Oct-12
Ratification	Document Quality Group (DQG)	6-Nov-12
Original issue date	Jan-05	
Implementation date	Nov-12	
Review date	Nov-17	

CWP documents to be read in conjunction with	FR2	Management of internal and external recommendations policy.

Training requirements	There **are no** specific training requirements for this document.

Financial resource implications	Yes - as outlined within each NICE guidance and publication

Equality Impact Assessment (EIA)

Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
• Race	No	
• Ethnic origins (including gypsies and travellers)	No	
• Nationality	No	
• Gender	No	
• Culture	No	
• Religion or belief	No	
• Sexual orientation including lesbian, gay and bisexual people	No	
• Age	No	
• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
N/A		
Is the impact of the document likely to be negative?	No	
• If so can the impact be avoided?	N/A	
• What alternatives are there to achieving the document without the impact?	N/A	
• Can we reduce the impact by taking different action?	N/A	

Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the human resource department.

Was a full impact assessment required?	No	
What is the level of impact?	Low	

Document change history

Changes made with rationale and impact on practice
1. Full document review for NHSLA level 3.

External references

References
1. Equality Impact Assessment - Summary, Tool and Guidance for Policy Makers, Department of Health, 2008
2. Guide to Completing Equality Impact Assessments [Draft], Cheshire and Wirral Partnership NHS Foundation Trust, 2008
3. National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/06-2007/08, Department of Health, 2004
4. The NHS Plan: a plan for investment, a plan for reform, Department of Health, 2000
5. Single Equality Scheme, Cheshire and Wirral Partnership NHS Foundation Trust, 2009

Monitoring compliance with the processes outlined within this document

Please state how this document will be monitored. If the document is linked to the NHSLA accreditation process, please complete the monitoring section below.			NHSLA standard 2.8 - Best Practice – NICE 2.9 – Best Practice National Confidential Enquiries & Inquiries			
Minimum requirement to be monitored NB the standards in bold below are assessed at level 2/3 NHSLA accreditation	Process for monitoring e.g. audit	Responsible individual / group	Frequency of monitoring	Responsible individual / group for review of results	Responsible individual / group / for development of action plan	Responsible individual / group for monitoring of action plan and Implementation
2.8 & 2.9 - Duties	Will be reviewed as part of the update of the policy and will take account of changing roles, organisational structure and tasks.	PSESC	Minimum every other year or when changes to the policy are made due to guidance or organisational changes.	PSESC	PSESC	Research & Effectiveness Manager (R&E Manager)
How the organisation identifies which NICE guidelines are relevant to its services	Report	PSESC	2 times a year	PSESC	PSESC	R&E Manager
How a gap analysis is conducted to identify shortfalls	**Report**	**PSESC**	**2 times a year**	**PSESC**	**PSESC**	**R&E Manager**
How action plans are created to address any shortfalls, including recording decisions not to implement NICE guidelines	**Report**	**PSESC**	**2 times a year**	**PSESC**	**PSESC**	**R&E Manager**
2.9 How the organisation responds to requests for data	Report	PSESC	2 times a year	PSESC	PSESC	R&E Manager
how the organisation identifies which National Confidential Inquiry/Enquiry recommendations are relevant to its services	Report	PSESC	2 times year	PSESC	PSESC	R&E Manager
How a gap analysis is conducted to identify shortfalls	**Report**	**PSESC**	**Twice a year**	**PSESC**	**PSESC**	**R&E Manager**

Please state how this document will be monitored. If the document is linked to the NHSLA accreditation process, please complete the monitoring section below.			NHSLA standard 2.8 - Best Practice – NICE 2.9 – Best Practice National Confidential Enquiries & Inquiries			
Minimum requirement to be monitored NB the standards in bold below are assessed at level 2/3 NHSLA accreditation	Process for monitoring e.g. audit	Responsible individual / group	Frequency of monitoring	Responsible individual / group for review of results	Responsible individual / group / for development of action plan	Responsible individual / group for monitoring of action plan and Implementation
How action plans are developed to address any shortfalls, including recording decisions not to implement National Confidential Enquiry/Inquiry recommendations	**Report**	**PSESC**	**Twice a year**	**PSESC**	**PSESC**	**R&E Manager**
How the organisation monitors compliance with all of the above	As above	As above	As above	As above	As above	As above

Research & Effectiveness Manager (R&E Manager)

Content

1. Introduction

The Trust has an obligation to implement guidance issued by the National Institute for Health & Clinical Excellence (NICE), and recommendations from National Confidential Inquiry reports and National Confidential Enquiries.

The role of NICE is to provide patients, health professionals and the public with robust and reliable guidance on the current "Best Practice". NICE guidance covers:

- **Technology Appraisals (TA) –** Guidance on the use of new and existing health technologies (including drugs, medical devices and procedures);
- **Clinical Guidelines (CG) –** Guidance on the appropriate treatment and care of patients with specific disease and conditions;
- **Interventional Procedures (IP) –** Guidance on the efficacy and safety of interventional procedures;
- **Public Health Intervention Guidance (PHIG)** – Recommendations on the types of activities the help reduce people's risk of developing a disease or condition or promote or maintain a health lifestyle;
- **Public Health Programme Guidance (PHPG)** – Broader action for the promotion of good health and the prevention of ill-health;
- **Quality Standards (QS)** - NICE quality standards are a set of specific, concise statements and associated measures. They set out aspirational, but achievable, markers of high-quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions;
- **NPSA/NICE (NPSG)** - Joint guidance issued from NICE based research evidence and on the National Patient Safety Agency findings and aims to improve the safety of patients.

In December 2001 the government placed statutory obligations on NHS Trusts and PCTs to implement guidance. The Care Quality Commission standards and the NHS Litigation Authority (NHSLA) standards are specifically related to NICE Guidance implementations regarding Interventional Procedures (IP) and Technology Appraisal (TA). As a consequence, careful planning for effective implementation is now a crucial task for all NHS organisations. NICE guidance has to be considered alongside other programmes such as the National Service Frameworks (NSFs), local and national guidance. Further types of guidance have been developed since then and potentially other types of guidance may be developed in the future. Planning for implementation of NICE guidance must therefore be incorporated into the business planning and financial planning frameworks of the Trust.

There will be many pieces of guidance that will be best implemented in a coordinated way in the Trust and across Acute Trusts and PCT boundaries. However our primary responsibility is to ensure that the services we are commissioned to provide are compliant with NICE Guidance. Implementation processes within the Trust should identify the relevant points within the guidance that we have responsibility for (using baseline assessment form) and work with other organisations as soon as possible. This is particularly relevant for the Public Health Guidelines. This policy will initially concentrate on the Trust implementation process but acknowledges CWP will also need to be part of a coordinated approach with the neighbouring PCTs and Acute Trusts.

National Confidential Inquiries

The National Confidential Inquiry reports are distributed annually detailing the research into suicide and homicide by people with mental illness along with cases of sudden unexplained death amongst psychiatric in-patents.

The research programmes includes 3 elements of:

- Models of health service delivery and the impact of national guidelines on suicide rates;
- The quality of risk assessments in suicide and homicide cases;
- Suicide by people using primary care services.

National Confidential Enquiries
There are a number of National Confidential Enquiries.

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD), which is an independent charitable organisation which reviews surgical and medical clinical practice and makes recommendations to improve the quality of the delivery of care for the benefit of the public. They undertake confidential surveys and research covering many different aspects of care and making recommendations for clinicians and management to implement. There is also MBRRACE-UK (Mothers and Babies - Reducing Risk through Audits and Confidential Enquiries across the UK), these and any other Health and Quality Improvement Partnership (HQIP) publications will managed by the process that is detailed within this policy.

1.1 Policy statement
The Trust is committed to ensuring that there is a systematic process for implementing, monitoring and evaluating NICE guidelines, National Confidential Inquiries and National Confidential Enquires.

1.2 Aims
The purpose of this policy is to set out duties and leadership for the identification, dissemination, implementation, gap analysis, monitoring and reporting of process for NICE guidance/guidelines, National Confidential Inquiries and National Confidential Enquires, including the reporting of any decisions not to implement guidance/recommendations.

2. Management of NICE publications, National Confidential Inquiries and National Confidential Enquires Reports
The Trust will follow the process outlined in appendix 1 in respect of NICE publications, National Confidential Inquiries and National Confidential Enquiries.

2.1 Description of processes involved in the management of NICE, National Confidential Inquiries and National Confidential Enquires

Horizon Scanning: The NICE website will be checked at least monthly by the Research & effectiveness department to identify relevant publications (and updated publications) that are likely to impact on CWP services. In addition Research and Effectiveness department have registered to receive bulletins from NICE and HQIP. An updated list for the forthcoming year's publications will be provided on the intranet and this information is updated monthly.

2.2 How the organisation identifies which NICE guidelines or National Confidential Inquiries, National Confidential Enquiries are relevant to its service
All publications (including updates) have the Quick Reference or Executive Summary to the publication read by the Research and Effectiveness Manager to assess the relevance for CWP services. Where there is any doubt the full guidance will be obtained and advice sought as necessary from the relevant senior clinician within CWP. A record of all the guidance/publications issued and its relevance to CWP will be kept by the Research and Effectiveness Manager on a spreadsheet and stored on Sharepoint.

2.3 Key priorities and recommendations
NICE guidance now provides for each newly published guideline a key priorities summary for Trust's to assess themselves against. National Confidential Inquiries provide a summary of key messages and National Confidential Enquiries provide principle recommendations.

The base line assessment spread sheet produced by NICE (if not produced by NICE then by the Research and Effectiveness staff) identifies the key priorities for each piece of guidance and the Trust will assess the compliance rating on the key priorities being 'compliant'. For the National Confidential Inquiries & National Confidential Enquiries a baseline assessment form will be developed by the Research and Effectiveness staff.

2.4 Dissemination

A dissemination list of new guidance published each month with the hyperlink to the documents for them to disseminate within their area of responsibility will be provided to Chairs of relevant groups, General Managers, Clinical Directors and corporate staff. All NICE publications, National Confidential Inquiries and National Confidential Enquiries reports relevant to CWP will be available on the intranet with hyperlinks to the relevant organisations websites.

Within CWP a number of NICE Champions have been identified to undertake a lead role in respect of NICE guidance, a key part of this is to disseminate the published NICE guidance to all Trust staff through email communication, attendance at local clinical service line meetings and through the clinical effectiveness network meeting.

2.5 How a Gap Analysis is conducted to identify shortfalls for NICE, National Confidential Inquiries and National Confidential Enquires Reports

The Research and Effectiveness department request that Clinical Directors and General Managers appoint a representative from their service line for each relevant publication. The Research & Effectiveness department will co-ordinate a meeting with nominated representatives to undertake a gap analysis. This group will establish the relevance of guidance, and/or the level of compliance to the guidance by CWP services. This 'appropriate group' may be an individual, or a group representing a variety of disciplines and/or localities depending on the individual publication, it may also consist of the nominated NICE champions. The group will be responsible for providing assurance that the key priorities have all been represented from the publication, to assist in determining the level of compliance and red/amber/green rating of current practice. In undertaking the gap analysis the group will complete a baseline assessment as detailed within appendix 3. Any key priority which is rated as either 'amber' or 'red' will show a gap in provision/compliance. A summary report will be provided to PSESC by the Research & Effectiveness Manager twice a year detailing compliance in relation to NICE publications, National Confidential Inquiries and National Confidential Enquiries Reports. This process will also be supported as necessary by clinical audits or other methods of evaluation and analysis.

2.6 How action plans are created / developed to address any shortfalls, including recording decisions not to implement NICE / National Confidential Inquiries / enquiries recommendations

The completed gap analysis will be provided to the clinical service units to identify a nominated individual/NICE champion who will be responsible for the development of an action plan to address the gaps in compliance identified. The action plans address the gap analysis by identifying how we will move towards compliance with the guidelines and meeting the standards of care required by NICE, National Confidential Inquiries and National Confidential Enquiries Reports

The group / individual will use the baseline assessment form produced by NICE to record agreed action plans for all recommendations and publications referred to within this policy. The action plan will be presented to the appropriate group within the clinical service line in accordance with their governance arrangements and will be monitored through the Clinical Effectiveness Strategy Group. The action plans will be registered on the Action plan tracker as detailed in the Trust policy for the management of internal and external recommendations policy. The NICE champions and the Research and Effectiveness department will monitor the ongoing compliance in relation to NICE, National Confidential Inquiries and National Confidential Enquiries publications and report on any areas of non compliance immediately to the Research and Effectiveness Manager who will update the monitoring sheets and discuss any possible changes in work plans.

The Clinical Effectiveness strategy group along with other Trust groups such as Medicines Management Group (MMG) will be responsible for ensuring that recommendations are acted upon throughout the organisation.

The Research & Effectiveness department will produce a report twice a year in relation to ongoing compliance and will present the report to relevant Groups (MMG, etc) and committees.

If the Trust decides not to implement any guidance or part of any guidance this will be documented on the baseline assessment and reported to PSESC.

2.7 How the organisation responds to requests for data

The National Confidential Inquiry is a research project and as such is one of the National Portfolio Studies. The National Confidential Inquiry request information from the Research & Effectiveness department. The information collection is coordinated by a Clinical Studies Officer or Research and Effectiveness department, with the support from clinicians involved in the care of the client to whom the data request refers. The process is described in appendix 2.

2.8 Reporting to the Patient Safety and Effectiveness Sub Committee (PSESC)

A summary of compliance will be made available using red / amber / green rating for each publication. A list of recent NICE, National Confidential Inquiries and National Confidential Enquiries publications and any issues will be reported at each meeting with a full report submitted every six months detailing compliance, by the Research and Effectiveness Manager. Risk modelling will be undertaken as necessary by the Research and Effectiveness Manager to identify 'Red' key priorities that will be discussed at the PSESC and put on the Risk Register as necessary to be discussed at Quality Committee and to the Trust Board. Recommendations on which pieces of guidance are to be audited trust wide each year will be discussed and agreed at this meeting.

2.9 PCTs, Acute Trusts, Local Authorities and others partners

Publications cross boundaries between organisations. It is not always clear where responsibility lies within guidance, particularly where guidance covers broad topics and public health. It is important that work outside the organisation is targeted and can be shared across all CWP; this will be the responsibility of the Research & Effectiveness department.

Information on compliance will be made available to PCTs via the six monthly reports.

3 Duties and responsibilities

3.1 Chief Executive

Whilst the Chief Executive is ultimately responsible for implementation of NICE guidance and National Confidential Inquiries and National Confidential Enquiries, trust-wide responsibility is delegated through the Medical Director – Research & Effectiveness and Clinical Directors of the services.

3.2 Medical Director – Research & Effectiveness

The Medical Director is the executive lead with responsibility for research and effectiveness and is therefore responsible on behalf of the board for ensuring that the systems and processes outlined within this document are followed. In addition they hold the position of chair of the Clinical Effectiveness Strategy group and Clinical Effectiveness Network meeting and appoint Trust wide NICE champions.

3.3 Associate Medical Director - Research & Clinical Effectiveness

The Associate Medical Director holds delegated responsibility for the processes describe within this policy, In addition they hold the position of Deputy Chair of the Clinical Effectiveness Strategy group and Clinical Effectiveness Network meeting. They provide leadership and support to NICE champions, Research & Effectiveness Manager; department and clinicians across trust

3.4 Research and Effectiveness Manager

The Research and Effectiveness Manager has the responsibility for the coordination of NICE Guidance, NCI&E in terms of monitoring compliance, supporting the production of action plans and providing reports and routine information regarding NICE publications.

3.5 Research and Effectiveness staff

Research and Effectiveness staff will:

- Horizon scan for NICE Publications;
- Horizon scan for NCI&E;

- Identify relevant NICE publications by:
    - Topic;
    - Relevance to our services;
    - From details within publication;
    - Discussion with clinicians on relevance.

- For new guidance we will use the baseline assessment form provided by NICE;
- We will develop a baseline assessment for the NCI&E;
- Identify via service unit / lines relevant steering / strategic group / individuals to identify compliance;
- Identify gaps in understanding of compliance;
- Gather further information to clarify compliance;
- Record and rate compliance level in conjunction with relevant group / individuals;
- Record information supporting level of compliance;
- Rate level of evidence supporting compliance;
- Identify gap between NICE and NCI&E standards and current practice;
- Assist in the production of work plans;
- Identify a programme of annual audits;
- Meet twice yearly with Service Lines to review work plans and reprioritise;
- Report annually to the Board on NICE and NCI&E;
- Produce twice yearly summary reports for Patient Safety and Effectiveness Committee (PSESC) and other relevant groups and committees;
- Maintain detailed information on NICE on Intranet for all staff to access;
- Provide compliance information to the NCI.

3.6 Clinical Directors / General Managers

- Will receive NICE and NCI&E publications and reports for comment;
- Will provide information on compliance;
- Will develop work plans to address gaps between current practice and practice identified in NICE Guidance and NCI&E;
- Will identify appropriate staff to work with R&E staff to identify compliance with guidance;
- Will cascade information, learning and responsibilities regarding the monitoring and implementation of NICE guidance and NCI&E within their purview.

3.7 NICE / NCI/E Champions / nominated individuals / groups

The key roles of the NICE Champion will be to:

- Educate and inform staff across the Trust about their NICE guideline and facilitate its implementation;
- Facilitate the development of care pathways which are NICE compliant, along with clinical leaders and managers;
- Develop an audit tool and organise regular audits on Trust compliance with the NICE guideline/ gap analysis of NCI/E recommendations;
- Develop an action plan based on the findings of audits / gap analyses and then re-audit or review. This will be registered on the action plan tracker;
- Monitoring ongoing compliance with NICE guidance and NCI&E through work plans and reporting changes in compliance to the Research & Effectiveness Manager.

3.8 Clinical Governance Manager

The Clinical Governance Manager is responsible for:

- Leading the clinical audit function within the Trust;
- Ensuring that clinical audit effectively links with the workstream identified in this policy, thus ensuring that the Trust makes evidence based decisions for effective service delivery;
- Ensuring that priority clinical audits in support of delivering this workstream are incorporated into the annual Clinical Audit Programme;

- Reporting on compliance with data requests from the NCI in the Trusts Quality Report / Account.

3.9 Clinical Audit Team Manager

The Clinical Audit Team Manager is responsible for:

- Overseeing the Trust's clinical audit activity;
- Co-ordinating clinical audits identified as part of the workstream.

3.10 Clinical Audit Co-ordinators / Clinical Audit Team

The clinical audit team / co-ordinators are responsible for:

- Co-ordinating clinical audits identified as part of this workstream, including, with the support of R&E staff, developing the clinical audit tool, co-ordinating data collection, undertaking analysis, supporting the clinical audit lead in developing an action plan, generating and circulating / publicising the report.

3.11 Trust Clinical Staff

Have a responsibility to keep up to date with effective clinical practice of which NICE Guidance and NCI&E is a major part.

3.12 Patient Safety and Effectiveness Sub Committee (PSESC)

The PSESC is responsible for approval, ongoing review (including review of duties) and receiving reports on the monitoring of this policy, through receipt of reports, work plans and action plans as detailed in this policy. It will also receive reports on any decisions recorded on the monitoring sheets by Services not to implement guidance.

3.13 Clinical Effectiveness Strategy Group

Are responsible for receiving and monitoring action plans on compliance with and gaps with in respect of NICE / NCI/E, including from other groups in the corporate meeting structure.

Appendix 1 - NICE & National Confidential Inquiries & National Confidential Enquiries implementation flowchart

Stage	Action
Horizon scanning	NICE website checked at least monthly by research and effectiveness department. ▼ List of the forthcoming years publications (available on the intranet) updated accordingly ▼ Research and Effectiveness Manager assesses the relevance for CWP services of all publication and guidance issued. ▼ A record of all guidance / publications issued and its relevance to CWP will be kept by the Research and Effectiveness Manager on a spreadsheet and stored on Sharepoint.
Dissemination	Chairs of relevant groups, General Managers, Clinical Directors and corporate staff will be provided with a list, on a monthly basis, of new guidance to disseminate within their area of responsibility. NICE Champions disseminate published NICE guidance.
Gap Analysis	Clinical Directors and General Managers appoint a representative from their service line for each publication. ▼ Research and Effectiveness department co-ordinate a meeting with nominated representatives to undertake a gap analysis. ▼ This group will establish the relevance of guidance, and/or the level of compliance to the guidance by CWP services on the basis of key priorities. In undertaking a gap analysis, the group will complete a baseline assessment as detailed within appendix 3.
Action planning	The completed gap analysis will be provided to clinical service units to identify a nominated individual / NICE champion who will be responsible for developing an action plan to address the gaps in compliance. ▼ The action plan will be presented to the appropriate group within the clinical service line and will be monitored through the Clinical Effectiveness Strategy Group. ▼ The action plans will be registered on the action plan tracker as detailed in the Trust policy for the management of internal and external recommendations policy. ▼ The NICE champions and the research and effectiveness department will monitor ongoing compliance and report on any areas of non compliance immediately to the Research and Effectiveness Manager who will update the monitoring sheets and discuss any possible changes in work plans. ▼ A summary report will be provided to PSESC by the Research & Effectiveness Manager twice a year detailing compliance. ▼ If the Trust decides not to implement any guidance or part of any guidance this will be documented on the baseline assessment and reported to PSESC.

Appendix 2 - National confidential inquiry process for responding to data requests

A data file is sent quarterly from the University of Manchester National Confidential Inquiry containing names of residents from Cheshire and Wirral area who have committed suicide or been involved in homicide. This data also includes sudden unexplained deaths and is usually from the previous year, i.e. data is currently being received for 2011 incidents. A data file is also received for incidents that happened in the Cheshire and Wirral area involving residents of other areas. This file is sent to an nhs.net email address.

▼

Names on the data file are checked on Trust CareNotes system to see if there was involvement with Cheshire and Wirral Partnership NHS Trust services before the suicide or homicide.

▼

Details of involvement, or non-involvement, are returned to University of Manchester.

▼

To determine eligibility for inclusion in the inquiry, requests for further information may be made from the Trust staff involved. These are sent via the Research and Effectiveness Department, to be forwarded on to the staff. These are returned to the University of Manchester, reminders are sent if not received within twenty eight days.

▼

Where eligibility is confirmed, a questionnaire is sent for the appropriate member of staff to complete. This is sent via the Research and Effectiveness Department. Before being sent, the details are logged on an excel spreadsheet and coded red.

▼

Questionnaires are sent out, with a request to return to the University of Manchester within twenty eight days. Reminders are sent if this is not received.

▼

Regular liaison is made with the University of Manchester to track progress of questionnaires. When received, the spreadsheet is updated, and the entry coded green where returned.

▼

A quarterly return recording the number of questionnaires sent out and returned is sent to the Clinical Governance Department at the Trust and reported within Trust Quality report 3 times per year.

Appendix 3 - NICE compliance monitoring sheets

Each piece of NICE Guidance that is applicable to the Trust will have a base line assessment sheet completed (Key Priorities). These sheets are all available on the intranet and are 'live' they show the current assessment of our compliance with guidance. This also details the actions necessary for compliance these will be available on the intranet.

The example below shows how the information is displayed

NICE recommendation	Guideline reference	Key priority for implementation	Is the recommendation relevant to the organisation?	Current activity /evidence
Autism in adults				
1.1 General principles of care				
Principles for working with adults with autism and their families, partners and carers				
All staff working with adults with autism should: – Work in partnership with adults with autism and, where appropriate, with their families, partners and carers – Offer support and care respectfully – Take time to build a trusting, supportive, empathic and non-judgemental relationship as an essential part of care.	1.1.1	Yes		

Recommendation met?	Actions needed to implement recommendation	Is there a risk associated with not implementing this recommendation?	Is there a cost or saving?	Deadline	Organisation lead

(These baseline assessments may vary in design)