

COR32

LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST

MANAGEMENT OF EXTERNAL AGENCY VISITS, INSPECTIONS AND ACCREDITATIONS

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1. INTRODUCTION

This policy aims to provide a framework for the co-ordination and evaluation of recommendations arising from external agency visits, inspections and accreditations. The framework includes a process for disseminating and performance managing the implementation of actions arising from the recommendations and providing assurance to the Board of Directors.

2. PROCESS

- 2.1 The Director of Performance and Information will be responsible for ensuring that there is a centrally held, internally audited record of all external agency visits, inspections and accreditations together with their reports which is kept updated and monitored within specified timescales, including review dates.
- 2.2 Once a visit is announced the Chief Executive will identify a lead Director to oversee the visit and ensure that arrangements are in place and details of the visit are communicated as appropriate.
- 2.3 The lead director will identify a member of staff to manage all aspects of the visit (Project Manager) and support front-line staff. The lead director will have overall responsibility for overseeing the project, setting a schedule of dates, co-ordinating information requirements and communicating to the organisation.
- 2.4 The project manager will ensure that any identified risks are included on the risk register together with the mitigating actions.
- 2.5 Following the visit, the lead director will be responsible for receiving, and responding to, the report and evaluating the recommendations. An action plan will be developed to ensure that all relevant and appropriate recommendations are implemented using the template at Appendix A.
- 2.6 The report will be received and the action plan approved by the Strategy and Operational Performance Committee.
- 2.7 The lead director will be responsible for identifying the relevant service areas and for performance managing the implementation through the appropriate committee.
- 2.8 The lead director will present regular progress reports to the Strategy and Operational Performance Committee and to the Board of Directors as appropriate.
- 2.9 Any report which affects the Terms of Authorisation will be presented to the Board of Governors.
- 2.10 A flowchart sets out the entire process at Appendix B.

3. DEFINITIONS

- 3.1 **External Agency:** This would include statutory and non-statutory bodies with a legitimate interest in the Trust and with whom the Trust is expected or requested to co-operate

- 3.2 Accreditation:** Provides independent assurance from a third party that the organisation has achieved a level of compliance with an agreed set of criteria/standards.
- 3.3 Inspection:** Describes the role of statutory bodies with a remit specific to healthcare to assess and report on the performance of the organisation but with no enforcement powers over NHS Foundation Trusts.
- 3.4 Internal Control:** Systems, procedures and behaviours by which the Trust controls its functions in order to achieve organisational objectives, safety and quality of services.

4. DUTIES

4.1 Duties within the Organisation

Appendix B sets out the Executive Committee and operational lead for specific visits, inspections and accreditations.

4.2 Board of Directors

Following each visit/inspection, the Board of Directors will receive a report and action plan for implementing any recommendations arising from the visit and regular progress reports to provide assurance that actions have been implemented and that the system is working effectively.

4.3 Board of Governors

To ensure that the Trust operates in accordance with the Terms of Authorisation, the Board of Governors will receive copies of all reports that effect the Terms of Authorisation (Board of Governors, Standing Order Number 31)

4.4 Chief Executive

The Chief Executive has ultimate responsibility for managing and responding to all external visits, inspections and accreditations efficiently and effectively. Responsibility for this will be delegated to the relevant executive director to lead the process for specific visits.

4.5 Committee with Overarching Responsibility for Management of all External Agency Visits, Inspections and Accreditations

The Strategy and Operational Performance Committee will have overall responsibility for the management of all external agency visits, inspections and accreditations. The Committee will:

- Identify the accountable committee for specific visits etc
- Keep the policy under review to ensure continuous development
- Receive a summary report of all visits etc and approve the action plans to address the recommendations.
- Report through to Board level in accordance with the reporting arrangements set out in the terms of reference.
- Ensure that communication at local management level is managed through the clinical representative on the Committee.

- Ensure, through the director lead, that any lessons to be learnt are identified and implemented through the 'Safer Services Group'

4.6 **Executive Director with Responsibility for Specific External Agency Visits, Inspections and Accreditations**

The Chief Executive will identify and appoint an executive director lead for specific external agency visits, inspections and accreditations.

The role of the director will be to:

- Identify an appropriate lead for the review to co-ordinate the process
- Reviews and evaluate the report and oversee the development of an action plan to address the recommendations
- Provide a response to the external agency
- Report to the Strategy and Operational Performance Committee

4.7 **Appointed Lead for All External Agency Visits, Inspections and Accreditations**

The FT Secretary will be the Corporate Lead for all external agency visits, inspections and accreditations. The post holder will:

- Maintain a schedule of review dates (external agency visits, inspections and accreditations);
- Maintain action plans to implement any recommendations made as a result of reviews;
- Ensure action plans are reviewed regularly and evaluated by the nominated committee/group;
- Liaise with the nominated/appointed lead for each specific external agency visit, inspection or accreditation;
- Ensure that the organisation-wide risk register is populated with risks identified from external agency visits, inspections and accreditations

4.8 **Nominated Lead for Specific External Agency Visits, Inspections and Accreditations**

The lead director will nominate a project manager for specific visits, inspections and accreditations as appropriate. Examples of identified leads are shown in Appendix C.

The project manager's role will be to:

- Support the process of the visit – liaison, briefings, programmes, evidence, collation, interim reports/briefings etc;
- Provide a summary briefing of the initial findings of the specific external agency visit to the identified committee/group, highlighting any areas identified as being high risk or media interest;
- On receipt of the report following the specific external agency visit, inspection or accreditation ensure that all the information included in the report is accurate;
- Carry out risk assessments for activities identified in the report recommendations, and as appropriate enter on the risk register;

- Develop a report and an action plan to address any recommendations made – see Appendix B; this report is to be given to the appropriate committee who will determine the frequency of monitoring of progress with the action plan

5. CONSULTATION AND COMMUNICATION WITH STAKEHOLDERS

The lead director will:

- Identify the relevant stakeholders for each specific visit, inspection, accreditation
- Ensure that appropriate stakeholders are given advance notice of any planned visits, inspections and accreditations as appropriate
- Consider stakeholder involvement in the visit/process

6. REVIEW OF THE POLICY

This policy will be reviewed at least annually by the Director of Performance and Information.

7. IMPLEMENTATION

This policy will be disseminated in accordance with the Trust's Policy for the management and development of policy documents. The director lead will ensure that the nominated lead has received training in project management principles.

8. MONITORING

- 8.1 The FT Secretary will review and evaluate the process following each visit to monitor compliances and effectiveness.
- 8.2 The evaluation will be fed back to the lead director and reported to the Strategy and Operational Performance Committee to identify "Lessons Learnt"
- 8.3 The process for each visit will be evaluated against the following criteria:
- Lead director identified
 - Stakeholders notified and consulted
 - Project manager is appointed
 - Action plan produced
 - Risk register populated
 - Actions implemented

See Appendix D

9. ASSOCIATED DOCUMENTATION

- Communications Strategy
- Consultation Policy
- Policy for the Development of Policies
- Media Handling Policy
- Risk Management Policy & Risk Register

Report Template following External Agency Visit, Inspection or Accreditation

Recommendation (detail all recommendations from the report)	Compliance (Yes/No/Partial)	Action Required	Responsibility and timescales	Monitoring arrangements	Date Action Completed

Before Visit

Chief Executive Team (CET) notified of impending external visit

Executive Director nominated to lead to identify project manager for visit

Timetable, plans and effective communication arrangements are put in place

During Visit

Identified Lead manages visit with communication, etc, as agreed with the Lead Director

Evidence is collated and presented in the format required

After Visit

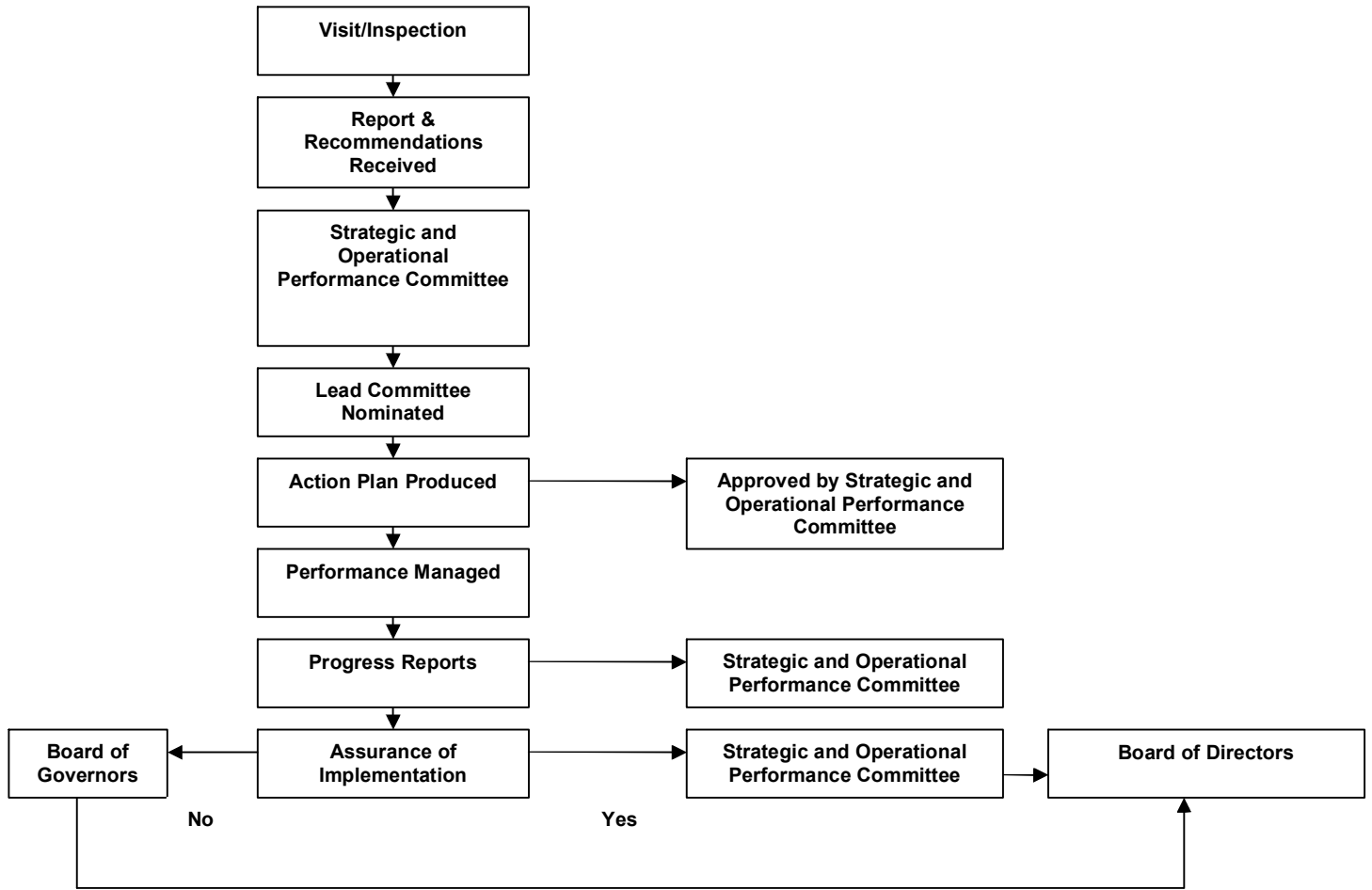
Report and recommendations go to Strategic and Operational Performance Committee to receive and to nominate accountable committee

Nominated committee to performance manage the implementation of the Action Plan

Action Plan to SOP for approval.

Lead Director retains overall responsibility for implementation of the plan and providing assurance to the Board of Directors

Approval, Implementation and Assurance Process



Nominated Committee and Lead Individuals

External Agency	Executive Committee	Nominated Lead
NHSLA	Clinical Governance Committee	Risk Manager
NAO	SOP	FT Secretary
PEAT	Clinical Governance Committee	Deputy Director of Nursing
HSE	Health and Safety Committee	Risk Manager
Royal Colleges	Clinical Governance Committee	Clinical Lead
Mental Health Act Commission	Mental Health Act Managers Committee	FT Secretary
Commission for Social Care Inspection	SOP	Deputy Director of Performance and Information
Healthcare Commission	SOP	Clinical Lead for the Service
IWL	Workforce and Organisational Development Committee	Associate Director of HR
IIP	Workforce and Organisational Development Committee	Associate Director of Training and Development

Policy Monitoring, Audit and Feedback Summary: External Visits

Monitoring and/or Audit					
Criteria	Measurables	Lead Officer/Group	Frequency	Reporting to	Action Plan/Monitoring
Systems in place to monitor external agency visits, inspections and accreditations	<p>No and range of visits including lead officer/project manager nominated</p> <p>No of action plans and recommendations following visits, including review dates planned</p> <p>No of risks populating the risk register identified from reviews</p>	Foundation Trust Secretary	Annual Report	<p>Director of Performance and Information</p> <p>Appropriate committee as specified in policy (appendix C)</p>	<p>FT Secretary (action plan)</p> <p>Appropriate committee (monitoring)</p> <p>SOP (approval)</p>