

Policy for External Agency Visits

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Version Control Summary

Version	Date	Author	Status	Comment
1.0	25th July 2008	Duncan Gilbert	Final	A new policy was required in line with the guidance and template published by the NHSLA.
2.0	September 2011	Mason Fitzgerald, Associate Director of Governance	Revised draft	Three year review

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Executive Summary

1. The Associate Director of Governance is the lead for this policy, and is responsible for ensuring that there is a centrally held record of all external agency visits together with their reports.
2. A lead director is identified in Appendix A for each type of visit. The lead director will be responsible for facilitating the visit, and responding to the resulting report.
3. The report and action plan will be submitted to the appropriate committee, which is also set out in Appendix A.
4. Progress reports will also be submitted to the appropriate committee.

1. Introduction

This Policy outlines a systematic approach to responding to the recommendations and requirements of external agency visits, inspections and accreditations. The systematic processes within this policy should provide a more co-ordinated approach to External Reviews and encourage an open and learning culture.

2. Purpose:

The policy will ensure that the Trust has a:

- Clearly defined, identified approach to co-ordinating and reporting on reviews by external agencies
- System for maintaining a schedule of review dates
- System for ensuring the Trust Board and overarching committees with responsibility for risk receive and consider reports from any such reviews
- System for monitoring action plans agreed as a result of any such
- System for ensuring that significant organisation-wide risks identified from any reviews are entered onto the Trust risk register
- Process for ensuring the effectiveness of the above systems

3. Definitions

Review:

For the purposes of this Policy a 'Review' is defined as a visit by an external body which results in them issuing a report for consideration in respect of recommendations and requirements. The methodology they use to undertake that review is incidental. Excluded under the scope of this document are reviews of individual staff by an external body which would be addressed through the Human Resources Disciplinary Policy and Procedure.

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

Accreditation:

Provides independent assurance from a third party that the organisation has achieved a level of compliance with an agreed set of criteria/standards.

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.

This policy applies to all staff working in Trust owned premises involved with responding to recommendations and visits by external agencies. External auditor reviews are also included.

4. Duties

4.1 Trust Board

Following a visit and receipt of a report the Trust Board may request the report and action plan for implementing any recommendations arising from the visit. The Board will routinely receive a report arising from Care Quality Commission, Monitor and Mental Health Act Commission (Annual Report).

Assurance Committee

The Assurance Committee is the committee with overarching responsibility for this policy as set out in section 4.6.

4.2 Chief Executive

The Chief Executive will identify and appoint an Executive Director lead for specific external agency visits, inspections and accreditations. Examples of leads are found in Appendix A.

4.3 Associate Director of Governance

The post holder will:

- Maintain a central schedule of visit dates
- Receive reports from visits via leads in order to maintain a Trust spreadsheet of all external agency visits.
- Receive action plans developed as a result of visits
- Monitor that action plans are reviewed regularly and evaluated by the nominated committee/group
- Where relevant ensure that external agency visit reports are considered within the Assurance Committee and Trust Board agenda.
- Ensure that the organisation-wide risk register is populated with significant risks identified from external agency visits, inspections and accreditations

4.4 Lead Director for specific external agency visits, inspections and accreditations

The Lead Director will:

- Identify an appropriate lead for the visit to co-ordinate the process

- Ensure that arrangements are in place to facilitate external visits
- Review and evaluate the report and oversee and communicate the development of an action plan to address the recommendations
- Provide a response to the external agency
- Present the action plan to the lead Committee as identified in Appendix A
- Ensure, that any lessons to be learnt are identified and any action plan is maintained and implemented
- Ensure significant risks are communicated to the Associate Director of Governance for entry on the Trust Risk register

4.5 *Nominated lead to coordinate the process for specific external agency visits, inspections and accreditations*

If required, the lead director will nominate a lead for specific visits, inspections and accreditations as appropriate.

The lead's role will be to:

- Support and facilitate 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 lead Director highlighting any areas identified as being high risk or of 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
- Develop a draft report and an action plan to address any recommendations made. This report is to be given to the lead Director and presented to the appropriate committee who will determine the frequency of monitoring of progress with the action plan. The action plan will receive final approval from the lead committee identified in Appendix A.

4.6 *Committee with overarching responsibility for management of all external agency visits, inspections and accreditations*

The Assurance Committee will have overall responsibility for overseeing the response to all external agency visits, inspections and accreditations.

The Committee will:

- Receive notification of all external agency visits, inspections and accreditations
- Approve action plans arising from relevant reviews
- Report through to Board level in accordance with the reporting arrangements set out in the terms of reference
- Monitor compliance with the policy annually

5. Process

The Associate Director of Governance 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.

A lead director will be identified for each visit. This will usually be apparent from the portfolios of executive directors. The current list of responsibility is set out in Appendix A, and will be varied by the Chief Executive as appropriate.

If required, the lead director will identify a member of staff to manage all aspects of the visit (Review Lead) and support front-line staff. The lead director will have overall responsibility for overseeing the review, setting a schedule of dates, co-ordinating information requirements and communicating to the organisation.

The lead director will ensure that any identified risks are assessed and communicated to the Associate Director of Governance for inclusion on the Trust risk register together with the mitigating actions.

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.

The report will be received and the action plan approved by the identified lead committee.

The lead director will be responsible for identifying the relevant service areas and for performance managing the implementation through the appropriate committee.

The lead director will present regular progress reports to the identified monitoring Committee, and in the case of an identified major review e.g. Care Quality Commission, to other relevant committees and/or the Trust Board.

6. Implementation of the policy

A hard copy of this policy will be distributed to all Trust Directors and Associate Directors.

The policy will be accessible to all staff via the Trust Intranet.

The overseeing role of the Assurance Committee will be incorporated into its terms of reference.

7. Monitoring compliance with, and effectiveness of, the policy

The implementation of this policy will be monitored through the following methods:

- Reference to the [Management of external reviews spreadsheet](#). The spreadsheet will be maintained by the Associate Director of Governance or nominated deputy, updating as and when each visit occurs.
- Reference to the minutes of the relevant Trust Committees, as identified on the spreadsheet, once visits have occurred to evidence conduct of visits according to policy, and the review of any improvement plans arising from the review.
- Reference to the Board Assurance Framework, maintained by the Associate Director of Governance.
- The above will be reviewed annually by the Assurance Committee to assess compliance with, and effectiveness of, the policy.

8. References:

Milton Keynes General NHS Trust – Policy for Responding to External Agency Visits. Author: Marion Shipman, Clinical Governance Manager

Lincolnshire Partnership NHS Foundation Trust – Policy for the Management of External Agency Visits, Inspections and Accreditations. Author: Director of Performance and Information

NHSLA – Risk Management Standards: An Organisation-wide Policy for the Management of External Agency Visits, Inspections and Accreditations (2008).

NHS LA Standard	Name	Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements	Actions on recommendations and leads	Change in practice and lessons to be shared
Policy for External Agency Visits								
1.6	Dealing with External Recommendations	Process for reviewing external recommendations specific to the organisation	Associate Director of Governance	Audit of external recommendations tracker	annual	The Associate Director of Governance will receive the report	The Associate Director of Governance will formulate action points and timescales for each Directorate where there is evidence of non-compliance within two weeks of receiving the audit	The Assurance Committee will receive, discuss and monitor the action plan within six weeks of the audit having been completed

Appendices:**Appendix A****Lead Director and Identified Committee**

External Agency	Lead Director	Lead Committee
NHS Litigation Authority	Director of Nursing	Assurance Committee
Monitor	Deputy CEO, Director of Performance and Business Development	Trust Board
Health and Safety Executive	Associate Director of Governance	Health and Safety Committee
Royal Colleges	Medical Director / Head of Nursing / Director of Therapies	Quality Committee
Mental Health Act Commission – Annual Report*	Director of Nursing	Trust Board
Care Quality Commission	Director of Nursing	Trust Board
Department of Health	Deputy Chief Executive, Director of Performance & Business Development	Quality Committee
NHS Counter Fraud and Security Management Service	Director of Finance	Audit Committee
Health Service Ombudsman	Director of Nursing	Quality Committee
External Audit Reviews	Director of Finance	Audit Committee
NHS Information Commissioner	Medical Director	Information Governance Committee

*Local Mental Health Act Commission (MHAC) visits are managed differently to the annual report which will be managed as above.

MHAC visits, which take place frequently over the course of the year, will be facilitated by local Mental Health Act Administrators in partnership with those services being visited.

Reports arising from these visits will be forwarded to individual wards, either directly or via the local Mental Health Act Administrator. The ward or service will respond to the review by formulating an appropriate action plan. This plan will be taken to the relevant local Governance Group for approval and monitoring of implementation.