

Policy for Responding to Recommendations and Requirements of External Agency Visits, Inspections and Accreditations

Document Reference Information

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Author/Lead	Bridget Pratt - Head of Corporate Affairs
Directorate Responsible	Corporate Affairs
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Version Control Record

Version	Description of Change(s)	Reason for Change	Author	Date
1	New policy	New policy	Bridget Pratt	23rd July 2008
2	Organisational changes	Policy out of date	Bridget Pratt	10th August 2009

To be read with:

Standards for Better Health Policy

Risk Management Strategy/Policy

“The PCT incorporates and support the human rights of the individual as set out in the European Convention on Human Rights and the Human Rights Act 1998

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1.0 Introduction

This policy has been developed to enable NHS Brent to respond to the 'Recommendations and Requirements of External Agency Visits, Inspections and Accreditations'. This is reflective of best practice in integrated governance and will ensure a systematic and consistent approach to the implementation, monitoring and review of recommendations from external regulatory bodies.

NHS Brent is committed to continuous quality improvement and therefore believes that the process outlined within this document provides a necessary framework to assist in the achievement of our corporate objectives. This policy will ensure that we provide high quality services to the population of Brent alongside a workforce who share this vision.

Both the Care Quality Commission and NHS Litigation Authority expect NHS Trusts to comply with the recommendations from external agencies and will require evidence to demonstrate that the Trust has a robust process.

The external agencies that may inspect NHS Brent are numerous and it is difficult to define an exhaustive list, however, Appendix A provides a list of external agencies listed on the Concordat Scheduling website.

2.0 Scope of this Policy

This policy sets out the process to ensure that all recommendations made by external agency visits, inspections and accreditations are implemented within a specified time scale, that they are monitored following their implementation, and that there is a formal reporting and reviewing process.

The policy applies to all Directors, managers and health professionals who are identified as leads and to those who sit on relevant committees.

3.0 Definitions used

External Agency – an authoritative body that has been given a role for the NHS Executive in regulating the corporate and professional activities of all NHS Trusts.

Accreditation – relates to audit and review activities of both internal and external bodies, which are required to deliver Board Assurance that the services being delivered by the Trust are fit for purpose and achieving the desired outcomes as laid down by Trust's strategy and policies.

Data Base Proforma – outline of basic information required to start an entry onto the central database.

4.0 Roles & Responsibilities

4.1 Appendix B sets out the Committee and operational lead for

specific visits, inspections and accreditations.

4.2 **The Chief Executive's Office** will be the gateway through which all such communications will be referred to before it enters into the management system. This will happen either through the external route of external bodies

writing to him or through management leads forwarding a copy of any documentation they receive directly.

4.3 **The Chief Executive's Office** will forward this to the appropriate **Executive Director** so that a **nominated management lead** is appointed and management action is taken to respond. Additionally, this should be copied to the Head of Corporate Affairs and Head of Governance for Brent Community Services so that the information including the named Director can be entered on to the Central Register.

4.4 On receipt of this, the **Head of Corporate Affairs** will forward a completed database proforma (Appendix C) so that a record is established in the Trust database and the named lead manager is identified

4.5 The **Head of Corporate Affairs** will utilise the 'Concordats Scheduling Site', to check what inspection, audit and review activities are planned for NHS Trusts – www.concordat.org.uk.

4.6 The **nominated management lead** will

- 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

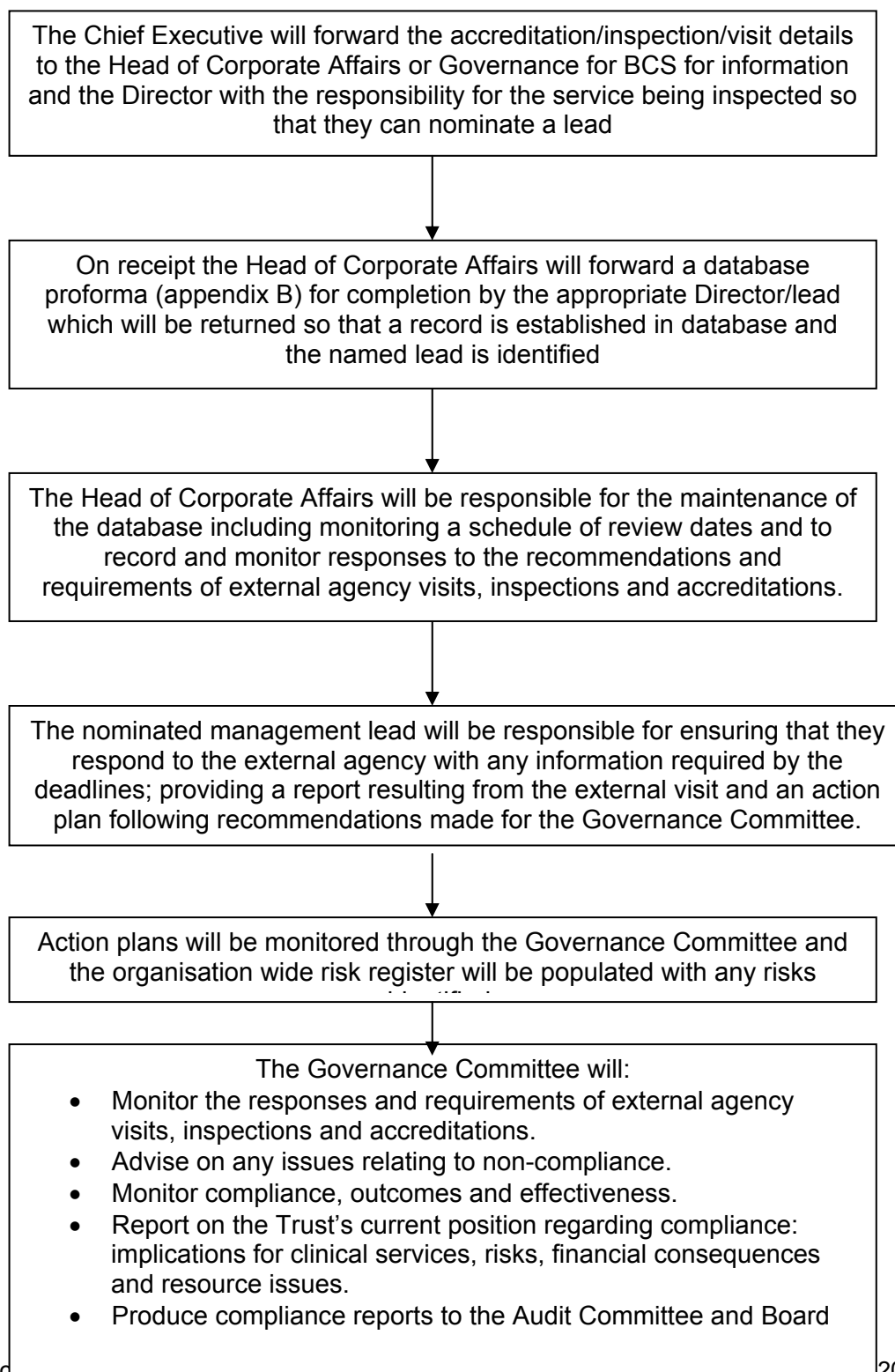
4.7 The **lead Director** is responsible for ensuring appropriate risks are put onto the organisation wide risk register accordingly. They will also ensure that the reports from any reviews carried out by external agencies are presented to the **Audit Committee, Governance EMT and relevant BCS Governance Committee**.

4.8 The **Governance EMT** and relevant **BCS Governance Committee** will

- Be the designated committee for monitoring compliance, outcomes and Effectiveness
- Receive a summary report of all visits and approve the action plans to address the recommendations
- Report through to Board on general progress or areas of concern
- Ensure, through the EMT lead, that any lessons to be learnt are identified and implemented

- Report on the Trust's current position, any implications for clinical practices, any financial consequences for implementing the standards and any other implications for the Trust

5.0 Co-ordination (Flowchart)



6.0 Monitoring the Effectiveness

The Governance EMT will be responsible for the regular review of this policy and it will be approved by the Governance EMT every two years.

The Governance EMT will monitor the effectiveness of this policy through key performance indicators (KPIs) which will include a review bi-annually. The KPI's to be used will be:

- Lead member of the Executive Management Team identified and Nominated Lead Manager is appointed
- A schedule of review dates is maintained
- Action plan produced and maintained to implement any recommendations made as a result of reviews
- The organisation-wide risk register is populated with risks identified from reviews

The Head of Corporate Affairs or Governance will be responsible for ensuring the review is conducted and will develop audit tools enabling the measurement of the key performance indicators.

The results of the audit will be presented to the Governance EMT together with recommendations for improvement.

Appendix A: External Agencies listed on the Concordat Scheduling Site

- Academy of Royal Colleges
- Audit Commission
- Cancer Peer Review
- Commission for Social Care Inspections (CSCI)
- Conference of Postgraduate Medical Deans
- Counsel for Healthcare Regulatory Excellence
- Counter Fraud and Security Management Service (CFSMS)
- Department of Health
- General Medical Council (GMC)
- Health and Safety Executive (HSE)
- Healthcare Commission
- Human Fertilisation and Embryology Authority
- Litigation Authority
- Mental Health Act Commission
- National Audit Office
- NHS Confederation
- NHS Health and Social Care Information Centre
- Postgraduate Medical Education and Training Board
- Quality Assurance Agency

- Skills for Health
- National Patient Safety Agency (NPSA)
- London Fire Brigade

Appendix B: Database Proforma

DATABASE PROFORMA	
SECTION 1	
Date of visit/inspection/accreditation:	
Name of agency:	
Name of visit/inspection/accreditation:	
Service area:	
Nominated Lead:	
Responsible Associate Director:	
SECTION 2	
Result:	
Areas of Excellence:	
Areas for improvement:	Added to Trust Risk Register?

Appendix C Nominated Committee and Lead Directors (Examples)

External Agency	Executive Committee	Nominated Lead
NHSLA	BCS Governance Committee	Head of Governance
Care Quality Commission	Governance EMT & BCS Governance Committee	Head of Corporate Affairs/Head of Governance (BCS)
Audit Commission	Audit Committee	Director of Finance
PEAT	Governance EMT & BCS Governance Committee	Chief Operating Officer
HSE	Governance EMT & BCS Governance Committee	Chief Operating Officer
Royal Colleges	PEC	Clinical Lead for Speciality

Appendix D: Equality Impact Assessment

DOCUMENT AUTHOR: Bridget Pratt- Head of Corporate Affairs	DIRECTORATE: Corporate Affairs & Governance
NAME OF DOCUMENT/POLICY/STRATEGY/PROCEDURE External Visits Policy	NEW EXISTING ✓ ASSOCIATED POLICIES, STRATEGIES OR PROCEDURES Standards for Better Health Policy Risk Management Strategy/Policy
DATE 9/9/09	

Aim/Status

[a] What is the aim/purpose of the policy/strategy/procedure? To provide a clear policy, procedure and protocols for staff in NHS Brent.
[b] Who is intended to benefit from this policy/strategy/procedure and in what way? Staff in NHS Brent leading to improved communication
[c] How have they been involved in the development of this policy/strategy/procedure? Policy consulted on with key stakeholder and ratified by GEMT
[d] How does it fit into the broader corporate aims? The policy ties in with the corporate objectives of the Trust: CO6: Develop NHS Brent as a World Class Commissioning Organisation
[e] What outcomes are intended from this policy/strategy/procedure? Improved governance arrangements
[f] What resource implications are linked to this policy/strategy/procedure? None

Impacts

[a] what is the likely impact [whether intended or unintended, positive or negative] of the initiative on individual users or on the public at large? Raise staff awareness
[b] Is there likely to be differential impact on any group? If yes, please state if this impact may be adverse and give further details [e.g. which specific groups are affected, in what way, and why you believe this to be the case] No

[i] Grounds of race, ethnicity, colour, nationality or national origin	Please tick box no	Please tick box Adverse? <input type="checkbox"/> Please give further details
[ii] Grounds of sex or marital Status Women and Men	no	Adverse? <input type="checkbox"/> Please give further details
[iii] Grounds of gender: Transgender or Transsexual People	no	Adverse? <input type="checkbox"/> Please give further details
[iv] Grounds of religion or belief: Religious /faith or other Groups with a recognised belief system	no	Adverse? <input type="checkbox"/> Please give further details
[v] Grounds of disability	no	Adverse? <input type="checkbox"/> Please give further details
[vi] Grounds of age: Older people, children and Young people	no	Adverse? <input type="checkbox"/> Please give further details
[vii] Grounds of sexual orientation: Lesbian, gay, bisexual	no	Adverse? <input type="checkbox"/> Please give further details
[viii] Grounds of carers: Older relatives, children	no	Adverse? <input type="checkbox"/> Please give further details
[ix] Grounds of human rights	no	Adverse? <input type="checkbox"/> Please give further details
Is the policy directly discriminatory? No	Is the policy indirectly discriminatory? No If you said yes, is this objectively justifiable or proportionate in meeting a legitimate aim yes <input type="checkbox"/> no <input type="checkbox"/>	Is the policy intended to increase equality of opportunity by permitting positive action or action to redress disadvantage No
If the policy is unlawfully discriminatory it must go to a full impact assessment (please Contact the Equality, Diversity & Human Rights Advisor – Human Resources Directorate)		
Persons conducting EqIA	Nolan Victory	
Signed: Nolan Victory	Date: 22/9/09	

