

CO-ORDINATING

ASSESSMENTS & INSPECTIONS BY

EXTERNAL BODIES

&

Dealing with External Recommendations Specific to the

Trust

Originator	Governance Manager
Lead Director	Director of Nursing, Quality & Risk Management
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1.0 INTRODUCTION

All healthcare organisations are subject to inspections/accreditations by external agencies. This document describes the process the Trust uses to provide Board assurance that:

- 1.1 Formal visits, audits, inspections, assessments, reviews and accreditations by external bodies are properly organised and communicated, (hereafter known as “events”)
- 1.2 External recommendations specific to the organization are reviewed and reported appropriately
- 1.3 Action plans are developed as a result of external recommendation and are monitored
- 1.4 A register is maintained centrally in the Trust of all formal events

2.0 Purpose

- 2.1 To ensure that the Trust executive team is able to provide Board assurance concerning a formal event initiated by external bodies to the Trust.
- 2.2 To provide assurance to the Board of Directors and external stakeholders (including the relevant external body) that follow-up actions are implemented and that consequent changes have improved services and reduced risks.
- 2.3 To ensure the Board of Directors, via Clinical Governance, Corporate Governance or Hospital Executive Board is aware of the actions plans related to these formal events.
- 2.4 To ensure that the Board of Directors via Clinical Governance, Corporate Governance, Audit Committee or Hospital Executive Board, remains informed of major risks (ie that may undermine the Trust’s objectives and/or credibility) associated with the events and their follow up action plans.
- 2.5 To support and demonstrate continuous improvement in response to the event.

3.0 Definitions

3.1 External body or agency

An organisation that has an official advisory or regulatory role concerning activities of NHS Trusts or which otherwise has statutory rights to visit, audit or inspect the Trust’s premises and/or review and inspect its processes, whether in the Trust’s capacity as an employer, provider of healthcare, or as a statutory public body. (e.g. Care Quality Commission, HM Coroner, NHSLA)

3.2 Accreditation

This encompasses audit and review activities of both internal and external bodies that are required to deliver Board Assurance. Accreditation provides assurance that the services being delivered by the Trust are “fit for purpose” and are achieving the intended results in conformance with the Trust’s strategies, policies and procedures.

3.3 Inspection

An organized examination or evaluation comparing results to specific requirements or standards

3.4 Internal Control

Systematic measures (such as reviews, checks, methods & procedures) implemented by an organization to conduct its business in an orderly and efficient manner

3.5 Board Assurance

Boards need to be confident that the systems, policies they have put into place are operating in a way that is effective, focused on the key issues and driving the delivery of objectives. It also provides a structure for the evidence to support the Annual Governance Statement. This is achieved by formal reporting to the Board, and the prioritisation of action plans which, in turn, allow for more effective performance.

4. Roles & Responsibilities

4.1 Board of Directors

The Board of Directors will need to consider the implications of the outcome of external inspections and be assured that any recommendations are effectively addressed and managed by the Trust. The majority of these reports will be considered by the relevant Board sub committees and reported to the Board.

4.2 Chief Executive

The Chief Executive is ultimately responsible for ensuring that any recommendations that arise from external visits, audits, inspections and accreditations are received, reviewed, considered and, if appropriate, implemented within the Trust. These responsibilities are delegated to the Executive Directors based on their portfolio of responsibilities.

4.3 Executive Directors

Executive Directors are responsible for ensuring that external reviews that fall within their portfolio of responsibilities are managed and responded to in an effective and timely manner.

- The Executive lead will be responsible for nominating a lead to coordinate the preparation for and recommendations arising from the event.
- The Executive lead will ensure the Board of Directors and its sub committees with responsibility for assurance and risk receive and consider reports from any inspections
- The Executive lead is responsible for ensuring that the either the Local or Corporate Risk Register are populated with any significant risks identified from either the preparation for, or recommendations from such an event.

4.4 The Nominated Lead

The Nominated Lead is responsible for ensuring that the Trust is suitably prepared for the review and for coordinating the necessary activities to ensure that it runs smoothly. They are responsible for:

- Communicating information about the event to the Trust and other staff likely to be involved in the event
- Identifying any risk issues in compliance that may undermine the success of the event and communicating those risks to the Executive Lead
- Assessment of the requirements for the visit including collation of the evidence required and preparation of staff and environment to be inspected
- Ensuring the responsible Executive Director/Committee is fully apprised on the preparations for a visit, including welcoming procedures, how staff are to be informed of the visit, catering, feedback etc
- Following receipt of the report on the visit, ensuring all information included in the report is accurate
- Carrying out risk assessments for activities identified in the report recommendations and, where appropriate, escalate significant risks for inclusion in a local or the Corporate Risk Register
- Developing a report and action plan to address any recommendations made in conjunction with the Executive Lead and formally report to the Board of Directors or appropriate Committee
- Providing regular progress reports, as required, to the Executive Director and other relevant groups and committees

4.5 Governance Manager

The Governance Manager is responsible for:

- Liaising with the Nominated Lead for each specific event
- Liaising with the Executive Director/Nominated Lead in relation to progress on the implementation of the action plans
- Ensuring that the Corporate Risk Register is populated with any significant risks identified from external agency visits, inspections and accreditations

5.0 Process for Reviewing & Reporting on External Recommendations

- Following a visit, the Trust will normally receive a formal written report containing the findings and any recommendations from the visit
- The Nominated Lead, in conjunction with the Executive lead, will be responsible for reviewing any recommendations from the visit and ensuring that these and the report are presented to the relevant stakeholder committee and, in some cases, to the Board of Directors
- Where the Trust is found to be non-compliant with statutory requirements, these recommendations may require immediate attention
- Other recommendations may be advisory and the Nominate Lead/Executive Director will have to consider how it interprets and responds to the recommendations

6.0 Developing Action Plans

- The Nominated Lead is responsible for reviewing the recommendations and, where required, developing an action plan with timeframes to address the issues raised, in conjunction with the Executive lead
- The design of an action plan may vary but should include :

- ✓ A description of the recommendation
- ✓ Action required to address the recommendation
- ✓ Individual identified to lead on the action
- ✓ Target date for completion
- ✓ Progress against the required action

7.0 Monitoring of Action Plans

- The action plan will be presented to the appropriate committee by the Nominated/Executive lead and will be reviewed on an agreed basis.
- The relevant committee will monitor the implementation of the action plan, ensure its completion and identify any issues to be reported to the Board of Directors
- If there are significant risks to the completion of the action plan these should be raised with the relevant Executive Director and placed on a local risk register for evaluation at the Corporate Governance Group and where necessary, placed on Corporate Risk Register

8.0 Process for Monitoring Compliance

The Governance Manager is accountable for preparing an annual monitoring report which will be presented to the Corporate Governance Group in September of each year outlining levels of compliance with the following requirements as a minimum:

- Process for reviewing external recommendations specific to the organization
- Process for reporting on external recommendations specific to the organization
- Process for developing action plans as a result of external recommendations
- Process for the follow up of action plans

The Corporate Governance Group will agree the actions or recommendations from the report and monitor the action plans as required until all actions are complete.

9.0 References

- Care Quality Commission (2011) *The state of health care and adult social care in England: an overview of key themes in care in 2010/11*
- Health & Safety Commission (HSC) (2004 *A Strategy for workplace health & safety in Great Britain to 2010 and beyond*) London HSC
- “Building an Assurance Framework”
- Concordat ‘Working in Partnership’
- Intelligent Board Handbook
- NHSLA Risk Management Standard 1 Governance

10.0 Associated Documentation

Risk Management Strategy

11.0 Equality Impact Assessment

This policy has been subject to an Equality Impact Assessment and is not anticipated to have an adverse impact on any group.