

Responding to external recommendations procedure

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Bodies consulted:	
Approved by:	Governance Manager
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Responsible Director:	Chief Executive
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Responding to external recommendations procedure

1 Introduction

The Tavistock and Portman NHS Foundation Trust (the Trust) strives to provide high quality, safe care and services. The Trust acknowledges that in order to do this it must have a systematic approach to considering recommendations for improvements from key external bodies.

This procedure supports best practice in integrated governance and will ensure a systematic and consistent approach to the consideration of recommendations, implementation, monitoring and review of implementation.

The Trust is committed to continuous quality improvement and therefore believes that the processes outlined within this document provide a necessary framework to assist the achievement of the corporate objective to provide integrated governance.

2 Purpose

This procedure describes the systems and processes the Trust will follow to ensure that it prepares for and responds effectively, and in a timely manner, to requirements and recommendations of external agency visits, inspections and accreditations.

3 Scope

This procedure applies to managers receiving requests from external bodies, with the exception of those involving the Directorate of Education and Training who will operate a similar and parallel system, holding their own log. For the purposes of this procedure, only those external bodies which are significant stakeholders (see section 6) making substantive requests are included, other bodies are excluded. The following hierarchy shall be used to make the assessment:-

Type of request	Response
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Legal requirement	Trust will respond
Anything relevant on the BAAS list ¹	Trust will respond
Request from an organisation on Section E ² list (the list of the Trust Stakeholders and organisational partners)	<i>either</i> Trust will respond if contractually required to do so. <i>or</i> The Trust may respond if the provision of the response is in the Trust's interest.
Other requests	In exceptional circumstances, the Trust may respond if the provision of the response is in the Trust's interest.

Staff should bear in mind that providing information for bodies lower down the table above sometimes might be useful at a later date as evidence required by bodies higher up the list. Typically, the organisations will include:

- Monitor
- CQC
- NHSLA
- Information Commissioner's Office
- Health and Social Care information Centre
- Accrediting professional bodies (e.g. Royal College of Psychiatrists)

¹ <http://www.hscic.gov.uk/baas>

² For the current version contact the Trust Secretary

4 Definitions

Term	Definition
External body	An organisation other than the Tavistock and Portman NHS Foundation Trust.
Inspection	An on-site visit to an organisation to examine systems, interview staff and/or review documentation. This may also involve an off-site review of documentation
Accreditation	Assessment against a defined set of criteria with a minimum standard defined to achieve overall compliance.
Compliance	To meet the requirements of a standard or recommendation of a report. Partial compliance implies that the requirement has not been met but there is some progress towards full compliance.
BAAS list	The Burden Advice and Assessment Service set the number of requests for information that must be met
Section E list	Section E of NHS Code of Governance requires the Trust to keep a list of all significant external partners with whom the Trust has contact. The Trust Secretary holds this list.

5 Duties and responsibilities

5.1 Chief Executive

The Chief Executive will nominate a director to lead a response to the request or recommendation and inform the Trust Secretary.

5.2 Lead director

The lead is responsible for coordinating any visit or assessment exercise

5.3 Trust Secretary

The Trust Secretary will maintain a list of recommendations and monitor a schedule of review dates and record and monitor action plans and response deadlines for any applicable recommendations and requirements of external agency visits, inspections and accreditations.

6 Procedures

- a) It is usual for external agencies to write directly to the Chief Executive with notification of a planned external agency visit, inspection or review. Should a notification come via another route, it should be forwarded to the Trust Secretary who shall inform the Chief executive.
- b)
- on receipt of the report following the specific external agency visit, inspection or accreditation, ensuring that all the information included in the report is accurate;
 - informing the Trust Secretary when a response is to be made
 - carrying out risk assessments for activities identified in the report recommendations and, as appropriate, enter on the risk register;
 - ensuring the Management Team is informed (of the initial findings of the specific external agency visit to the identified committee/group, highlighting any areas identified as being high risk or of media interest and coordinates a response
 - developing a report and an action plan to address any recommendations made (see Appendix B - Report Template following External Agency Visit, Inspection or Accreditation). This report is to be given to the appropriate committee who will determine the frequency of monitoring of progress with the action plan.
 - ensures that any response is made within the given timescale
- c) All requests for cooperation in an external review will be handled according to the process shown in the flow chart at Appendix C. It will be for the appointed lead director to ensure that these processes are carried out.

It will be for the director to responses, reports and action plans to the circumstances of the review and in line with other trust procedures, eg risk management strategy and policy, reporting progress to relevant committees and groups, and stakeholders, as appropriate to the requirements of the review.

Appendix D shows the format of the inspection register which will be held by the Trust Secretary to record progress, appendix C shows the process in diagrammatic form.

7 Training Requirements

This procedure will be brought to the attention of all Directors at the Management Team and other staff will be able to access it via the Trust's intranet.

The Trust Secretary will ensure that anyone identified as a lead to manage the response to an external review is adequately supported to fulfil their responsibilities and will make arrangements for specific training to be made available if required.

8 Process for monitoring compliance with this Procedure

The Trust Secretary will provide a compliance report to the Chair of the Corporate Governance and Risk work stream of the Clinical Quality, Safety, and Governance Committee each quarter, and make exception reports if a breach is imminent. These reports shall be considered as part of the work of the CQSG.

The Corporate Governance work stream will monitor compliance with action plans arising from reviews, reporting compliance and breaches to the CQSG

9 References

10 Associated documents¹

¹ For the current version of Trust procedures, please refer to the intranet.

Appendix A : Equality Impact Assessment

1. Name of policy, function, or service development being assessed:
Procedure for responding to External Reviews

2. Name of person carrying out the assessment:
Jonathan McKee, Governance Manager

3. Please describe the purpose of the policy, function or service development:
This procedure describes the systems and processes the Trust will follow to ensure that it responds effectively and in a timely manner, to requirements and recommendations of external agency visits, inspections and accreditations

4. Does this policy, function or service development affect patients, staff and/or the public? Response: **Yes**

This is a procedural document which describes the way in which the trust responds to external inspections and reviews. It is a generic procedure and will as written not have any impact on equalities however it may be that specific external review recommendations would have an impact and these will be assessed on a case by case basis

5. Is there reason to believe that the policy, function or service development could have an adverse impact on a particular group or groups? **Response : NO**

6. If you answered YES in section 5, n/a

7. Based on the initial screening process, now rate the level of impact on equality groups of the policy, function or service development: **Low risk of negative adverse impact.**

Date completed : **15.7.10**
Print name : **Jonathan McKee**

Appendix B : Summary of requests, action plans and response times

Date of assessment/review	Inspection Agency	Title and Purpose of Assessment	Responsible Director	Information submission deadline	Date submission deadline	Date report due/received	Action Plan developed	Lead for action plan	On Risk Register?	Action plan review date	Closure

Appendix C : Process for responding to external requests

Process for responding to external requests

