POLICY FOR THE MANAGEMENT OF EXTERNAL VISITS, INSPECTIONS AND ACCREDITATIONS (including VIP Visits)

POLICY SUMMARY
The purpose of this policy is to provide staff with guidance on how to manage any visits or inspections from external organisations. This policy also includes guidance for managing visits from VIP guests. The policy also provides guidance on addressing any key areas of concern identified as a result of any external visits.

The Trust monitors the implementation of and compliance with this policy in the following ways:
The policy is monitored by the Compliance Team through an External Visits database which provides regular reports to the Quality Committee on any external visits undertaken in the Trust. The monitoring of actions is the responsibility of local reporting arrangements.

The Director responsible for monitoring and reviewing this policy is
The Executive Director of Corporate Governance and Strategy
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ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

POLICY FOR THE MANAGEMENT OF EXTERNAL VISITS, INSPECTIONS AND ACCREDITATIONS

Assurance Statement

The purpose of this policy and procedural guideline is to set out the trust policy and procedure for the management of external agency visits, inspections and accreditations, ensuring that adequate preparation is undertaken (where appropriate) and ensure that action required is identified and completed.

1.0 INTRODUCTION

1.1 The Trust has developed this policy and accompanying procedural guideline to ensure good coordination and evaluation of the work of external visits, inspections and accreditations as this will bring increased benefits to both the Trust and the review bodies.

1.2 This policy and procedural guideline is designed to help the organisation by reducing overlap and allowing potential gaps in assurance to be easily identified and quickly addressed.

1.3 This policy and associated VIP Visits Procedure is to ensure there is no risk to the safety and security of patients or staff arising from visits to the hospital by approved or invited visitors such as VIP (very important people), celebrities, or media representatives. It is not concerned with people visiting friends or family members.

1.4 This policy and procedural guideline is part of the Trust’s internal control system, which is designed to provide assurance to the Board of Directors on integrated governance issues, who need, wherever possible, to make use of the work of the many external reviewers and ensure the whole process is efficient.

1.5 The Trust will ensure that there is a centrally held, internally audited, record of all external agency visits, inspections and accreditations, which is kept updated. Part of this system includes centrally storing reports and action plans when available.

2.0 DUTIES

Roles and Responsibilities

2.1 Trust Board of Directors

The Trust Board of Directors has over-arching responsibility with regards to external visits, inspections and accreditations and has accountability for ensuring the provision of high quality, safe and effective services within the Trust.
2.2 Executive Nurse: Responsible for patient safety and providing advice in this area to the Assistant Director of Communication in relation to this policy and associated procedures.

2.3 Directors
All directors (including executive, clinical, service, operational, assistant operational) and general managers are responsible for the implementation of this procedure within their service areas and taking appropriate action should any breach arise.

2.4 Senior managers
All senior managers have a delegated responsibility for ensuring that this policy and procedures are known to all staff and that its requirements are followed by all staff within their directorate/division/department.

2.5 Staff
All staff are responsible for adherence to this policy and procedures.

VIP Visits

2.6 Assistant Director of Communications:
Ensures all media and approved VIP visits are handled effectively and responsibly. Provides a briefing to the Executive Team on media activity and their potential impact.

2.7 Team leaders / Ward Managers:
Must advise the Communications Team about any fundraising or charity visits to wards and clinical areas. Ensure all procedures outlined in this policy are followed.

Other External Visits

2.8 Service Management Teams (SMT’s)
The Service Management Team’s (SMT’s) will have operational responsibility for the management of all external agency visits, inspections and accreditations. The Committee(s) will nominate a Trust Lead Manager and Lead Committee (where appropriate) for each visit.

The Committee(s) will receive regular progress reports in preparation for a visit and the outcome report and action plans following a visit. The Committee will receive regular action plan progress reports following a visit, inspection or accreditation.

The Committee will ensure that lessons learnt following a visit are communicated throughout the Trust via Trust publications such as Trust Today and to external stakeholders via Trust publications such as the Annual Report.
2.9 **Lead Committee / Group**
A lead Committee / Group may be delegated by the appropriate Executive Director. The committee will be responsible for reviewing reports of visits and considering if the identified actions are adequate and appropriate to address all the recommendations made. The committee / group will also be responsible for ensuring that any actions identified can be embedded into practice and maintained on a long term basis.

2.10 **Compliance Team**
The Compliance Team will be responsible for ensuring that a central database of external agency visits and accompanying reports and action plans are maintained.

The Compliance Team will:
- ensure that the database is kept up to date;
- ensure that all action plans are accessible and held within the Compliance systems;
- provide regular reports to local Service Management Teams and Quality and Risk Groups with details of scheduled or completed external visits;
- provide regular reports to local Service Management Teams and Quality and Risk Groups with details of any outstanding actions.

2.11 **Trust Lead Manager**
The Trust lead manager will normally be whoever is contacted by the external body to arrange a visit/inspection/accreditation. For unannounced visits, the Lead Manager will be the senior member of staff on duty at the time of the visit. Where this is not appropriate, the SMT will nominate someone else.

The Trust Lead Manager will be responsible for co-ordinating and reporting on external visits, inspections and accreditations.

The Trust Lead Manager will be responsible for:
- Informing the Compliance Team or SMT of the date / time and location of visits at the earliest possible opportunity.
- Preparing for the visit, including, providing progress reports to the SMT, Compliance Team and any other appropriate committee or local group.
- These progress reports should include any actions needed before the visit.
- In the event of an unannounced visit / inspection informing the Clinical Lead and Lead Director or out of hours, informing the On-Call Manager as soon as possible.
- For CQC inspections, informing the Compliance Team as soon as possible so that further support and information can be offered.
- Coordination of the inspection / visit.
- On receipt of the feedback report following the external agency visit, inspection or accreditation, ensuring that all information included in the report is accurate.
- Providing a summary briefing of the initial findings of the external agency visits to the Compliance Team, SMT (where appropriate) and any other relevant committee / local group.
• Carrying out risk assessments for recommendations identified in the report and, if required, entering onto the appropriate risk register.
• Developing a report and action plan to address any recommendations made. This report to be submitted to the Compliance Team, SMT and any other appropriate committee / local group.
• Sending regular progress reports on the action plan to the Compliance Team, SMT and any other appropriate committee / local group.
• Ensuring that action plans are completed, acted upon and changes made to processes are embedded in practice and maintained on a long term basis.

2.12 On-Call Manager
In the event of an un-announced visit/inspection out of hours the On-Call Manager will be available to provide support for staff should it be necessary. The on-call manager should attend the area following the visit/inspection to ask staff on duty for initial feedback and provide support if required.

The On-Call Manager is responsible for informing the Director on call that an unannounced visit/inspection is taking place and informing the Compliance Team the following working day.

3.0 DEFINITIONS

3.1 External agency
An external agency is any organisation that is not part of Essex Partnership NHS Foundation Trust. Examples include the Care Quality Commission (CQC), Clinical Commissioning Groups (CCG’s), OFSTED etc.

3.2 Accreditation
The certification, usually for a particular period of time, of a person, a body or an institution as having the capacity to fulfil a particular function for example ECT Accreditations, AIMS accreditation etc.

3.3 Inspection
A formal or official examination, this may include a physical examination of a person, document or other thing, such as a building for example OFSTED Inspections, CQC inspections etc.

3.4 Internal control
An organisation’s procedures that are designed to increase its efficiency, ensure its policies are implemented, and its assets are safeguarded.

3.5 Care Quality Commission (CQC)
The CQC are the organisation responsible for the regulation of health and social care services across the country. All providers of healthcare services must be registered with the CQC and comply with their registration requirements. All healthcare services are subject to regular inspections from the CQC to assess compliance with their registration requirements. Failure to meet CQC requirements will lead to enforcement actions including fines, restrictions or closure of services.
3.6 **Provider Handbooks**
The CQC have produced a series of Provider Handbooks, split by individual “core service”. The CQC use these handbooks to define the different types of service they inspect. The handbooks currently used by the CQC are:

- Acute Hospitals
- Community Adult Social Care Services
- Community Health Services
- Health and Social Care in Prisons and Young Offender Institutions and Health Care in Immigration Removal Centres
- Hospice Services
- NHS 111 Services
- NHS and Independent Ambulance Services
- NHS GP Practices and GP Out-of-Hours Services
- Primary Care Dental Services
- Residential Adult Social Care Services
- Specialist Mental Health Services
- Specialist Substance Misuse Services

In a recent consultation, the CQC indicated it would reduce the amount of Handbooks; however, this has not yet taken place.

3.7 **Approved Visitors**
Individuals or groups who are invited or who have approval to be on hospital premises for an official purpose for the benefit of the patients, staff, the Trust or the NHS. These may include:

- **VIP’s** - key stakeholders including Ministers, elected representatives, overseas dignitaries, members of the Royal Family.
- **Celebrities**- famous/high profile figures who may be well known to the public and therefore to patients and their families, this may include costumed characters.
- **Media**- journalists or other representatives of print or broadcast media organisations. This category may also include associated technical personnel such as camera crew or sound technicians, or photographers.
- **Fundraisers**- people who are supporting the business of the Trust to generate financial support or present funds raised for the benefit of the Trust.

3.8 **Public areas**
Any location in the Trust that is accessible the general public and does not have secure entry. This would include reception areas, catering areas.

3.9 **Clinical or restricted areas**
Any area of the Trust in which clinical care is provided to inpatients or out patients. This would include all wards, departments and clinics. It also includes any area associated with healthcare which has secure or entry or require a member of staff to gain entry.
4.0 MONITORING OF IMPLEMENTATION AND REVIEW OF EFFECTIVENESS

4.1 The Compliance Team is responsible for the implementation and review of the effectiveness of this policy and related procedural guidelines.

4.2 As a minimum this policy and procedural guideline will be audited for compliance every 3 years. The audit will be co-ordinated by the Compliance Team and will include reviewing the following as a minimum:
   - Process for nomination of Lead Manager has been followed
   - Schedule of review dates has been maintained
   - Action plans and recommendations have been implemented
   - Risk Registers have been populated appropriately

4.3 Results of the audit will be presented to the appropriate Committee for review and to agree actions where necessary.

4.4 To ensure quality assurance of the VIP Visits Policy, six monthly reports will be monitored by the Trust Safeguarding Team

5.0 REFERENCES

- Department of Health 2016 Audit Committee Handbook
- CQC Inspection Handbooks
- CQC Fundamental Standards

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