

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

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KEY CHANGES FROM PREVIOUS VERSION	3 year review; External agency changed to external visit; visit/inspection accreditation referred to as 'visit' throughout document
AUTHOR:	Head of Compliance
CONSULTATION GROUPS:	
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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 and 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:	
This 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	
Services	Applicable Comments
Trustwide	✓

**The Director responsible for monitoring and reviewing this policy is
The Chief Executive Officer**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

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ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

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Assurance Statement

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

The commitment of the Trust and responsibility of all staff in everything we do is not to discriminate on any grounds. In drawing up this policy aspects of discrimination have been considered so that particular groups are not disadvantaged.

1. INTRODUCTION

- 1.1. The Trust has developed this policy and accompanying procedural guidance 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 associated procedure is to protect and ensure there is no risk to the safety, security and privacy and dignity of patients and staff arising from visits to the Trust by approved or invited visitors such as Very Important People (VIP), celebrities, or media representatives.
- 1.3. This policy is not intended to set out the arrangements for people visiting friends or family members within the Trust and does not apply to individuals or groups who have long term or on-going relationships with the Trust, such as volunteering. (CP39 'Volunteering Policy' and CPG39 'Volunteering Procedure')
- 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.
- 1.6. All visits by VIPs or celebrities are to be handled and managed by the Communications Team, who will engage with the Trust Board Secretary as necessary.
- 1.7. For the purpose of this policy the term 'visit' will be used to represent external visits, inspections and accreditations.

2. DUTIES

2.1. Roles and Responsibilities

2.1.1. Trust Board of Directors

The Trust Board of Directors has over-arching responsibility with regards to external visits, and has accountability for ensuring the provision of high quality, safe and effective services within the Trust.

2.1.2. Executive Nurse

The Executive Nurse is responsible for patient safety and for providing advice in this area to the Head of Communication in relation to this policy and associated procedures.

2.1.3. Directors

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

2.1.4. Senior managers

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

2.1.5. Staff

All staff are responsible for adherence to this policy and procedure.

2.2. VIP / Celebrities / Media Visits

2.2.1. Head of Communications

Ensures all media and approved VIP visits are handled effectively and responsibly. The Head of Communications will be responsible for providing a briefing to the Executive Team on any media activity and potential impact on the Trust.

2.2.2. Team leaders / Ward Managers

Must advise the Communication Team about any fundraising or charity visits to wards and / or clinical areas and to ensure all procedures outlined in this policy are followed.

2.3. Other External Visits

2.3.1. Service Management Teams

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 internal publications and to external stakeholders via Trust publications such as the Annual Report.

2.3.2. 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 any 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.

2.3.3. Compliance Team

The Compliance Team will be responsible for ensuring that a central database of external 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

2.3.4. Trust Lead Manager

The Trust lead manager will normally be whoever is contacted by the external body to arrange a visit. 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 coordinating and reporting on external visits.

The Trust Lead Manager will be responsible for:

- Informing the Compliance Team, Communication team and 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 groups. These progress reports should include any actions needed before or during the visit.
- In the event of an unannounced visit 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 on [REDACTED]
- Coordination of the visit.
- On receipt of the feedback report following the external visit, 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 is 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.

2.3.5. On-Call Manager

In the event of an un-announced visit 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 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. DEFINITIONS

3.1. External agency

An external agency is any organisation that is not part of Essex Partnership University 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 (ECTAS), 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, HSE 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 regulatory body 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.

The types of CQC inspections are as followed:-

- **Core service with Well-Led inspection** - These are annual reviews and involve inspecting against the five key questions of Safe, Effective, Caring, Responsive and Well Led in at least one core service, followed by an inspection of how well-led a provider is. The number of services that are inspected will therefore vary for each organisation. The inspection of the well-led key question at trust level will follow the core service(s) inspection.
- **Comprehensive Inspection** A comprehensive inspection is when the CQC inspect all core services against all five key questions for each core service followed by an inspection of how well-led a provider is. The visit is announced and will usually last between one and four days. There will also be an unannounced visit(s) following the

main announced inspection. This may be during the day or out of normal working hours.

- **Focused Inspection** focused inspection are undertaken when the CQC need to respond to information about a concern or to follow up on the findings of a previous inspection. The inspection doesn't always look at all five key questions, but is focused on specific areas of concern. Focused inspections will normally be unannounced.

3.6. Approved Visitors

Approved Visitors are 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.

3.7. Public areas

Public areas are any location in the Trust that is accessible to the general public and does not have secure entry. This would include reception areas, catering areas etc.

3.8. 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 entry or requires a member of staff to gain entry.

4. 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 reviewed for compliance every 3 years. The review 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 review will be presented to the appropriate Committee to agree actions where necessary.

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

5. REFERENCES

Department of Health 2016 Audit Committee Handbook
Board Assurance: A toolkit for health sector organisations (2015)
Department of Health Fundamental Standards and CQC Key Lines Of Enquiry (KLOE's)
NHS Employers Local Policy Key Considerations (2016)
Themes and Lessons Learnt from the Jimmy Savile investigation: Kate Lampard (2015)

END

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