

Standard Operational Procedure 2 (SOP 2)

Management of a Draft External Inspection Report

Why we have a procedure?

Any external inspection visit report (CQC, CCG, WMQRS for example) will be sent to the Trust to review for factual accuracy. It is important that once received into the trust the report is sent to the required staff in a timely manner to review for factual accuracy. Any draft report, must not at this stage, be circulated widely.

What overarching policy the procedure links to?

Inspections and Visits by External Organisations Policy

Which services of the trust does this apply to? **Where** is it in operation?

Any service who have been subject to an external inspection / review.

Group	Inpatients	Community	Locations
Mental Health Services	✓	✓	all
Learning Disabilities Services	✓	✓	all
Children and Young People Services	x	✓	all

Who does the procedure apply to?

This will be dependent on the report. In the first instance it will be sent to the inspection lead to review who is required to review for factual accuracy.

When should the procedure be applied?

Immediately once the report is received into the trust. Most external organisations set a timeframe for the trust to respond, for example:

- **CQC - Factual accuracy check**
When providers receive a copy of the draft report (which will include their ratings), they are invited to provide feedback on its factual accuracy. They can challenge the accuracy and completeness of the evidence on which the ratings are based. Any factual accuracy comments that are upheld may result in a change to one or more rating. Providers have 10 working days to review draft reports for factual accuracy and submit their comments to CQC.
- **CQC - Warning notice representations**
If CQC serves a Warning Notice, it gives providers the opportunity to make representations about the matters in the Notice. The content of the Notice will be informed by evidence about the breach, which is in the inspection report. This evidence will sometimes have also contributed to decisions about ratings.

Therefore, as with the factual accuracy check, representations that are upheld that also have an impact on ratings may result in relevant ratings being amended.

How to carry out this procedure

When a draft external inspection report is received into the trust, a conference call will be set up as soon as possible for the key service leads to decide who will need to review for factual accuracy.

The report will then be emailed to the identified individual(s) with a clear timeline for completion and who to return the report to.

A copy of this SOP will accompany the draft report

If a template has been provided to capture changes, this will be sent to the identified individual(s) if not, the template attached to this SOP must be used.

If the report is complex, covering multiple areas (CQC), then further conference calls maybe required to regroup and review.

Where do I go for further advice or information?

- GAU compliance team – Tel:8064
- Associate Director for Quality and Governance – Tel: 8076

Training

No specific training is required.

Monitoring/ Review of this Procedure

This will take place annually / after factual accuracy review has taken place, capturing lessons learned.

Equality Impact Assessment

Not required

Standard Operating Procedure Details

Unique Identifier for this SOP is	BCPFT-GOV-SOP-03-2
State if SOP is New or Revised	New
Policy Category	Governance
Executive Director whose portfolio this SOP comes under	Executive Director of Nursing, AHPs and Governance
Policy Lead/Author Job titles only	Associate Director Quality and Governance
Committee/Group Responsible for Approval of this SOP	Quality and Safety Steering Group
Month/year consultation process completed	n/a
Month/year SOP was approved	January 2016
Next review due	February 2019
Disclosure Status	'B' can be disclosed to patients and the public

Review and Amendment History

Version	Date	Description of Change
1.0	Feb 2016	New SOP for BCPFT