



London Ambulance Service **NHS**
NHS Trust

**Process for responding to external recommendations specific to the
London Ambulance Service NHS Trusts**

DOCUMENT PROFILE and CONTROL.

Purpose of the document: is to set out the process for responding to the recommendations and requirements arising from external agency visits, inspections and accreditations.

Sponsor Department: Governance Development Unit

Author/Reviewer: Head of Governance. To be reviewed by Sep 2011.

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
24/09/08	2.0	Head of Governance	Monitoring
31/07/07	1.0	Head of Governance	

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

For Approval By:	Date Approved	Version
SMG	06/10/08	2.0
Ratified by:		

Published on:	Date	By	Dept
The Pulse	07/10/08	Records Manager	GDU
Website	11/03/10	Records Manager	GDU

Links to Related documents or references providing additional information		
Ref. No.	Title	Version
TP035	Risk reporting and assessment Procedure	
TP005	Risk Management Policy	
LA167	Risk Assessment Form	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

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1. Introduction

This document sets out the process for responding to the recommendations and requirements arising from external agency visits, inspections and accreditations. It may be revised as new external agencies, inspections, and accreditations are developed or existing arrangements are changed.

2. Coordinating and reporting on reviews of the London Ambulance Service NHS Trust

In the event of an external agency reviewing the Trust's arrangements the Director responsible for that area of the Trust's service delivery will be accountable for nominating a senior manager to coordinate the Trust's arrangements with the Agency for the Review to be undertaken. The Chief Executive officer will agree the nomination and inform the Senior Management Group within 24 hours of receiving notification of the review.

The Senior Manager will be responsible for providing routine updates to members of the Senior Management Group as they require, including interim reports containing information on compliance, non-compliance and alerts to major areas of concern that require immediate executive action.

3. Review Dates

A schedule of review dates will be coordinated by the Chief Executive's office and included in the appropriate routine Senior Management Group Agenda, so that directors can ensure that nominations are made and other arrangements put in place, i.e. evidence gathered including Trust's current policy and procedural documents.

4. Maintaining action plans to implement recommendations made as a result of reviews

The nominated Senior Manager who has been appointed to oversee the Trust's arrangements for reviews by external agencies will agree with the member of SMG, who is accountable for producing the action plan to implement any recommendations made by external agencies.

The action plan will be produced with time-limited actions to be undertaken by identified senior managers. Progress with implementation of it will be reported as part of the Balanced Scorecard internally to the Senior Management Group. Updates with the progress of the action plan will be provided to the external agency(s) subject to agreement by the Director accountable.

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5. Ensuring that the organisation-wide Risk Register is populated with risks identified in reviews

When feedback from reviews by external agencies is received, the nominated senior manager appointed for the purpose described in 4 above, will analyse it to identify any potential risks and complete the appropriate risk form (LA167) in accordance with the guidance set out in the Risk reporting and assessment Procedure (TP035). Any risk will then be considered by the membership of the Risk Compliance and Assurance Group for admission onto the Trust’s Risk Register and subsequent monitoring by the appropriate committee or group as set out in the Trust’s Risk Management Policy (TP005).

6. Monitoring effectiveness of the above process

The effectiveness of this process will be reviewed quarterly (or more often if deemed necessary by the Chief Executive or nominated Executive Director), as part of the Senior Management Group’s routine consideration of the outcome of reviews of the Trust undertaken by external agencies.

Measures will include;

- Compliance with requirements identified through self assessment/audit and subsequent re-inspection.
- Achieving timescales for implementing changes agreed in action plans.
- Improved severity (usually risk ratings arrived at using the trust’s risk management matrix asset out in the trust’s risk reporting and assessment procedure) ratings and effectiveness of controls detailed in the risk register.

IMPLEMENTATION PLAN	
Intended Audience	All LAS staff
Dissemination	Available to all staff on the Pulse
Communications	Revised Procedure to be announced in the RIB and a link provided to the document
Training	
Monitoring	See 6.