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# Special Reviews

A guide to undertaking a special review

November 2014

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# 1. Introduction

- 1.1 We undertake special reviews of organisations at the request of the organisation itself or we can also bid to undertake the work in response to an invitation to tender. We generally undertake special reviews because we consider that we have the expertise to do the work and will gain learning from it which we can use to improve practices in health and social care regulation in the UK.
- 1.2 This document provides a basic guide on how to:
- Consider whether to undertake a review
  - Plan and prepare for a review
  - Undertake the review
  - Publish the review.

# 2. Dealing with a request for a review

## On receipt of a request

- 2.1 A request for a review is usually submitted to the Chief Executive of the Authority but it can be sent to any staff member. The Chief Executive/staff member will acknowledge the request. The Chief Executive will consider with, if necessary, the relevant staff member or Director whether we should undertake the review. The matters to be considered will include:
- *The scope of the review:* do we have the expertise? Would we need to collaborate with another organisation or individual(s) to undertake the work? Is it within our remit? What learning would we gain from carrying out the review and how could we use that learning to inform our day to day work and that of the regulators that we oversee? What is the organisation's purpose for asking for this review and how we will need to take account of this?
  - *Resources:* do we have the resources to undertake the review? Would we need to backfill any roles? Do we have the resources available with the right skills? Do we need to use any external resources with particular expertise?
  - *The timeframe:* is the timeframe suggested by the organisation realistic and achievable? Is it possible to suggest an alternative timeframe?
  - *Costs:* how much would we need to charge the organisation in order to do this work? How will the income from the work be divided between us and any collaborators? At what stage(s) will it be received? How should we structure payment to ensure that if the organisation defaults, we will not be left significantly out of pocket in terms of time already spent? How should our assessment of costs take account of the benefit that we and the regulators derive in terms of the performance of our functions from undertaking this work.

2.2 At the end of this initial consideration, we will have made a decision that we should or should not give the request further thought. At this stage, the Chief Executive will identify who will carry out the remaining preparatory work for the review as set out in this section of the guide. It should not be assumed that the person who carries out the preparatory work will undertake the review itself.

### **An initial draft project plan**

2.3 In order to identify more clearly the resources we will need, and to calculate the costs, the person charged with undertaking the initial preparatory work will need to prepare a draft project plan. The initial project plan should:

- identify the outcome of the review
- identify how we will achieve the outcome of the review including the basic structure of both the review and the performance framework to be used<sup>1</sup> and whether the review could be desk based and/or whether a site visit(s) would be required
- include a basic project schedule
- include details of the amount of resource (in house and external) needed to complete the review
- identify the anticipated costs
- identify the potential risks and mitigating actions
- identify how relationships will be managed during the review ie regular written updates or telephone calls.

2.4 The project plan should be reviewed by the Chief Executive/relevant Director before being finalised and shared with the organisation under review and again prior to the Authority signing a contract to undertake the work. A template for the initial project plan can be found here: [Project plan template.docx](#)

### *Provisional identification of resources*

2.5 In order to provisionally identify the resources we will need for the review, the Chief Executive and/or the Director(s) will need to first:

- Identify who has the right skills and expertise (or could have if a discrete training need is met or they are provided with mentoring)
- Consider any requests from the organisation for specific members of staff to work on the review.
- Confirm that the individual attended the international taskforce training
- Confirm that individuals would be willing in principle to participate

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<sup>1</sup> For example, would it be best to use the Standards of Good Regulation, the Casework Framework or a combination of both. Or alternatively, could we use our policy advice on what equates to good governance (for example, Fit and Proper Governance in the Public Interest <http://www.professionalstandards.org.uk/docs/scrutiny-quality/130307-fit-and-proper-governance-in-the-public-interest.pdf?sfvrsn=0>) as a framework for assessing performance. The choice of performance framework will depend on the subject matter and purpose of the review.

- Confirm with the individual's line manager and (if different) the relevant Director whether they can be spared from their role during the relevant period.
- 2.6 If as a result of the above consideration, there are more suitable individuals than positions to work on the review then there will be an open appointments competition. This competition will be managed by the Directors Group.
- 2.7 Once individuals are selected, the individual's line manager and (if different) the relevant Director will consider whether it would be necessary to backfill their role or whether the member of staff will still be required to undertake some/all of the role and if so how will this be managed.
- 2.8 If external resource(s) is required, consideration should be given to who has any relevant expertise that we cannot provide in house (either because of lack of availability of Authority staff, or because we do not have the specific expertise in-house). The person undertaking the initial preparatory work will also need to think about the appropriate procurement approach to securing external resource, in discussion with the Director of Governance and Operations. We will also need to consider how we contract with any external resource, what liability we have for their actions and whether any form of insurance is required to cover their involvement in the work. The Chief Executive/relevant Director and the Director of Governance and Operations will need to be involved in these discussions alongside the person undertaking the preparatory work.

#### *Calculation of costs*

- 2.9 The person undertaking the initial preparatory work will need to calculate the overall charge for the review. The overall charge for a review depends on the amount of work to be undertaken including the preparatory work, the number of staff involved (internal and external), whether it is desk based or requires site visit(s) and whether specialist or legal advice will be required. If site visits are involved the costs will increase as travel and accommodation costs (including staff's time to travel) also need to be covered by the organisation requesting the review. We have daily rates for staff and for the Chief Executive (the Chief Executive usually has oversight of these reviews). We also take account of the learning that we will gain from the review when we calculate the costs, how we do this should be discussed with the Chief Executive, Director of Governance and the finance team.
- 2.10 The Director of Governance/the finance team should be involved in calculating the costs of the review and the charge should be based on the initial draft project plan as well as the time and resource used to undertake the initial preparatory work. It is important to remember that costs should be agreed in pounds sterling when the organisation to be reviewed is outside of the UK. The conversion rate to be used should be agreed with the finance team. We should bear in mind that the conversion rate can change and that there will be handling costs associated with these transactions.
- 2.11 The costs calculation will need to be reviewed by the relevant Director, Chief Executive and the Director of Governance and Operations before we sign the contract with the organisation to ensure that it is up to date.

## **Negotiations with the organisation**

- 2.12 Once the initial project plan has been prepared, the Chief Executive and the Director from the team who will undertake the review will contact the organisation who has made the request. Generally, the purpose of this contact (which may take various forms including emails, face to face meetings, skype and telephone calls and need to take place over a period of time) is to negotiate and agree with the organisation requesting the review both the scope of the review and the associated costs. It is important at this stage, that administrative matters such as a payment structure (by when payments should be made), the reporting structure (when reports will be shared and made publicly available and how often updates will be given and by whom) and arrangements for information governance (what data we will have access to, when we will be given access to it, in what format and what will be available only on site or at all times) are agreed. This avoids any unnecessary confusion or mismatched expectations at the latter stage of the process when much of the work has already been undertaken. The organisation in question should be clear that we will publish our final report and that we will not necessarily be able to agree to every change they might wish us to make to it. This message should also be clearly conveyed to any organisation or individual that we collaborate with on the review. We should also ensure that the organisation to be reviewed is clear about what our review will and conversely will not achieve for them.
- 2.13 Once a provisional agreement is in place, the project plan and the costs calculation will need to be reviewed by the person undertaking the initial preparatory work, the Chief Executive and the relevant Director to ensure that it reflects the current view of the work. Once, the plan and costs have been agreed internally, then a written contract will need to be signed by both parties. A contract will also need to be agreed between the Authority and any external organisation or individual who is contributing to the work. Responsibility for the production and signing of the contract will lie with the Chief Executive/relevant Director.

## **Record keeping**

- 2.14 A folder should be set up on either the H or K drive depending on whether it is the Scrutiny and Quality or the Standards and Policy Team managing the review.
- 2.15 It is the responsibility of those working on the review to ensure that all correspondence and documentation associated with the review are saved into that folder throughout the lifetime of the review. These should be saved contemporaneously so that we have a complete audit trail at all times. The correspondence and documentation should be saved, stored and disposed of in line with our information governance policies. All meetings and telephone calls with the organisation being reviewed at all stages of the process should be noted, and the records saved.
- 2.16 The review lead should monitor the time spent on the review throughout its lifetime and this should be recorded and communicated to the finance team on a monthly basis (time spent by external resources should also be included). This should help us to keep within the agreed costs and timeframe for the review. If there is a risk that the review will not be completed within the agreed time and costs calculation, this should be

discussed with the Chief Executive, the relevant Director and the Director of Governance promptly.

### **Risk management**

- 2.17 It is important to be mindful of the risks to the review not being completed on time and within budget. It is the review lead's responsibility to identify during the initial preparatory work the potential categories of risk and the mitigating action we would need to take to prevent these risks occurring. For example, a risk could be that the organisation under review delays sharing documentation with the Authority which results in the timeframe no longer being realistic. To prevent this from occurring, we could make clear in all our correspondence and signed agreements with the organisation the consequences of any delays on its part in terms of timeframe and costs.
- 2.18 Depending on the outcome of this preparatory work, the Chief Executive will decide whether a formal risk log should be created and maintained throughout the review. If such a log is required, the following template could be used [Risk log template.docx](#) and updated as necessary throughout the review. At this point, the review lead would also need to set out clearly what risks would be escalated to the Chief Executive/the relevant Director immediately and this risk escalation process would need to be agreed with the Chief Executive/the relevant Director.

## **3. Tendering for a review**

- 3.1 In some circumstances, the Authority will respond to a published tender for a piece of work as part of a competitive process.
- 3.2 It is essential that once this decision has been taken, the person with responsibility for ensuring that a tender is submitted by the deadline is familiar with the process and timescale of the tender process. It is absolutely essential to plan to meet the deadline, since these can rarely be extended. There is often a website onto which you must register and set up a profile or account before you can access the tender documents and submit a proposal.
- 3.3 The tender process will usually require the completion of paper work setting out the Authority's qualifications for completing the piece of work against a set of criteria, rather like completing a job application form. It will also require a proposal on costs. There may be the opportunity to submit questions if anything is unclear. The process for agreeing the final version of the tender documentation to be submitted will differ depending on exactly which Authority staff are involved, but the Chief Executive will usually do the final sign off. This being the case, it is important to ensure his availability to review the draft final version in time for submission by the deadline.
- 3.4 Once a tender has been put forward, if successful there will usually be a second stage which may involve an interview or further written questions.
- 3.5 If successful at the second stage, and the Authority is informed that it is the 'preferred bidder', there may well be a renegotiation of certain areas of the proposed timescale or costs. This can require the documentation to be redrafted, and the costs to be recalculated, at short notice.



- 3.6 If this negotiation is successful and the process proceeds to the offer of a contract, a decision needs to be taken on a case by case basis as to whether an external scrutiny of the proposed contract is needed. (ie by our lawyers).

## 4. Planning and preparing for a review

### Early discussions with the organisation under review

- 4.1 As a first step those undertaking the review should ensure that they have a clear understanding about what the organisation to be reviewed wants to achieve from this work (this will have been discussed before the contract was signed). The purpose of the review from the organisation's perspective has implications for the tone and approach of our review and it also helps us to understand how potentially the organisation's staff will feel towards it and the issues that this may cause us.
- 4.2 In addition to this, the review lead and the organisation under review should discuss and reach an agreement about the key points of contact both within the Authority and within the organisation under review. These points of contact will act as both liaison and administrative officers. Tasks that these officers will undertake will include planning, the management of information requests and the organisation of site visits including how time will be spent on site. In order to achieve a smooth review process, it is important both officers understand their roles and responsibilities.
- 4.3 Another task that should be completed at this stage is that those involved in the review from the Authority should read and sign the Code of Conduct for Special Reviews ([H:\Performance Review\Special Review methodology\1407115 Code of Conduct \(for special reviews\) UPDATED.docx](H:\Performance Review\Special Review methodology\1407115 Code of Conduct (for special reviews) UPDATED.docx)) The signed copies should scanned and saved into the review folder. The Code of Conduct sets out the Authority's expectations of staff in terms of their behaviour and actions whilst undertaking the review. It is the review lead's responsibility to ensure that this is completed.
- 4.4 If we are also working with an external organisation/individual the review lead will need to liaise with them to confirm their responsibilities in the review, the timeframe for the delivery of their work, the arrangements for communicating/sharing information and the risk escalation process.

### Preparatory reading and analysis

- 4.5 When preparing to undertake the review, the review lead should first identify whether anyone within the organisation already has a working knowledge of the organisation under review or the context that they work in and arrange to meet with them and share knowledge.
- 4.6 It is also essential that preparatory reading and analysis is carried out by those involved in the review (and particularly the person leading the review) so that there is a clear understanding about matters such as:
- The context in which the organisation under review is working. For example, the political situation should be considered, are there national concerns about the health or social care regulatory sector which would affect the regulator's thinking on matters? Is there a constitution or case law that may influence the role of the regulator?



- The organisation's place within the health sector and the regulatory sector and what the implications are for its role and responsibilities. For example, is the organisation the final arbiter for all fitness to practise decisions or are there other associated organisations that have a role and responsibilities in this area.
- The organisation's legislative framework and the benefits and difficulties it may bring as well as how it differs to the UK regulatory framework.
- The organisation's processes, policies, decision-making structures and governance and how it performs within this context.
- The way that delivery of the different regulatory functions is organised within that specific jurisdiction.

4.7 It is important that the review lead checks with the organisation under review our understanding of the matters listed above. In particular, time should be spent ensuring and agreeing our understanding of key terms used by the organisation under review. For example, the Authority and the organisation may both use the term 'complaint' but our understanding of those terms may be different; whereas in the UK this term might be used as shorthand for a referral to fitness to practise, the organisation in question may offer a complaints service which offers redress to the complainant. The same can be said of ensuring and agreeing our understanding of the organisation's decision-making processes. For example, the organisation may have a risk assessment process which enables an interim order to be imposed, however, how it does this risk assessment, when it does it, who does it and the outcome of this assessment may not correspond to our expectation of how it would work.

### **Performance Framework**

- 4.8 Whilst there will have been an agreement to the basic performance framework to be used prior to the contracts being signed by both organisations, further work will be needed at this stage to develop a detailed framework. This work will be the responsibility of the review lead.
- 4.9 It may be the case that our performance frameworks can be used without any changes being made to them. However, this is not generally the case. It is possible to adapt the frameworks to fit the organisation's circumstances. However, when making any changes to the frameworks we need to ensure that they remain focused on what good performance looks like rather than just mirroring the organisation's own processes, functions etc. For example, when looking at the length of time taken to process an application for registration, the standard should not simply be the current length of time that the organisation takes but rather what the Authority considers to be reasonable, taking appropriate account of any local factors<sup>2</sup>.
- 4.10 The proposed performance framework(s) should be reviewed and agreed by the Chief Executive/relevant Director prior to them being sent to the organisation under review. Once agreed internally, the proposed performance framework(s) should be sent to the organisation for review, and they should be given an opportunity to comment on it/them in terms of

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<sup>2</sup> It may be useful to look at comparator organisations within that sector and country when considering this issue.

accuracy and reasonableness. An audit trail of the changes agreed and the reasons for the changes being agreed or not should be kept. An agreement should be reached on the framework(s) before work commences on the actual review.

### How should we carry out the review

4.11 Whilst there will have been an initial agreement as to what methods we would use to carry out the review, at this point the review lead should re-examine our initial thoughts to see whether in light of our further reading and confirmation of performance framework that will be used our methodology is still suitable. Questions to be borne in mind by the review lead are:

- Are we meeting with the right post-holders within the organisation?
- Should we meet with external stakeholders or do we need to capture their views in another way?
- Do we need to observe key meetings eg Board meetings, fitness to practise hearings, registration appeals?
- Do we and the third party organisation/individual we are working with have the same expectations in terms of delivery?
- Have we requested access to all the relevant material?

4.12 If at this stage it appears that our time, resource or costs calculation is significantly different to that we have previously identified and agreed with the organisation under review, the review lead will need to promptly meet with the Chief Executive/relevant Director to discuss what action should/can be taken.

### The project schedule

4.13 The final stage in the preliminary planning process is to develop a detailed final project schedule for the main part of the review. When undertaking this task we need to be mindful of the time commitment we have agreed (particularly in relation to the agreed costs of the review which should not be exceeded), the resources available and their availability and what needs to be achieved. The project schedule should clearly set out what tasks will be completed in what timeframe and who will do each of them. It should also include the schedule for financial payments and the triggers for those payments. An example of a project schedule can be found here [Project schedule template.docx](#) (although other templates could be used). The review lead should use this document to monitor progress and to help them identify any emerging risks throughout the review's lifetime.

## 5. Undertaking the review

5.1 As each review will be different, this section of the guidance directs staff to the documentation already available about how to undertake performance reviews, audits, scrutiny of appointment processes and cost effectiveness reviews. Staff will need to be able to adjust the approach we already take to suit the circumstances of the review.

- *Performance Review* – the Standards, process, guidance and templates that we use can be found here: <H:\Performance Review\Methodology>
- *Audits of initial decisions of the fitness to practise process* – the internal staff guidance on how to conduct an audit can be found here <S:\Section 29\S&Q Procedure manual\Audit manual\140312 Audit process internal staff guide final draft for checking.docx> and the published casework framework and audit process can be found here <S:\Audit\Forms and publications\Final versions> and the templates used by the audit team here: <S:\Audit\Forms and publications>
- *Reviews of final fitness to practise decisions* – the Section 29 procedure manual can be found here <S:\Section 29\S&Q Procedure manual>
- *Scrutiny of appointments to Boards* – guidance documents on how to scrutinise an appointments process can be found here: <J:\Published documents> and an internal guide on how to carry out such scrutiny here: <J:\Process & practice guidance work\s25C SOPs>
- *Meetings with staff/Board members/external stakeholders* – we should be clear with the person we are meeting either in advance or at the start of the meeting as to:
  - The purpose of the meeting
  - How the information that they provide will be used
  - Whether the information they provide will be attributed to them
  - Whether the information they provide could be disclosed under the relevant information access legislation (in the UK and where the organisation is based)
  - The fact that we cannot take account of things that are told to us ‘off the record’
  - Whether the meeting will take place on or off site and how it will be managed
  - Whether there will be a note of the meeting and if it will be shared with them for comment or noting.
- *Observations of meetings* – templates that the AR team use when carrying out our scrutiny of board meetings and fitness to practise hearings can be found here <H:\Performance Review\Special Review methodology\Observation templates>
- *Cost effectiveness and efficiency* – The Centre for Health Service Economics Organisation has developed with the Authority a methodology specifically for assessing the cost-effectiveness and efficiency of professional regulatory arrangements. It reported on the relative cost-effectiveness and efficiency of the nine UK regulators in November 2012: <http://www.professionalstandards.org.uk/library/document-detail?id=5c7ffe06-95cf-4284-8a56-f3c6a4d300e6>.

## On site visits

5.2 If we need to spend some time on site at the organisation, we need to ensure the following matters are in place to ensure that our time is spent efficiently and effectively. It is the review lead's responsibility to ensure that:

- We have access to IT support both at the Authority and the organisation under review (bearing in mind any potential time differences).
- We have at least one room available for our sole use to both review documentation and where necessary to meet with people (particularly if those to be met do not have their own offices)
- A representative from the organisation is available to help with our orientation and to deal with any ad hoc requests we have whilst on site.
- We have access to all relevant paper and electronic files and relevant policies and procedures. We should have a clear understanding of the organisation's expectations in terms of protecting the data that we are given access to. We should be mindful that different jurisdictions will have different expectations around data management and we should ensure that we comply with the relevant framework. We should ensure that we have signed a confidentiality agreement, if appropriate.
- We have access to all relevant personnel. The organisation under review should have set out clearly to those individuals what the expectations are in terms of their participation.
- The organisation under review has a clear understanding that any updates provided during the on site visit will only be about the status of the review rather than the findings. This should avoid any false expectations being raised about our final report findings. The review lead should organise a wrap up meeting at the end of the site visit at which we will set out the next steps we will take and at which we will thank them and their staff for their time and assistance.
- We know the organisation's working hours and ensure that we work within them. In particular, we should know whether there are any public bank holidays or days on which the office will be closed during the period that we are planning to be on the organisation's premises
- We suggest a form of words that the organisation can circulate to its staff/board/stakeholders in advance about our visit. This should explain who we are, and what we are there to do.

## Staff conduct

5.3 Staff should behave professionally, politely and in accordance with both our policies on behaviour and our code of conduct at all times during the review. This includes when on site and at any events held outside of working hours by the organisation under review. Staff should also be appropriately and smartly dressed at all times. It is essential to our credibility that we portray a professional image at all times. You must consider yourself an ambassador for the Authority when carrying out such work.

5.4 Staff should be mindful of any cultural differences when working on site and should ensure that they are respectful of them eg by considering their attire or how they behave both inside and outside of the working environment.

- 5.5 Staff should also ensure that they have appropriate travel insurance during the time of their on-site visit. In the event of illness during the on site visit, the member of staff should notify all those involved with the review as well as their line manager and where necessary the provider of the travel insurance.

### **Information governance**

- 5.6 All those involved with the review should ensure that they comply with the Authority's internal information security policies and that any information security breaches are reported to our SIRO (the Chief Executive).
- 5.7 Where it is not possible to comply with our internal information security policies, any 'workarounds' should be agreed in writing by the SIRO and reported to the Governance and Compliance Manager.
- 5.8 Review team members should be particularly vigilant in ensuring that any handwritten notes taken as part of the review are securely transported and disposed of at our office (in circumstances where they cannot be either scanned or transcribed onto our systems). Review team members who wish to make handwritten notes should use a bound notebook, as opposed to loose papers or post it notes.
- 5.9 If in doubt about whether an information security breach has occurred; immediate advice should be sought from the review lead or the Governance and Compliance Manager or a member of the senior management team. Our guidance document on security of information can be accessed at [\\CHREDATA1\Global\Information Policy & Legislation\Information Governance\Our Information Governance Policies\Sept 2013 Policy Reviews\Guidance on the reporting of data breaches.](#)
- 5.10 The review lead should monitor staff attendance and hours and should record this information. This will help ensure that we monitor the time we spent on site for the review and enable us to keep within the agreed costs and timeframe for the review. This information also needs to be fed back to the finance team as outlined earlier in the document.

### **What should you do if you are approached by a whistleblower?**

- 5.11 If you are approached by someone either during the on site visit or throughout the lifetime of the review who states that they would like to contribute to the review as a whistleblower, you must immediately seek advice from the Chief Executive. We would need to check our legal position in relation to the whistleblower before engaging any further with them.
- 5.12 You must also advise the whistleblower to seek advice as to their rights and protections. If the organisation under review is based in the UK, advice can be sought from Public Concern at Work. If the organisation is outside of the UK, we should advise the whistleblower to contact a trade union, a lawyer or, if there is one in their country, an organisation that specialises in advising whistleblowers.
- 5.13 We should also be clear to the whistleblower that whilst we would try to keep the person's identity confidential, it is in some cases impossible to take action on the concern without the open testimony of a whistleblower. We would though endeavour to ensure that any documents or reports which we disclosed did not contain the whistleblower's personal information unless they had consented or there was a legal obligation to do so.

Therefore, they must consider whether they are content to make the disclosure on this basis. Where the whistleblower does not consent to their concerns being shared even in an anonymised form we would not take the matter forward.

5.14 If following advice obtained from both parties, there is an agreement that we would receive a disclosure from a whistleblower, then we would:

- Bring the matter to the attention of the Chief Executive/Chair of the organisation and seek their views
- Discuss with the Chief Executive/Chair of the organisation under review how this matter should be investigated and if we have a role in this investigation or would be privy to its findings
- Discuss with the Chief Executive/Chair of the organisation under review what impact this whistleblowing has on our review
- Confirm with the Chief Executive/ Chair of the organisation under review that the matter will be included in our published report.

5.15 The whistleblower and the organisation under review should be kept informed of developments at all times.

## 6. Reporting on the review

### Internal discussions

6.1 Before work begins on the report, it is important that the review lead discusses their proposed findings with the Chief Executive/relevant Director this is to ensure that all involved have a clear understanding of the messages that are to be contained in the report whether interim or final.

### Interim report

6.2 If necessary, and agreed at the outset, we can produce an interim report which details the findings of the review so far. Careful consideration will need to be given to whether we produce an interim report. For example, an interim report is unlikely to be useful if our review is looking at the handling of fitness to practise cases as it is not possible to draw conclusions until we have completed the review.

6.3 If the review lead produces an interim report it should be evidence based and should detail

- The background to the review ie when the request was made and the purpose of the review
- Our progress so far against the project schedule, highlighting any risks and what mitigation we have put in place against them
- A brief summary of the methodology used, the documentation we reviewed and the post-holders/organisations we have spoken to so far
- The evidence gathered so far
- Our findings so far, if appropriate
- Our suggestions for the next stage of the work, including options if appropriate



- If necessary, any thoughts on whether any part of the review should be refocused.
- 6.4 The next steps for producing the final report should be in line with paragraphs 6.4 to 7.3 below.

### **Final report**

- 6.5 Once the information gathering and analysis stage is over, work should begin on drafting the report. The draft report should be evidence based and should detail:
- The executive summary
  - The background to the review ie when the request was made and the purpose of the review
  - The methodology used
  - The documentation we reviewed and the post-holders/organisations we spoke to
  - The evidence we gathered
  - Our findings
  - Our recommendations
- 6.6 An external report template can be found at H:\Forms & Templates\Professional Standards Authority Corporate Branding materials\Templates for in-house use. The report should be drafted in accordance with the Authority's house style and should incorporate the standard introduction and paragraphs and key headings. See H:\Forms & Templates\Professional Standards Authority Corporate Branding materials\The Style Guide.
- 6.7 Once drafted by the review lead, the report will need to be quality assured by the Chief Executive/relevant Director before being sent to the organisation under review. Once approved by the Chief Executive/relevant Director, the draft report should be sent to the organisation under review in with instructions about confidentiality. The organisation will then be given a timeframe in which it should provide its comments on the factual accuracy of the report. The organisation should suggest any changes using track changes and comment boxes, so that we can clearly see what it has proposed.
- 6.8 Once the comments from the organisation are received, the review lead will consider any comments made and, if necessary, seek further clarification from the organisation or make changes to the report. A record should be kept of this review and any decisions to make or not to make changes to the report and these should be fed back to the organisation under review. This task should be carried out under the oversight of the Chief Executive/relevant Director. This process may occur more than once and may require teleconferences with the organisation being reviewed at which the requests for changes can be explored in more depth.
- 6.9 Once the report has been finalised, arrangements should be made for it to be proof read and for its compliance with our style guide to be checked. The review lead will send the final report to the organisation and agree the date



on which we will both publish the report. The review lead should also ask the organisation under review if they intend to press release the report so we can be prepared for any possible media enquiries.

- 6.10 It may have been agreed that the report's key findings would be presented to the organisation before it is published. If this is the case, the review lead will need to factor this into the timeframe for publication and agreement will need to be reached as to who presents the findings (if this was not agreed during contract negotiations) and what findings will be presented.

## 7. Publication of the review

- 7.1 The review lead should request a letter from the organisation in which it confirms that it is happy for us to publish the report. Once received and after the embargo has expired, the final report is ready for publication. The review lead should save a separate, final PDF version of the report in the relevant folder.
- 7.2 The review lead should then publish that version of the report on the appropriate website page. An explanatory text will also need to be provided by the review lead and approved by the Chief Executive/relevant Director. The text will be based on the findings of the review and an indication should be given of why the health and care regulators may find it useful to review the report.
- 7.3 The review lead should then email a link to the report and some explanatory text to:
- The organisation which was reviewed
  - The Chief Executives of the health and care regulators
  - All staff and the Board.

## 8. Complaints

- 8.1 If a complaint is received about our approach to the review or the findings of the review, this will be dealt with under our 'complaints about us' policy in the normal manner.