

QUALITY REVIEW PROCESS: GUIDE FOR STAFF

Version: 3

April 2017

Version Number	Date	Amendments
V1	25.10.2013	
V1.1	13.01.2014	Section 20, Appendix 4 & 5. People to meet with the visiting team should only be allocated to one meeting
V1.1	28.01.14	Additional information about post visit action following Programme Board Meeting 23.01.14 Amendment to IoM Lead contact title Remit of WMQRS work to review against standards of care in England.
V1.2	03.07.15	Amendment to section 25 re involvement of Trust staff in the patient and carer meeting. Updating the Isle of Man Government coat of arms
V2	23.11.15	Added footnote and included reference to latest NHS England guidance on Serious Incidents. Amended paragraph on responsibility for action Amended WMQRS contact details Preparation of evidence amended to include access to electronic information and other key information. Reviewer Agreement WMQRS Review and Learning
V3	11.04.17	Updated Replaced IoM Programme Board with Department of Health and Social Care. Section 10- d inclusion of patient questionnaires Amendment to section 45 to include preparation for review training

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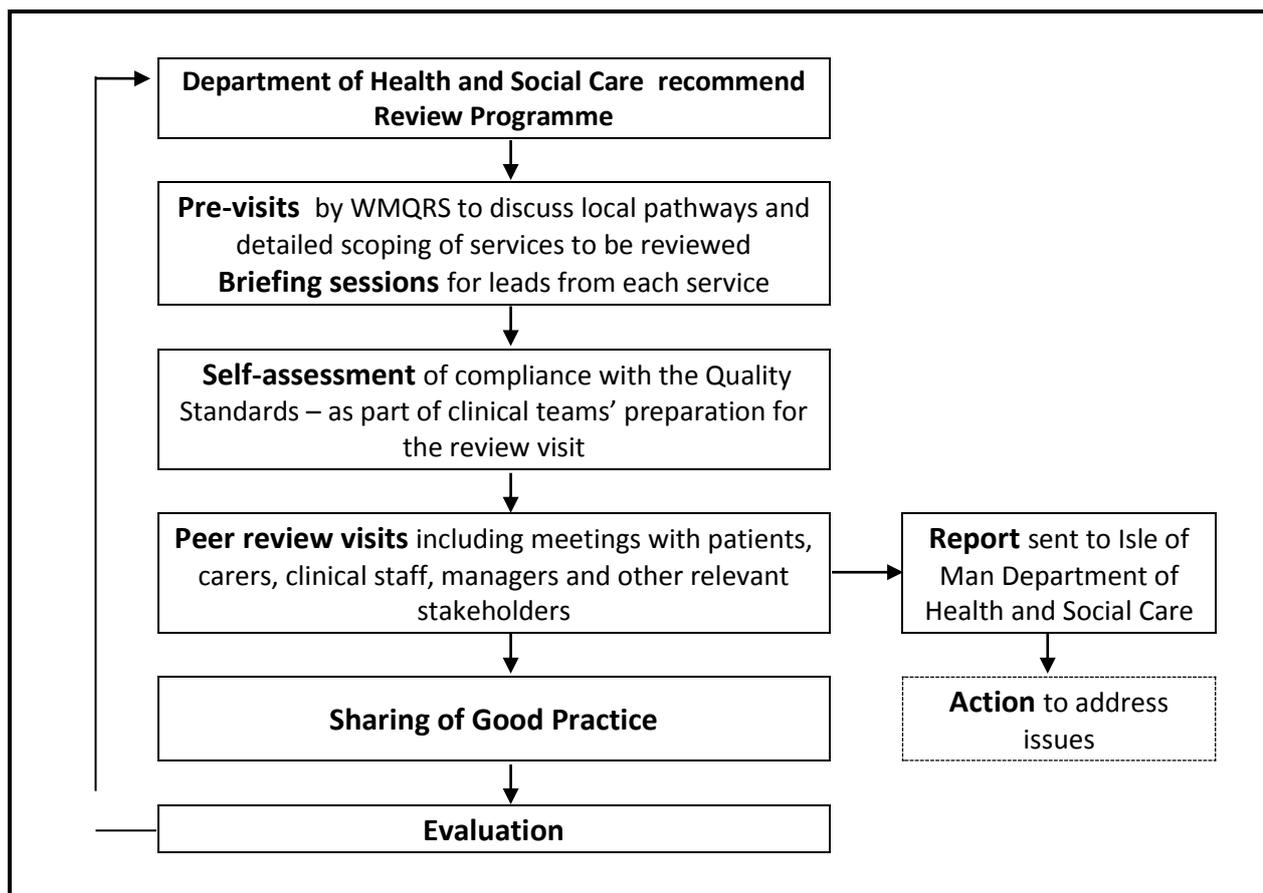
BACKGROUND

- 1 The Isle of Man Department of Health and Social Care has invited the West Midlands Quality Review Service (WMQRS) to undertake a rolling programme of external quality assurance of its health services. This paper outlines the way in which this programme will be organised. The review process is based on the WMQRS *'Principles and Approach'*. The date of the review of each service will be recommended by the Isle of Man Department of Health and Social Care which will oversee the review programme.
- 2 WMQRS representatives will be on the Isle of Man to scope and will be available to meet staff. Training for those preparing for a review will also be provided. Review visits will take place two times a year and will cover up to fourteen related care pathways/services.
- 3 More information about WMQRS and its approach is available on www.wmqrns.nhs.uk. Anyone with queries about the WMQRS Quality Standards or the review process should contact David Sewell on David.Sewell@nobles.dhss.gov.im
- 4 This paper refers to 'patients' because this is term used in most health services. The term 'service user' is considered more appropriate in some services, especially those for people with mental health problems or learning disabilities. The involvement of parents, family and carers is particularly important in some pathways. The terminology used during review visits will be tailored appropriately to the pathway being reviewed.

WHAT BENEFITS ARE EXPECTED FROM THE REVIEW PROGRAMME?

- 5 The aim of WMQRS programme is to help organisations to improve the quality of clinical services in a developmental and supportive way.
- 6 We hope that through the WMQRS Quality Standards and peer review programme:
 - a. Patients and carers will know more about the services they can expect.
 - b. Local people, the Isle of Man Department of Health and Social Care and staff providing health services will have external assurance of the quality of local services.
 - c. As part of ongoing service improvement, review visits will provide a focus for staff to work together to improve service quality.
 - d. Reviewers will learn from taking part in review visits.
 - e. Good practice will be shared.
- 7 The process for each review visit is summarised in Figure 1. The benefit that services gain from this process depends hugely on the way in which they approach it. Teams which link the review process with their ongoing work to improve service quality and who see the review visit as useful external quality assurance will find the whole process more constructive. Appendix 1 gives suggestions on how to get the most from Quality Standards and review visits.

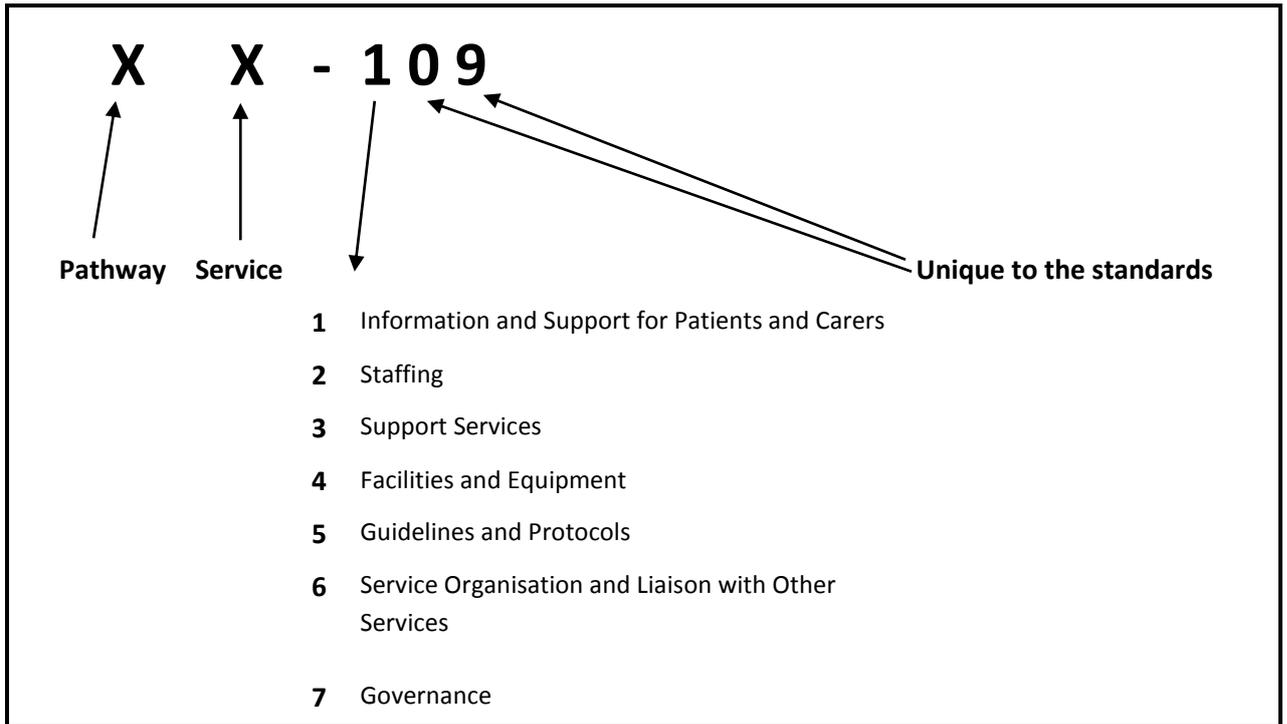
Figure 1 Review Process Overview



WHAT ARE WMQRS QUALITY STANDARDS?

- 8 Quality Standards, suitable for use in quality reviews, are fundamental to the clinical review processes used by WMQRS. They are also useful for services to monitor their own progress toward implementation of best practice guidance. Quality Standards are usually measures of structure and process quality (rather than outcomes) but include a) processes of collecting and using data on outcomes and b) processes for collecting information on patient and carer experience and for involving patients and carers in improving the service and care pathway. Quality Standards follow the patient and usually include a pathway summary. They reflect the latest national guidance and help to answer the question “If I walk into a service, how I will know that best-practice guidance has been implemented?” Where evidence-based guidance is not available, Quality Standards are based on a consensus of professional and service users’ and carers’ views.
- 9 All WMQRS standards use a common reference structure of two letters and three numbers (Figure 2)

Figure 2 WMQRS Quality Standards – Reference Numbers



10 Each Quality Standard reference column includes a box where the shaded area illustrates how compliance will be reviewed. For example:

BI	Background information to review team
Visit	Visiting facilities
MP&S	Meeting patients, carers and staff
CNR	Case note review and/or Observation
Doc	Documentation should be available

- a. Background Information
This means that the information should be included in your background report or self-assessment, whichever is easier.
- b. Visiting Facilities
Reviewers will look for information while they are walking around the service. It is really important that you make sure the reviewers see any relevant documentation at this stage; often this is staffing rotas or evidence of training. If they do not see the documentation then this may affect the final compliance.
- c. Meeting patients, carers and staff
These Standards will be discussed with patients, carers and/or staff (as appropriate). Make sure you tell the reviewers about all the things you are most proud of.
- d. Use of patient and carer questionnaires

A template questionnaire is available on the Isle of Man programme page for teams and services to use. The questions are linked to the WMQRS Generic Quality Standards. The format will need to be amended for each service.

Reviewers will look at any returned questionnaires. Analysis is not required for the review team as the team but you may wish to do this as part of your patient and carer feedback process.

e. Case note review/Observation

A few Standards require reviewers to look at case notes or other clinical information. See section 19 about communication with Caldicott Guardians. Clinical observation is also undertaken by reviewers during the visit.

f. Documentation

These are mostly policies and guidelines which reviewers need to see. Do provide this in your usual format – although it is helpful if you guide reviewers to the relevant document. This may involve giving reviewers access to your hospital or service intranet. Do use your self-assessment to guide reviewers to relevant documents, for example “Guidelines are on intranet in the policy section and are called.... . Relevant information is in section 4.8”.

11 Most WMQRS Standards cover pathways of care and so have the following structure:

a. **Primary Care:**

The Standards do not go into detail of care in general practice and rely on existing quality and outcomes framework mechanisms for monitoring primary care services. They do cover pathway-specific arrangements which should be in place in each general practice.

b. **Specific Services:**

These are Standards for community or hospital services on the pathway of care.

c. **Hospital, Mental Health Service, Community Service wide:**

These Standards cover aspects of care affecting the whole of the hospital, Mental Health Service, or Community Service

d. **Commissioning:**

While recognising that the Isle of Man does not have commissioning in the same way as England, it has been agreed that these Standards should be included in review programmes, with appropriate interpretation when compliance is decided. In particular, reviewers will look at whether appropriate arrangements are in place ‘on island’ or from England, or whether the function is delivered in a different way. Self-assessments for these standards will need to be completed by the Isle of Man Department of Health and Social Care

12 Further detail of the scope is given in the introduction of each set of Quality Standards. All Quality Standards and self-assessment forms are available on the WMQRS website: www.wmqrns.nhs.uk/quality-standards. Services may wish to use these as part of their preparation for the review visit. Self-assessment forms will be tailored for each review programme when the configuration of local services is known.

QUALITY REVIEW VISITS

13 The review programme will include two peer review visits a year to the Isle of Man. Each review visit will cover up to fourteen related care pathways/services. This has the following benefits:

- a. Service providers usually prefer several services to be reviewed at one visit rather than multiple small visits.
- b. Some meetings can cover all the services being reviewed, for example, meetings with senior managers, governance leads and other 'corporate' departments such as pharmacy.
- c. Better use is made of reviewers' time – especially those reviewers whose expertise covers more than one pathway.
- d. Perhaps most importantly, reviewers pick up the links between services and can look at the whole patient pathway. If services are reviewed separately then these links are often missed – or only a one-sided view gained.

Figure 3 gives an overview of the process for each review visit.

Figure 3: 'Review at a Glance'



* Final report date is guaranteed only if services' comments are submitted within 15 working days of receipt of the Draft Report

PREPARATION

- 14 When the review programme has been agreed, a preliminary meeting will be arranged with an identified lead from each service. This meeting will agree in detail the services to be reviewed and make sure everyone is clear about arrangements and responsibilities for the review visits. While preparing for the review visit, staff will have access [through David Sewell] to WMQRS for advice on the interpretation of Standards and organisation of the visit.
- 15 At least three weeks before the review visit, services will need to provide WMQRS with a short background report describing the services / pathways that are being reviewed and a self-assessment against the relevant Quality Standards. Quality Standards with 'BI' highlighted are clear about what should be covered in the background report or self-assessment.
- 16 The self assessment will be forwarded to the reviewers before the review and should reflect the situation at the time of submission. It does not matter if this is not the final position as compliance will be determined by reviewers at the time of the visit. Short comments and small amounts of evidence can be included in the self-assessment. Please do not include any hyperlinks in the self- assessment you send to WMQRS.
- 17 The remit of the WMQRS work is to review against Standards of care in England. It may not be feasible to implement these in full in the Isle of Man, in which case the self-assessment should indicate the arrangements that are in place. The professional judgement of the team of reviewers will be used to assess these arrangements.
- 18 Services will need to work with reviewers to make sure they see reasonable evidence of compliance with the Quality Standards. The amount of work in preparing evidence for reviewers should be kept to a minimum. Appendix 2 gives guidance on the presentation of this evidence and this will be covered in the briefing session for service leads. All evidence of compliance should be available for reviewers at the **start** of the review visit.
- 19 **Case Records/Notes/Care Plans:** Some Quality Standards require reviewers (NHS employees only) to look at case notes or electronic records in order to determine compliance. Your Caldicott Guardian will be asked for permission in advance of the visit. For each review visit, WMQRS will confirm whether case notes should be provided at the start of the day or if they will be seen in clinical areas. Five sets of case notes for each pathway should be available for reviewers including, where applicable, details of the latest formal review and care plan.

VISIT

- 20 A detailed timetable for each visit will be produced after the pre-visit meeting and, in general, clinical staff will meet the visiting team between 10.30 am and 3.30 pm. For each service, the review visit will consist of:
 - a. Reviewer preparation and review of evidence (NB. See Appendix 2 about minimising 'evidence' services need to produce.)
 - b. Pathway presentation and discussion (see section 23 for more detail)
 - c. Clinical observation and / or case note review
 - d. Visit facilities (if applicable)
 - e. Meetings with:
 - (i) Patients' and carers' representatives (see section 24 for more detail)

- (ii) staff providing the service/s
 - (iii) key 'linked services' (see section 26 for more detail)
 - (iv) lead clinician/s and manager for each service
 - (v) Service management and governance
- f. Reviewers draw conclusions
- g. Feedback

21 People to meet the visiting team: The visit timetable will identify who should meet the visiting team. People should only attend one meeting during the review visit. In some cases this is a general heading and **it will be for each service to decide who are the most appropriate people to invite and allocate to one meeting only.** Please make sure that people attending these meetings are briefed beforehand on the purpose of the review and the Quality Standards which are being considered and that you know who is likely to attend. If there is a large number of people attending let us know so that we can arrange to split the meeting into appropriate groups. Appendix 5 gives a short paragraph you may wish to circulate to individuals and organisations attending these meetings. If in doubt, please ask WMQRS and we will advise. Sometimes people are not available for the 'slot' identified on the timetable. We can be flexible within the 10.30am to 3.30 pm period, so long as the reviewers are not supposed to be elsewhere. It is important that there is communication with WMQRS about any changes to the timetable. Flexibility outside this time period is more difficult and **must** be discussed with WMQRS.

22 Remember that reviewers will all need to prepare by looking at the evidence you have provided. Please only provide documentary evidence for those Quality Standards that require documentation (ie where 'Doc' is shaded). You do not need to provide lots of copies but it is helpful to separate it into small sections so that small groups of reviewers can work on different sections. If your information is on your intranet, please make sure there is multiple access for reviewers.

23 Please also let the ward and department staff know that reviewers (NHS employees only) will want to review some case notes (or access to electronic records) when visiting clinical areas.

24 Presentations: The timetable includes a presentation, the purpose of which is to orientate the visiting team to the pathway and service/s they are reviewing. Presentations should be a maximum of 15 minutes and should cover:

- Progress made over recent years
- Short description of the pathway and services available
- Presentation of two or three 'patient journeys'
- Challenges ahead and outline of plans for addressing these.

25 Involving - Patients and Carers Representatives

The timetable will include two meetings with representatives of patients and carers

- a. A meeting where political representatives will have the opportunity to give feedback on any issues relating to the services being reviewed which have been brought to their attention.
- b. A meeting with patient and carer representatives, for example, patient or service user groups, patient support groups or public and patient involvement leads. If no relevant

groups are identified then the service lead should invite some individual patients and carers who have used the service recently. WMQRS suggests that Trust staff **do not** attend this meeting.

This meeting will cover all the standards in the '100s' sections of the Quality Standards. Reviewers will have seen some evidence earlier in the visit but will be interested in exploring these issues. If carers would like to meet reviewers separately from patients then this should be discussed with WMQRS. The reviewers will also ask patients and carers about their general experience of using the services being reviewed and the process for user and carer feedback and involvement. Appendix 5 gives a short paragraph you may wish to circulate to patients and carers attending these meetings.

26 Questionnaires

You may wish to use questionnaires in advance of the visit to gather feedback from patients and carers. WMQRS will make available sample questionnaires which you can use for this purpose.

27 Meetings - Linked services

These meetings give the opportunity for other services, statutory and voluntary organisations which link closely with the service being reviewed to give their comments. Reviewers will already have seen written evidence and met with the staff from the service being reviewed. The reviewers will ask general questions about communication and liaison, giving 'linked services' the opportunity to comment on good aspects and raise any difficulties. The service being reviewed should decide who to invite to the 'linked services' meeting and WMQRS will advise if asked. The time allocated can be divided between different groups if this is helpful.

28 Feedback

Initial feedback is given at the end of each 'module' of the visit. The written report and compliance will include more detail and may differ from the initial feedback because further information has become available.

ORGANISING THE VISIT

29 **Booking Rooms:** A base room for the visiting team at each location will need to be booked. **The base room should not be used for other meetings.** Other rooms will be needed for the meetings shown on the timetable. The visiting team will be flexible and specific rooms may not be needed for small meetings.

30 **Refreshments:** Refreshments for the visiting team will be needed including plenty of tea / coffee on arrival and then during the day, water or juice throughout, some biscuits or fruit throughout the day (reviewers often start very early) and lunch. Refreshments do not need to be elaborate. Ideally refreshments are provided in the reviewers' base room.

31 **DBS Checks:** NHS employees are CRB checked as part of their employment arrangements. Patient and carer reviewers will have been CRB/DBS checked either by their nominating organisation or by WMQRS.

32 **Guides:** It is helpful to have a few guides who can take people to relevant meetings. Often the leads for the service will act as guides for their reviewers as this gives more opportunity for discussion. An Isle of Man health service employed person or WMQRS person must always accompany user and carer reviewers whilst they are visiting clinical areas. If necessary, an NHS

member of the reviewing team will accompany user and carer reviewers during the meeting with patients and carers so that local patients and carers can speak freely about local services.

- 33 **Expenses:** WMQRS does not fund expenses of any GPs, staff or patients and carers who come to meet the visiting team.

VISIT REPORTS

- 34 Visit reports will identify compliance and issues related to the achievement of the Quality Standards. Issues will be categorised as:

- **Achievements** made by the service reviewed
- **Good practice** which should be shared with other organisations
- **Immediate risks** to clinical safety and clinical outcomes¹
- **Concerns** – related to the Quality Standards or prerequisites for their achievement. Some concerns may be categorised as ‘serious’.
- **Further consideration** – areas which may benefit from further attention by the service

The review team will draw its conclusions from multiple sources and the reports will not identify individuals’ comments.

- 35 If a potential immediate risk is identified, the procedure outlined in the WMQRS Principles and Approach (Appendix 3) will be followed.
- 36 Draft reports of quality reviews will be sent to reviewers and to the service concerned to check for factual accuracy. Draft reports will normally be sent to reviewers within 10 working days and to the service concerned within 20 working days of the visit. Services will normally be given 15 working days to comment on factual accuracy.
- 37 Reports of quality reviews will be agreed by the WMQRS Quality Assurance Group and then sent to the Chief Executive, Isle of Man Department of Health and Social Care, copied to the service leads. The Isle of Man Department of Health and Social Care is committed to placing the report in the public domain. After allowing a reasonable time for this, reports will be placed on the WMQRS website.
- 38 The Isle of Man Department of Health and Social Care will have the right to appeal on the factual accuracy of all reports. Appeals will be considered by not less than three members of the WMQRS Board (at least one patient member, one clinician and one other).
- 39 An evaluation of all work and visit programmes will also be undertaken.

¹ Serious Incidents include acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm – including those where the injury required treatment to prevent death or serious harm, abuse.

Never Events and incidents that prevent (or threaten to prevent) an organisation’s ability to continue to deliver an acceptable quality of healthcare services and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services. For more details see [NHS England March 2015](#)

ACTION FOLLOWING VISITS

- 40 Most of the issues identified by quality reviews can be resolved by services' own governance arrangements. Many can be tackled by using appropriate service improvement approaches. Action planning should start as soon as possible after the review and should link closely with the services' ongoing management and governance arrangements. The Isle of Man Department of Health and Social Care is responsible for overseeing the agreement and monitoring of action plans. WMQRS is not responsible for agreement of action plans or for monitoring implementation. WMQRS will advise on action plans and may provide support for reviewing progress.
- 41 Evaluation of the review visit will also be undertaken and the findings will be used to improve future visits.

VISITING TEAM

- 42 A team of approximately 12 to 14 reviewers will travel to the Isle of Man for each review visit, although the composition of the team will vary depending on the services being reviewed. Reviewers will be chosen from the WMQRS reviewers' pool. These people are mainly based in the West Midlands and have relevant expertise, experience and may review more than one service.
- 43 All reviewers will be required sign a 'Reviewer Agreement' for their work acting as a reviewer with the West Midlands Quality Review Service. This agreement covers the key responsibilities of being a WMQRS reviewer, including the requirement to act impartially at all times, maintain confidentiality and to behave in a professional and responsible manner.

ISLE OF MAN STAFF

- 44 WMQRS is committed to developing local expertise in using the Quality Standards for improving service quality. WMQRS will run relevant training sessions on the Isle of Man.
- 45 Isle of Man staff will also be able to attend WMQRS preparation for review training, visits, workshops, and good practice events in the West Midlands. Opportunities are also available for Isle of Man staff to become reviewers. Acting as a reviewer is CPD for health service staff. Over 80% of WMQRS reviewers use the experience to improve their own service. WMQRS will not be responsible for transport or accommodation costs for those staff attending reviews or other events in the UK.
- 46 Staff and patients interested in acting as WMQRS reviewers must have support of the Isle of Man Department of Health and Social Care (Appendix 3).

USEFUL LINKS

- WMQRS Principles and Approach www.wmQRS.nhs.uk/about-wmQRS
- WMQRS website www.wmQRS.nhs.uk
- Isle of Man Briefings / Bulletin www.wmQRS.nhs.uk/review-programmes/view/isle-of-man-health-services

- NHS England: Serious Incident Framework, Supporting Learning to Prevent recurrence. March 2015 <http://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incident-framework-upd.pdf>

APPENDIX 1 GETTING THE MOST OF THE REVIEW PROGRAMME

The benefit that a service gets from a review visit depends a lot on the approach it takes. Services which see the visit as externally imposed and use language such as “We are doing this for peer review” will get little sustained change. Services which say “This is part of our ongoing work to improve our care” and “The review visit will give us useful external quality assurance” will find the whole process more constructive. It may be useful to remind staff that the programme of review visits was agreed by the Isle of Man Department of Health and Social Care and with the aim of improving quality.

‘CALIPSO’ Suggestions for getting the most out of the process:

C	Communicate	<p>Make sure everyone knows that the visit is happening, including all staff in the services being reviewed, diagnostic departments, medical secretaries, senior managers, governance and communications teams and public and patient involvement groups. Keep on communicating about the arrangements. Continue the communication after the visit so everyone knows about the findings and the actions that are planned.</p> <p>Please also let the ward and department staff know that reviewers (NHS employees only) will want to review some case notes (or access to electronic records) when visiting clinical areas. WMQRS will be contacting your Caldicott Guardian to ask permission for reviewers to look at these notes.</p>
A	Approach	<p>Keep emphasising that this is not a separate exercise but links with existing internal quality improvement and governance processes. Make sure that it does link with these processes. All services on a ‘quality improvement journey’; the review visit is just one point on this journey.</p>
L	Leadership	<p>You will need to identify lead/s for each of the services being reviewed. David Sewell will be the lead for the overall organisation of the visit. The service lead may be the Lead Clinician, Nurse and Manager or you may identify others to support them in this work by taking a leadership role. These people will need to provide real leadership in communicating with staff, preparing for and organising the visit and continuing the quality improvement work afterwards.</p>
I	Involve	<p>Preparing for the quality review visit can be a very good opportunity to involve a wide range of staff. Sometimes a member of staff takes the lead and puts together a beautiful ‘evidence folder’ which no-one else is allowed to touch in case they ‘mess it up’. These folders are likely to end up on a shelf with little impact on the services provided.</p>

P	Prepare	<p>Preparing for the review visit has three distinct parts:</p> <p>A Ensuring the service meets the Quality Standards: This work should have a lasting impact on the quality of care and patient experience. You may want to use the self-assessment form to monitor progress. You may also choose to do a practice review internally using staff who have been trained as reviewers.</p> <p>B Demonstrating to the visiting team that you are meeting the Quality Standards: This work should be kept to a minimum. Appendix 2 provides guidance on the presentation of evidence which aims to make this as easy as possible.</p> <p>C Organising the visit: This will be additional work for someone. Unfortunately you cannot have the benefits of the review process without the focus of the visit.</p>
S	Support	<p>We aim to make WMQRS reviews as supportive and developmental as possible but being reviewed is always a stressful experience. Supporting the leads and the person with overall responsibility for organising the visit can turn the experience into a positive team-building exercise.</p>
O	Onward	<p>The quality review visit is one point on your quality improvement journey. It is not an end in itself. A 'good visit' is when the visiting team confirms the service's own views of its strength and mean for improvement. Continuing is work and addressing any issues identified through the visit are essential to building lasting improvement.</p>

APPENDIX 2 GUIDANCE ON PRESENTATION OF EVIDENCE

- 1 The WMQRS Quality Standards expect certain guidelines and protocols to be in place. In several places the Quality Standards are explicit that written guidelines / protocols should be available. This is because only when the guidelines or protocols are written down can we be sure that everyone understands what is intended – and adherence can be audited. Some staff will say “We all know what to do - and we all do the same thing. It’s a waste of time writing it down”. Most staff will be aware that this attitude may conceal significant variation in practice. The aim of national guidance and the Quality Standards is to reduce variation by raising standards to the best. The places in the Quality Standards where written guidelines / protocols are expected was carefully considered during their development. The Quality Standards have been agreed and the expectation for written guidelines therefore will not change (until the Quality Standards are reviewed).
- 2 The way in which each service structures their guidelines and protocols is for the service to decide and should not be determined by the Quality Standard. Do not feel that you must have a separate protocol for each Quality Standards. You may have one protocol that covers several Quality Standards – or several protocols to show compliance with a single Standard. Do not forget the expectation that clinical guidelines and local protocols should have been agreed through your usual clinical governance arrangements and should conform to reasonable document and version control standards.
- 3 The Quality Standards expect only that guidelines and protocols are in place. It is not realistic for services to present evidence of audit of implementation of all guidelines and protocols. During the visit reviewers will, however, be considering whether practice generally reflects the service’s guidelines / protocols and whether staff are aware of their existence. Reviewers may decide that a service is non-compliant with a particular Quality Standard even if a written protocol is presented if, for example, a) there is no indication that the protocol has been approved / agreed b) staff are not aware of its existence and / or c) the protocol is not being implemented.
- 4 The service staff and the visiting team need to work together to ensure that the visiting team is shown evidence of compliance with all the Quality Standards. We are keen to reduce the amount of preparation for teams and maximise the time reviewers have to understand your service and whether the quality standard is met. Some Quality Standards require reviewers to see facilities; for others they need to see written evidence and for others they will talk to staff or service users and carers. Please only provide documentary evidence for those Quality Standards that require documentation (ie. where ‘Doc’ is shaded).
- 5 Presentation of evidence will be covered in more detail during the briefing sessions for those people who have responsibility for organising the visit and a briefing session for service leads will be offered to each health economy. However there are some key areas for consideration when preparing:-
 - a. **Avoid duplication:** If your document relates to more than one Quality Standard, then only provide the information once and reference the relevant Quality Standards in either the document or on the self-assessment. Reviewers will then be able to read the document once to ascertain compliance with the various quality standards.

- b. **Organisational – wide policies:** These only need to be provided once or can be viewed via the organisations intranet if access is available. Make sure that you detail in your self-assessment where the documents can be found and the name of the document you wish reviewers to consider.
- c. **Access to electronic information:** If you wish reviewers to view evidence electronically then please arrange for this at the beginning of the day. When organising electronic access please note that no more than three reviewers can adequately and comfortably review evidence via each computer and therefore access to multiple computers may be required.
- d. **Staffing details and service training records:** Evidence to show compliance with the relevant Quality Standards can be included in the self-assessment or background report (staffing roles and whole time equivalents) or included in your evidence on the visit day. If the visiting team are viewing your facilities, they will also ask to look at your rotas and training records at this time. Please make sure staff are aware that this information will need to be seen by the visiting team

APPENDIX 3 REVIEWER PERSON SPECIFICATION – ALL PROGRAMMES

The generic specification for reviewers is:

- Are aware of, and committed to implementation of, the Quality Standards for the service they will be reviewing
- Have good communication and inter-personal skills including:
 - Ability to listen and understand the views of others
 - Ability to probe and search for evidence on which to base conclusions
 - Ability to observe and draw conclusions from observation
 - Tact and diplomacy at all times, including when faced with difficult issues
 - Ability to work as a member of a team, respecting the contributions of others
- Have the ability to prepare well and accurately record findings
- Have the ability to analyse issues, evaluate information and draw conclusions from evidence received
- Have the ability to commit to and work as an equal member of the review team.

Professional reviewers will normally have at least two years' experience working in the role they will be undertaking during the visit or in a similar role.

BEING A REVIEWER

The willing cooperation of reviewers is essential to the success of the review programme. Previous evaluations have shown that reviewers gain a great deal from the experience and are able to improve their own services as a result. Reviewers also usually find the visits a very enjoyable experience. The potential benefits include:

- Learning about how other services are organised
- Sharing good practice with colleagues from other areas
- Helping colleagues to improve the care they are able to offer
- Preparing for your own peer review visit
- Time spent reviewing other services also contributes towards continuing professional development (CPD) and can be included in a CPD portfolio.

Commitment

Training	0.5 day
Per visit	1 or 2 days
Preparation and checking reports (per visit)	0.5 day (flexible)

NOMINATING REVIEWERS

Isle of Man health services may nominate staff to be reviewers. Please send the following information to vidushy.auchoybur@nhs.net for each of your nominations:

Name:	
Job title:	
Organisation:	
Email address:	
Telephone number:	
Particular interest:	e.g Medicine, Paediatrics, Community, Primary care, Mental Health

Each application must come with confirmation of support from the employing organisation that the nominee meets the person specification. WMQRS is not responsible for funding any flights, other travel or accommodation for Isle of Man staff travelling to WMQRS reviews or events.

Patient and carer reviewers may also be nominated but must have the support of the Isle of Man Department of Health and Social Care, including confirmation that the nominee meets the person specification.

APPENDIX 4 CHECKLIST FOR SERVICES BEING REVIEWED

Action		When	Who
Identify service leads	Decide who from each service will coordinate preparation for the visit.	Immediately	David Sewell
Communicate	Make sure everyone knows that the visit is happening, including all staff in the services being reviewed, medical secretaries, senior managers, governance and communications teams and public and patient involvement groups.	Immediately	David Sewell and service leads
Agree date	Following confirmation of the visit date, please inform all teams being reviewed of the date.	ASAP	Service leads
Book Rooms	After the pre-visit, please book a base room for reviewers at each agreed location. The base room should not be used for other meetings.	Following pre-visit	David Sewell
	Other rooms will be needed for the meetings shown on the timetable. The visiting team will be flexible and specific rooms may not be needed for small meetings.	Following pre-visit	Service leads
Plan with teams	Decide who will meet with the visiting team, which meeting is most appropriate and let them know. Self assessments are needed three weeks before the visit date. As described in Appendix 1, services will get the most from the visit if they are involved early on in the preparation for it.	Ongoing throughout the preparation period (see Appendix 1)	Service leads
Book Refreshments	Please make sure there is plenty of tea, coffee and water and some fruit/biscuits available throughout the day. (Reviewers often need plenty of coffee whilst preparing). Please book lunch.	In accordance with organisational policy	David Sewell
Timetable	Discuss the timetable with all staff and make sure everyone knows when they are needed.	Following briefing session	David Sewell and service leads
Questionnaires	If you wish to use questionnaires to gather feedback from patients, carers and GPs then these need to be circulated. There is no need to collate responses – reviewers will look through any returned questionnaires.	Approximately six weeks before the visit.	Service leads

Action		When	Who
Submit information to WMQRS	<p>Each visit:</p> <ul style="list-style-type: none"> • Introduction to health services on the Isle of Man • Emergency contact <p>Each service/pathway being reviewed:</p> <ul style="list-style-type: none"> • Background report • Self-assessment • Name and location of base room 	Three weeks before the visit. <i>This information is required to send to reviewers in advance of the visit.</i>	David Sewell and service leads
Remind	<p>A week before the visit it is helpful to confirm arrangements, including:</p> <ul style="list-style-type: none"> • Who is doing the presentation/s • Guides • Who is expected at each meeting • Who is expected to come to the feedback sessions 	One week before the visit	David Sewell and service leads
Case Notes if applicable	Arrange for five sets of case notes (including care plans) for each pathway being reviewed to be available to the visiting team at the start of the visit – or for reviewers to see electronic notes during the course of the visit.	During week before visit	Service leads
Initial feedback	It is often helpful to communicate a high level summary of the feedback, to clinical teams	Day after the visit	David Sewell and service leads
Comments	When you receive the draft report, please circulate to all clinical teams and coordinate their responses	20 WD after the visit at the latest.	David Sewell and service leads
Action Plan	Action planning should start straight after the visit, at the latest, when you review the draft report. Do coordinate with other mechanisms – rather than having a separate ‘peer review’ plan.	Start as soon as draft report received	Service leads
Comms	Service leads will be sent a copy of the report that goes to the Steering Group. This will go also to your Communications Team so that they can a) check if there are any particularly sensitive issues where it may be helpful to make minor changes to the wording and b) plan communications about the report.	When final draft report received	David Sewell

APPENDIX 5 BRIEFING INDIVIDUALS AND SERVICES WHO WILL MEET THE VISITING TEAM

The following short paragraphs may be helpful to send to individuals and other services who have been invited to meet the visiting team or reviewers.

Patients' and Carers' Representatives:

A review of our services is taking place as part of an external quality assurance programme of the Isle of Man health services under taken by the West Midlands Quality Review Service. The review is looking particularly at pathways of care for people [with **xxxx** or who use **xxxx**]. A team of patients, carers and healthcare professionals from England will look at the care offered here, identify things we do well and areas where we could improve.

The visiting team would like to meet with patients and carers [either with **xxxx** or who use **xxxx**]. The meeting will last about an hour. The reviewers will ask you about your general experience of care, how you access services and the process for user and carer feedback. They will ask about information and support that is available for you, how care is planned and monitored, and arrangements for 'self care'. Reviewers will have seen some information earlier in the visit but will be interested in exploring these issues with you in the meeting. The review team will draw its conclusions from multiple sources and the reports will not identify individuals' comments.

The purpose of this meeting is to gather feedback. It is not part of the Isle of Man Department of Health and Social Care complaints procedure and issue raised will not be individually addressed by this process.

More information about the Standards being reviewed is attached. ***[Please attach the 100s section of the Quality Standards if you think this would be helpful to the patients and carers you have invited.]***

Thank you very much for agreeing to come to this meeting. The review will help us to improve the care we offer and your ideas and suggestions may help people in other areas as well.

'Linked Services' and other meetings (for example, out of hours services, discharge team, pharmacist, ambulance service)

A review of our services is taking place as part of an external quality assurance programme of the Isle of Man health services under taken by the West Midlands Quality Review Service. The review is looking particularly at pathways of care for people with **xxxxx**. A team of patients, carers and healthcare professionals from England will look at the care offered here, identify things we do well and areas where we could improve. We have the opportunity to visit other services and learn from their experiences as well.

The visiting team would like to meet representatives of other service and statutory and voluntary organisations which link closely with the pathways being reviewed. The meetings will last between 30 and 45 minutes. You only need to attend one meeting with the reviewing team, so let your lead know if you have been invited to more than one meeting so that you can be allocated to the most appropriate session. Reviewers will already have seen some written information and met with the staff from the service/s being reviewed. The reviewers will ask general questions about communication and liaison with the service being reviewed. This session will give you the opportunity to comment on good aspects and mention any difficulties which you experience. The review team will draw its conclusions from multiple sources and the reports will not identify individuals' comments.

More information about the Standards being reviewed and the review process is available on the WMQRS website: www.wmqrs.nhs.uk.

Thank you very much for agreeing to come to this meeting. The review will help us to improve the care we offer and your ideas and suggestions may help people in other areas as well.