

QUALITY REVIEW PROCESS

GUIDE FOR STAFF

Version No.	Date	Change from previous version
V1	June 2014	N/A
V2	June 2015	Amendment to section 28 re involvement of Trust staff in the patient and carer meeting
V3	November 2015	Added:- Footnote and included reference to latest NHS England guidance on Serious Incidents - 2015 Amended WMQRS contact details Preparation of evidence amended to include access to electronic information and other key information. Use of hyperlinks Reviewer Agreement WMQRS Review and Learning
V4	January 2018	Changes to The Quality Review Process section to streamline detail

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INTRODUCTION

- 1 The purpose of this guide is to provide staff in organisations that are being peer reviewed with details of how the West Midlands Quality Review Service (WMQRS) programmes are organised and guidance on how best to prepare for the review.
- 2 The aim of the WMQRS programme is to help organisations to improve the quality of clinical services in a developmental and supportive way. It is hoped that through the quality standards and peer review programme that:
 - a. Patients and carers will know more about the services they can expect.
 - b. Commissioners will be supported in assessing and meeting the need of their population, improving health and reducing health inequalities, and will have better service specifications.
 - c. Service providers and commissioners will work together to improve service quality.
 - d. Service providers and commissioners will have external assurance of the quality of local services.
 - e. Reviewers will learn from taking part in review visits.
 - f. Good practice will be shared.
 - g. Service providers and commissioners will have better information to give to the Care Quality Commission and NHS Improvement.

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.

- 3 Further information about WMQRS and its approach is available at www.wmqs.nhs.uk . Anyone with queries about the WMQRS Quality Standards or the review process should contact:
 - Sarah Broomhead, WMQRS Assistant Director: sarahbroomhead@nhs.net
Tel: 07976 499580 or
 - Rachael Blackburn, WMQRS Assistant Director: Rachael.Blackburn1@nhs.net
Tel: 07976499583 or
 - Email WMQRS at swbh-tr.SWBH-GM-WMQRS@nhs.net . Tel: 0121 612 2146

WHAT ARE WMQRS QUALITY STANDARDS?

- 4 Quality Standards are fundamental to the 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:
- processes of collecting and using data on outcomes, and
 - 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.

The standards are split into 7 sections:

100	Information and support for patients and carers
200	Staffing
300	Support Services
400	Facilities and Equipment
500	Guidelines and protocols
600	Service organisation and liaison with other services
700	Governance

- 5 Each Quality Standard includes a box which illustrates how compliance will be reviewed:

BI	Background information	This means that the information should be included in the background report or self-assessment, whichever is easier.
Visit	Visiting facilities	Reviewers will look for information while they are walking around the service. It is really important that services 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.
MP&S	Meeting patients, carers and staff	The standards will be discussed with patients, carers and/or staff (as appropriate). Services should make sure that they tell reviewers about all the things they are most proud of.
CNR	Case note review and/or Observation	A few Standards require reviewers to look at case notes or other clinical information. Authorisation will be obtained in advance from the Caldicott Guardian. Clinical observation is also undertaken by reviewers during the visit.
Doc	Documentation	These are mostly policies and guidelines which reviewers need to see. This may involve giving reviewers access to the 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”.

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 particular community or hospital services on the pathway of care.

c **Acute Trust wide:**

These Standards cover care during admissions to acute hospitals.

d **Commissioning:**

These Standards cover how the service is commissioned

6 All Quality Standards are cross-referenced to the Care Quality Commission's Fundamental standards Key Lines of Enquiry (June 2017) and the British Standards Institution PAS 1616:2016.

7 Further detail is available in each set of Quality Standards which are available on the WMQRS website: www.wmQRS.nhs.uk/quality-standards.

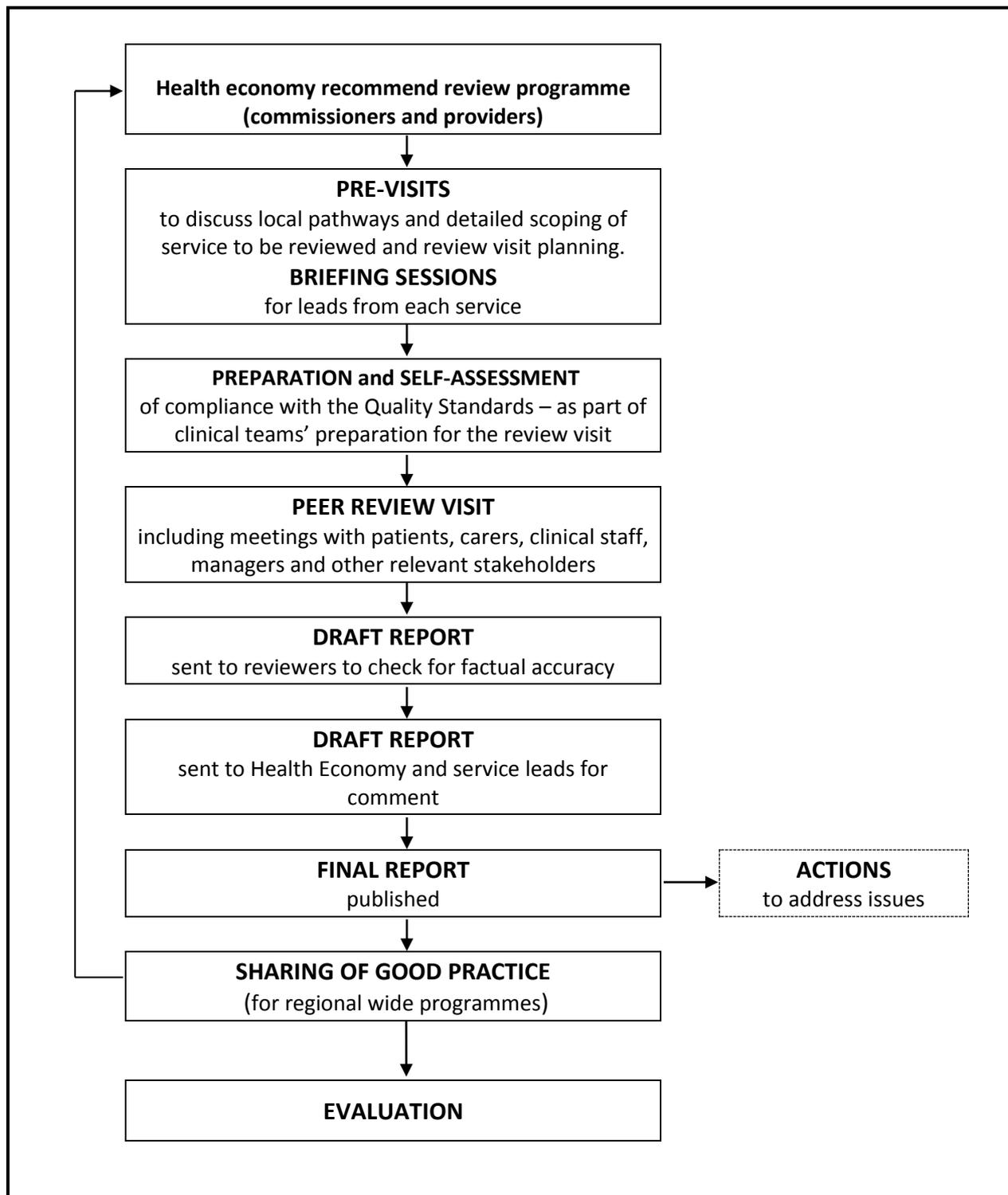
Further information is also provided at the peer review training sessions which are held monthly at the WMQRS office. For details of these sessions please see the WMQRS website.

SELF-ASSESSMENT FORMS

8 Self-assessment forms are available on the WMQRS website. Organisations should use these as part of their preparation for the review visit. Self-assessment forms will be tailored for each health economy when the configuration of local services is known.

THE QUALITY REVIEW PROCESS

The table below summarises each stage of the WMQRS quality review process. Further detail on timelines is included in **Appendix 4**



PRE – VISITS

(2 TO 3 MONTHS BEFORE VISIT)

- 9 A preliminary meeting with the leads from each service and health economy will be held two-three months before the review visit. The meeting will map the service(s) to be reviewed and ensure everyone is clear about arrangements and responsibilities for the review visits. The pre-visit will aim to agree the days on which the service will be reviewed and the location for each review.

BRIEFING VISIT(S)

(1-2 MONTHS BEFORE VISIT)

- 10 WMQRS staff are happy to support clinical staff and will offer a briefing visit to clinical services. This meeting will help to clarify any queries about the standards and the process for the review for the teams. If required then please let WMQRS know.

PREPARATION

(Ongoing prior to visit)

- 11 While preparing for the review visit, staff will have access to WMQRS for advice on the interpretation of Standards and organisation of the visit.
- 12 At **six weeks before the review visit** a member of the WMQRS team will contact the lead for the visit to check that preparation is on track for the visit.
- 13 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.
- 14 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 add any hyperlinked documents in your submitted self-assessment.
- 15 The amount of work in preparing evidence for reviewers should be kept to a minimum. **Appendix 2** provides further 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.

Please note: Some Quality Standards require reviewers (NHS employees only) to look at case notes or electronic records in order to determine compliance. 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.

The organisations Caldicott Guardian will be asked for permission to access and view clinical notes in advance of the visit.

VISIT

- 16 A detailed timetable for each visit will be produced after the pre-visit meeting. A template timetable for a single service visit is included at **Appendix 6**.

For each service, the review visit will consist of:

- a. Reviewer preparation and review of evidence

(See **Appendix 2** for further guidance on producing evidence)

- b. Pathway presentation and discussion
- c. Clinical observation and / or case note review
- d. Visit to facilities (if applicable)
- e. Meetings with:
 - i. Patients' and carers' representatives
 - ii. staff providing the service/s
 - iii. key 'linked services' (see section p21)
 - iv. lead clinician/s and manager for each service
 - v. Service management and governance
- f. Reviewers draw conclusions
- g. Feedback

Further, more detailed guidance, regarding the preparation, organisation and management of the visit see **Appendix 1**.

REPORTS

(FIRST DRAFT 10 WORKING DAYS POST REVIEW)

- 17 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 outcomes. Immediate risks are defined as potential 'Serious Incidents', that is, a situation where a 'Serious Incident' could occur in the circumstances found by the reviewers .
- **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.

- 18 If a potential immediate risk is identified, the procedure outlined in the WMQRS 'Principles and Approach' will be followed.
- 19 Draft reports of quality reviews will be sent to reviewers and to the health economy 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.

Health Economies will normally be given **15 working days** to comment on factual accuracy.

Reports of quality reviews will be agreed by the relevant Steering Group or WMQRS Quality Assurance Group and then disseminated to the health economy concerned. Health economies will be advised to

place the report in the public domain and handle any associated publicity through their normal mechanism. After allowing a reasonable time for this, reports will be placed on the WMQRS website.

- 20 Health economies 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).
- 21 When all visits are completed for those programmes covering a number of health economies, a West Midlands Overview Report will be produced.

ACTION FOLLOWING VISITS

- 22 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. Some require commissioner input. Individual organisations, working with their lead commissioner, are responsible for taking action and monitoring this through their usual governance mechanism. Action planning should start as soon as possible after the review and should link closely with the services' ongoing management and governance arrangements. The lead commissioner for the service concerned is responsible for ensuring action plans are in place, monitoring their implementation and working with provider organisation on any issues that cannot be resolved internally. 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.

SHARING OF GOOD PRACTICE

- 23 For region wide programmes a good practice event, hosted by WMQRS, will be held which enables participating teams to share their good practice with other teams across the region and beyond.

EVALUATION

- 24 An evaluation of all work and visit programmes will also be undertaken.
- 25 WMQRS operates in a culture of continual review and learning covering all aspects of its work. Feedback from organisations and individuals is highly valued and routinely requested. All feedback is discussed on a regular basis and any learning resulting from feedback is used to improve the quality of the services WMQRS provides.

VISITING TEAMS

- 26 The review team will be varied depending on the number and configuration of services to be review and any travelling involved. Most reviewers will be needed for only one day. Some, especially those reviewing all services will be required for the whole review. The review team composition in the main, will consist of the following disciplines:-
 - a. Consultant and senior nurse for each are being reviewed
 - b. Users and carers
 - c. Senior manager
 - d. Allied Health Professionals
 - e. Commissioners
 - f. Others as defined

- 27 All providers and commissioners of services being reviewed are invited to nominate reviewers for the roles in the review teams (see **Appendix 3**). Being a reviewer is an excellent way to learn about other services and bring back the learning. Evaluations consistently show that over 80% of reviewers use the experience to improve their own services. Reviewer training and being a reviewer is Continuing Professional Development for clinical staff, Clinical staff can use the experience of being a reviewer as part of their revalidation submission. Experience of previous reviews is that potential reviewers who identify late in the programme that they wish to become involved are disappointed because the training and reviewing opportunities are then limited.
- 28 NHS staff who act as reviewers claim travel and subsistence from their employing organisation. Through the WMQRS Establishment Agreement, NHS Trusts and CCGs have agreed to fund these costs in return for the Continuing Professional Development achieved as well as the Quality Standards, a peer review of their services, and development and learning gained by all who take part.
- 29 Service user and carer reviewer nominations have been requested through provider and CCG Patient Involvement Leads, and relevant voluntary organisations. User and carer reviewers will need to comply with the reviewer person specification (including having been CRB/DBS-checked by their nominating organisation or WMQRS, see **Appendix 3**) and sign a confidentiality agreement before participating in a review visit. WMQRS funds travel expenses for service users and carers who act as reviewers.
- 30 All reviewers will be required to undertake half a day of reviewer training.
- 31 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.
- 32 Reviewers will be booked for visits based on their availability. Reviewers will have at least six weeks' notice of a review visit. Certificates of attendance at training and reviews will be issued for inclusion in CPD and revalidation portfolios.

USEFUL LINKS

- WMQRS website www.wmqrs.nhs.uk
- WMQRS 'Principles and Approach' www.wmqrs.nhs.uk/about-wmqrs
- 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>

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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 Health Economies with the aim of improving quality.

‘CALIPSO’- suggestions for getting the most out of the process:

C	Communicate	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. 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.
A	Approach	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.
L	Leadership	You will need to identify lead/s for each of the services being reviewed. The service lead may be the lead clinician, nurse or 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.
I	Involve	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	Prepare	Preparing for the review visit has three distinct parts: 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. 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. 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.
S	Support	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.

O	Onward	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.
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NOTES:

ORGANISING THE VISIT

- 1 **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.
- 2 **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.
- 3 **Car parking:** If it is possible to arrange car parking for reviewers this makes their day much less stressful. This is especially useful if reviewers are travelling to other sites during the day.
- 4 **Refreshments:** Refreshments for the visiting team will be needed including: 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.
- 5 **DBS Checks:** NHS employees are DBS checked as part of their employment arrangements. Patient and carer reviewers will have been DBS checked either by their nominating organisation or by WMQRS.
- 6 **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. A 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.
- 7 **Expenses:** WMQRS does not fund expenses of any GPs, staff or patients and carers who come to meet the visiting team. Some Trusts have a policy for User and Carer Involvement which covers these arrangements.

PEOPLE MEETING 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 provides some text that you may wish to circulate to individuals and organisations attending these meetings. If in doubt, please ask WMQRS for advice. 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.

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:

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

INVOLVING PATIENTS AND CARER REPRESENTATIVES

The timetable will include a meeting with representatives of patients and carers or a meeting with a Patient Advice and Liaison Service representative:

- 1 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.
- 2 We suggest that Trust staff **do not** attend this meeting to enable patients and carers to speak freely about the service.
- 3 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.

QUESTIONNAIRES

Some programmes 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.

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. **Appendix 5** gives a short paragraph you may wish to circulate to representatives of Linked Services who reviewers may meet as part of the review visit.

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.

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

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APPENDIX 3 REVIEWER PERSON SPECIFICATION – ALL PROGRAMMES

The review team will be varied and depend on the programme and configuration of services.

Pathway	Review team Composition
All	Users and Carers Commissioner Senior Manager Pharmacist (depending on programme) Others if required and available (social worker, psychologist ambulance rep.)
Specialist teams	Consultant Specialist Nurse Allied Health Professionals
Community services	Lead Nurse/ Community Matron District Nurse Allied Health Professionals

The generic specification for reviewers is:

- 1 Are aware of, and committed to implementation of, the Quality Standards for the service they will be reviewing
- 2 Have good communication and inter-personal skills including:
 - a. Ability to listen and understand the views of others
 - b. Ability to probe and search for evidence on which to base conclusions
 - c. Ability to observe and draw conclusions from observation
 - d. Tact and diplomacy at all times, including when faced with difficult issues
 - e. Ability to work as a member of a team, respecting the contributions of others
- 3 Have the ability to prepare well and accurately record findings
- 4 Have the ability to analyse issues, evaluate information and draw conclusions from evidence received
- 5 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:

- 1 Learning about how other services are organised
- 2 Sharing good practice with colleagues from other areas
- 3 Helping colleagues to improve the care they are able to offer
- 4 Preparing for your own peer review visit
- 5 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)

WMQRS SERVICE USER AND CARER REVIEWER PERSON SPECIFICATION

Specification	Essential Skills
<p>Experience</p> <p>Have recent knowledge and understanding of the particular service/care pathway being reviewed</p> <p>Knowledge, understanding</p> <p>Have some knowledge and understanding of how the NHS works</p> <p>Aptitude</p> <p>Would like to help NHS organisations improve their services</p> <p>In addition, nominees for peer review should be:</p> <ul style="list-style-type: none"> • Able to commit to and be available for any briefing sessions, reviewer training and undertake at least one quality review visit. (Minimum of 2 ½ days). • Have the ability to commit to and work as an equal member of the review team. • Willing and able to support (buddy) new service user or carer team members as individuals become experienced. 	<p>Good Listener and Communicator</p> <ul style="list-style-type: none"> • Can contribute to discussions • Ability and confidence to present own viewpoint clearly and concisely in meetings and working with other team members. • Ability to listen to others’ viewpoint without interruption • Ability to understand and utilise others’ contribution. • Tactful in communication and awareness to others’ verbal / nonverbal reactions.
	<p>Good at working in teams</p> <ul style="list-style-type: none"> • Ability and confidence to ask for advice, guidance and the views of other team members where necessary. • Ability to demonstrate respect for others’ points of view. • Able to adapt own approach/style to suit situation during the review day – between the different sessions of the day (the morning preparation, the review, and report writing sessions) • Able to demonstrate an ability to work within a team. • Ability and confidence to raise any concerns with the review team and ask for help if needed.
	<p>Ability to prepare for review</p> <ul style="list-style-type: none"> • Able to assimilate relatively large amounts of information both at the review and in preparation prior to the review. • Ability and confidence to ask probing questions sensitively during the review day. • Able to use the evidence available to base judgements at the review to ask questions and contribute to the writing of the report. • Ability to maintain and project enthusiasm during the review day

All service users and carers should comply with the requirements of the person specification. The WMQRS generic person specification should be used as a basis and amended as necessary for individual programmes by the relevant programme Steering Group.

All service users and carers must agree to the WMQRS confidentiality agreement prior to starting their involvement with WMQRS. WMQRS will only use as reviewers service users and carers who have been vetted (DBS checked) and will arrange for this to be undertaken.

A member of WMQRS staff will speak to all service users and carers prior to them starting any involvement with WMQRS activities.

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APPENDIX 4 CHECKLIST FOR SERVICES BEING REVIEWED

Action		When
Identify service leads	Decide who from each service will coordinate preparation for the visit.	Immediately
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
Agree date	Following confirmation of the visit date, please inform all teams being reviewed of the date.	ASAP
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
	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
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)
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
Timetable	Discuss the timetable with all staff and make sure everyone knows when they are needed.	Following pre-visit or briefing sessions
Documentary Evidence	Compliance with some of the Quality Standards is dependent on seeing some documentary evidence on the day of the visit. Please make sure that any evidence is available for reviewers to look at first thing on the day of the visit as reviewers will not have time to look at evidence later in the day. If you wish reviewers to look at any electronic evidence then please make sure access is arranged and sufficient IT equipment is available for Reviewers to do this.	Following pre-visit
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.

Action		When
Submit information to WMQRS	Each visit: <ul style="list-style-type: none"> • Background report/s • Directions including car parking advice • Name and location of base room • Background report • Emergency contact • Self-assessment (latest version that you have by this date. 	Three weeks before the visit. This information is required to send to reviewers in advance of the visit.
Remind	A week before the visit it is helpful to confirm arrangements, including: <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
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
Initial feedback	It is often helpful to communicate a high level summary of the feedback, to clinical teams	Day after the visit
Comments	When you receive the draft report, please circulate to all clinical teams and coordinate their responses	20 working days after the visit at the latest.
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
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

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

The following text 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 a drive to improve care for people with *[insert programme]*. 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 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 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. 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 a drive to improve care for people with *[insert programme]*. 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 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.wmqrns.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.

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APPENDIX 6 ILLUSTRATIVE TIMETABLE FOR A REVIEW OF A SINGLE SERVICE

WMQRS XXXXX Quality Review Programme					
Date					
XXX Trust					
Reviewers:					
WMQRS :					
8.30	Review team arrive, welcome and introductions		8.30		
8.45	Reviewers look at evidence		8.45		
9.00			9.00		
9.15			9.15		
9.30			9.30		
9.45	Reviewer group discussion		9.45		
10.00			10.00		
10.15	Trust Presentation		10.15		
10.30			10.30		
10.45	Reviewers visit facilities and clinical observation (if appropriate)		10.45		
11.00			11.00		
11.15			11.15		
11.30			11.30		
11.45			11.45		
12.00			12.00		
12.15	Reviewer lunch and discussion		12.15		
12.30			12.30		
12.45	Reviewers meet patients and carers (or PALS rep)		12.45		
13.00			Reviewers meet staff	Reviewers meet CCG rep	13.00
13.15			Reviewers meet Lead Consultant/Nurse/Manager		13.15
13.30					Reviewers meet Chief Exec or nominated deputy
13.45	Draw conclusions		13.45		
14.00			14.00		
14.15			14.15		
14.30			14.30		
14.45			14.45		
15.00			15.00		
15.15			15.15		
15.30			15.30		
15.45	Feedback to team		15.45		
16.00			16.00		
16.15	Depart		16.15		
16.30			16.30		

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