

QUALITY REVIEW PROCESS: GUIDE FOR STAFF

HEALTH SERVICES FOR PEOPLE WITH HAEMOGLOBIN DISORDERS

Version: V4

April 2019

Version No.	Date	Change from previous version
V1	13.06.2014	N/A
V2	19.9.14	Amendment to section 22 re case notes
V3	25.6.15	Amendment to section 28 re involvement of Trust staff in the patient and carer meeting
V4	04.4.19	Updated to reflect changes for the 2019-2020 programme

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BACKGROUND

- 1 This paper outlines the way in which the West Midlands Quality Review Service (WMQRS) and UK Forum for Haemoglobin Disorders peer review programme will be organised. The review process is based on the WMQRS 'Principles and Approach'.
- 2 The WMQRS and UK Forum Quality Standards for Health Services for People with Haemoglobin Disorders and quality review process have been finalised following consultation. More information about WMQRS and its approach is available on www.wmqrs.nhs.uk. Anyone with queries about the Quality Standards or the review process should contact in the first instance:
 - Sarah Broomhead sarahbroomhead@nhs.net or 07976 499580
 - West Midlands Quality Review Service on WMQRS@nhs.net or 0121 612 2146
- 3 Clinical Leads for the programme are:-
 - Dr Rachel Kesse-Adu - Lead, Adult Programme
 - Dr Emma Drasar - Lead, Adult programme
 - Dr Subarna Chakravorty - Lead, Paediatric Programme
 - Dr Mark Velangi - Lead, Paediatric Programme

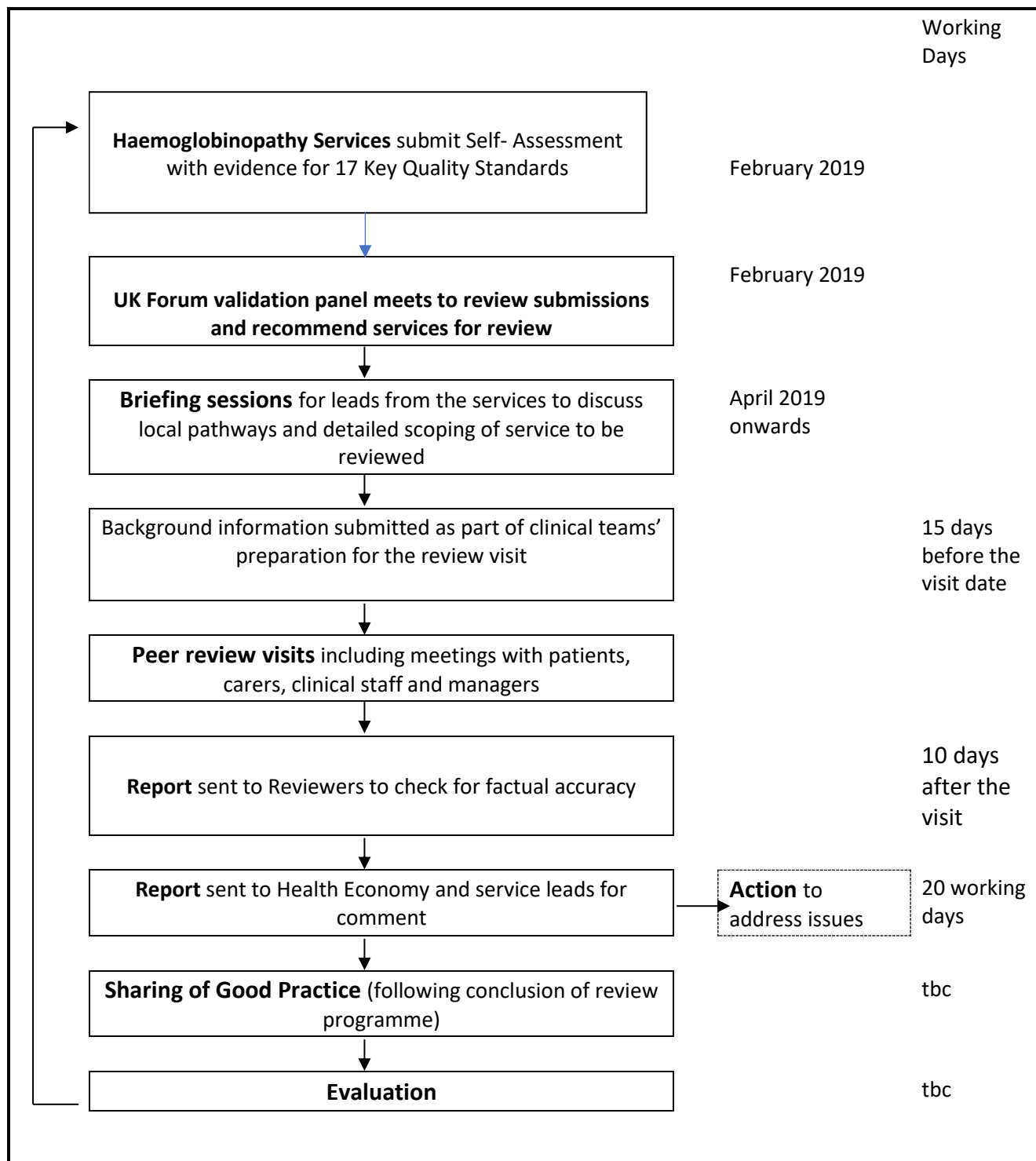
WHAT BENEFITS ARE EXPECTED FROM THE REVIEW PROGRAMME?

- 4 The aim of Haemoglobin Disorders Peer Review programme is to help organisations to improve the quality of clinical services in a developmental and supportive way. This process does not set out to be an inspection or performance management tool.
- 5 We hope that through the Haemoglobin Disorders Quality Standards and peer review programme:
 - 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 Monitor.

As part of the Clinical Commissioning Groups' (CCG) assurance processes, participation in this process will help CCGs to demonstrate that they have appropriate arrangements for quality assurance and quality improvement.

- 6 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?

- 7 The Quality Standards for Services were originally developed separately for children and adults' services to support implementation of the 'Standards for the Clinical Care of Children and Adults with Thalassaemia in the UK' (2005, 2nd edition 2008), 'Sickle Cell Diseases in Childhood: Standards and Guidelines for Clinical Care' (2006) and 'Standards for the Clinical Care of Adults with Sickle Cell Disease in the UK' (2008). In 2013 the Quality Standards were combined into a single set of Quality Standards for use in both children's and adult services. Version 4 of the Quality Standards for Health Services for People with Haemoglobin Disorders (2018) includes guidance published since the last version of the Quality Standards were issued and, comments received during the 2014-2016 peer review programme.
- 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 to indicate pathway and service standards and each topic section:

Pathway and Service Letters

HN-	Specialist services for People with Haemoglobin Disorders
HY-	Haemoglobin Disorders: Network
HZ-	Haemoglobin Disorders: Commissioning

Topic Sections

Each section covers the following topics:

-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

- 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. **Case note review/Clinical observation**
A few Standards require reviewers to look at case notes or other clinical information. See section 26 about communication with Caldicott Guardians. Clinical observation is also undertaken by reviewers during the visit.
- e. **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 The Standards cover pathways of care and so have the following structure:

a. **Specific Services:**

These are Standards for the services on the pathway of care:-

- Specialist Haemoglobinopathy Centre (SHC)
- Local Haemoglobinopathy Teams (or Linked Providers) (LHT)

b. **Network:**

These Standards are the responsibility of the Specialist Haemoglobinopathy Centres but, by agreement, the functions may be delegated to another organisation or coordinating group.

c. **Commissioning:**

These standards are the responsibility of NHS England specialised services commissioners working with Clinical Commissioning Group commissioners of local services

12 Further detail of the scope is given in the introduction of the Haemoglobin Disorder Quality Standards. All Quality Standards and the 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 STANDARDS AND SELF-ASSESSMENT FORMS

- 13 Self-assessment forms are available on the WMQRS website. Organisations may wish to use these as part of their preparation for the review visit. Self-assessment forms are in an ‘Excel’ format.
- 14 All Quality Standards are cross-referenced to the British Standards Institution PAS1616:2016 Healthcare – Provision of Clinical Services Specification, Care Quality Commission’s Key Lines of Enquiry (June 2017).

- 15 Self-assessments and peer review visit findings can be used as evidence of compliance with these Standards.

VALIDATION PROCESS

- 16 For the 2019-2020 review a risk-based model was introduced. All Haemoglobin Disorders (HD) centres were invited to submit a self- assessment with evidence for 17 key Quality Standards. All submissions were validated by a panel made up of UK Forum Steering Group members and WMQRS in February 2019.
- 17 Following the validation meeting those services who (following the validation of their self-assessment) did not meet an agreed threshold and 50% of those services in the middle range were identified for a review visit. Ten percent of those with the highest scores were also be identified for a review to validate the assessment methodology and to enable good and outstanding practice to be shared.
- 18 Services were notified of the outcome of the validation process at the end of March 2019
- 19 It was agreed by the UK Forum, that centres being reviewed within 12 months from their initial self- assessment, then they would not be required to update their self- assessment unless they chose to. Those services being reviewed more than 12 months from their initial self-assessment will have the opportunity to update their self-assessment.

BRIEFING ARRANGEMENTS

- 20 WMQRS will also arrange a telephone conference call with clinical service leads and managers around two to three months before the visit. The purpose of the conference call meeting is to map the services to be reviewed and ensure that everyone is clear about arrangements and responsibilities for the review visit. Trusts will also be asked to identify a link person for the day. See section 35 for further details on the role of the link person.

QUALITY REVIEW VISITS

- 21 Each service review will consist of:
- a. Reviewer preparation and review of evidence (NB. WMQRS has worked on ways of minimising the amount of 'evidence' which services need to produce.)
 - b. Pathway presentation and discussion (see section 27 for more detail)
 - c. Clinical observation and/or case note review
 - d. Visit facilities
 - e. Meeting with staff providing the service/s
 - f. Meetings with patients and carers (see section 8 for more detail)
 - g. Meeting with lead clinician/s and manager for each service

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

Figure 3 'Review at a glance'



PREPARATION

- 22 Following the notification of visit letter, WMQRS will email the leads of the service to agree the date for the review and a pre visit briefing telephone conference will be arranged. This briefing phone call 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 to WMQRS for advice on the interpretation of Standards and organisation of the visit.
- 23 At least three weeks before the review visit, services will need to provide WMQRS with a short background report describing the services that are being reviewed. This report should also include a short progress report since the last visit (for adults and children). For services being reviewed more than 12 months following their initial self-assessment submission then an updated self-assessment against the relevant Quality Standards should also be sent. Quality Standards with 'BI' highlighted are clear about what should be covered in the background report or self-assessment.
- 24 The validated or updated self-assessment will be forwarded to the reviewers before the review. 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.
- 25 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.
- 26 **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. 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 in total should be available, split between Sickle Cell disease and Thalassemia and should include details of the latest formal review and care plan, previous ten admissions and any adverse events.
- The organisations Caldicott Guardian will be asked, in advance of the visit, for permission to access and view clinical notes.

VISIT

- 27 Review visits will usually start at 10am and will finish by 5.30 or 6pm. A detailed timetable for each visit will be produced after the pre-visit conference call and, in general clinical staff will meet the visiting team between 10.30am 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
- e. Meetings with:
 - (i) Patients' and carers' representatives (see section 24 for more detail)
 - (ii) staff providing the service
 - (iii) lead clinician/s and manager for the service
 - (iv) Service management and governance
- f. Reviewers draw conclusions

- g. Feedback (if paediatric and adult services are on separate sites staff would come together for conclusions. The service team based on the other site would need to travel for conclusions)

- 28 **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 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.
- 29 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 (i.e. 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.
- 30 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.
- 31 **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
 - Challenges ahead and outline of plans for addressing these.

Please make copies of the presentation available to reviewers.

32 **Involving - Patients and Carers Representatives**

The timetable will include a meeting with representatives of patients and carers. WMQRS suggests that Trust staff **do not** attend this meeting to enable patients and carers to speak freely about the service. 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. 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. Services should make every effort to get patient views from patients with both sickle cell and thalassaemia with an open invitation to patients to meet the review team, possibly with places on a 'first come, first served' basis. If patients with sickle cell disease and thalassaemia are attending to meet the visiting team then separate meetings should be held.

33 **Questionnaires**

Services may wish to use a questionnaire in advance of the visit to gather feedback from patients and carers. A response rate of at least 10% is recommended for patient surveys undertaken in advance of review visits.

34 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

- 35 **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.
- 36 **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.
- 37 **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 and lunch. Refreshments do not need to be elaborate. Ideally refreshments are provided in the reviewers' base room.
- 38 **DBS Checks:** NHS employees are CRB/DBS checked as part of their employment arrangements. Patient and carer reviewers will have been CRB/DBS checked by either their nominating organisation or by WMQRS.
- 39 **Guides and Link person:** It is requested that each Trust to be visited identifies a 'link' person for the day. This person will be responsible for meeting and greeting people arriving for meetings and taking them to their meetings. In addition, it is asked that they also take responsibility for managing refreshments for reviewers and dealing with any queries to/from the visiting team

Sometimes the leads for the service may 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.

- 40 **Expenses:** WMQRS does not fund expenses of any 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.

VISIT REPORTS

- 41 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
 - **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.
- 42 If a potential immediate risk is identified, the procedure outlined in the WMQRS '*Principles and Approach*' (**Appendix 3**) will be followed.
- 43 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. We are not expecting to receive any further information from Trusts at this stage unless specifically requested in order to clarify a point within the report.

- 44 Network standards will not be reviewed during the 2019-2020 visits as not all constituents of the networks are scheduled for a peer review visit. However, reviewers may wish to comment in the report about any network issues that are raised during the course of the peer review visit.
- 45 Reports of quality reviews will be agreed by the Haemoglobin Disorders Steering 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.
- 46 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).
- 47 When all visits are completed for the review programme an Overview Report will be produced and a good practice sharing event organised.
- 48 An evaluation of all work and visit programmes will also be undertaken.

ACTION FOLLOWING VISITS

- 49 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.

VISITING TEAM

- 50 The review team be varied and 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:-
 - Lead for children's services
 - Lead for adult services
 - Two service users or carers, ideally one representing patients with sickle cell disease and one for those with thalassaemia
 - Consultant haematologist (adult services)
 - Consultant paediatrician/paediatric haematologist (paediatric services)
 - Specialist nurse (paediatric services)
 - Specialist nurse (adult services)
 - Senior manager
 - Commissioner

Role	Adult Service	Paediatric Service	Joint Adult and Paediatric Service
Consultant Paediatrician / Paediatric Haematologist		√	√
Consultant Haematologist	√		√
Specialist nurse (Paediatric)		√	√
Specialist nurse	√		√
Commissioner/senior manager	√	√	√
Patient/service user	√		√
Carer	√	√	√

- 51 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 NHS staff. 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.
- 52 NHS staff who act as reviewers will be able to claim for car mileage and rail travel incurred to and from review visits. WMQRS can arrange rail travel for reviewers.
- 53 WMQRS will always arrange any overnight accommodation (including evening meal) if required, in line with NHS Shared Business Services financial standing instructions. Claims from reviewers for overnight accommodation will not be reimbursed.
- 54 WMQRS does not pay for reviewers time and other subsistence as reviewers should claim from their employing organisation in return for the Continuing Professional Development and development and learning gained by all who take part.
- 55 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 DBS checked by WMQRS, see **Appendix 3**) and sign a confidentiality agreement before participating in a review visit. All reviewers will be required to undertake half a day of reviewer training.
- 56 Service Users and Carers who act as reviewers will be reimbursed for any travel via public transport or car mileage and subsistence costs in accordance with WMQRS financial standing instructions. WMQRS staff will liaise with service users and carers before the visit and arrange hotel accommodation and travel tickets in advance if required.
- 57 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 portfolios.

USEFUL LINKS

- WMQRS website www.wmqrnhs.uk
- WMQRS 'Principles and Approach' www.wmqrnhs.uk/about-wmqrnhs

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	<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. The service lead 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	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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ORGANISING THE VISIT

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.

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.

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 and lunch. Refreshments do not need to be elaborate. Ideally refreshments are provided in the reviewers' base room.

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

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.

Expenses: WMQRS does not fund expenses of any 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.

INVOLVING PATIENT 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:

- a. 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.
- b. We suggest that Trust staff **do not** attend this meeting to enable patients and carers to speak freely about the service.
- c. 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.

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 (i.e. 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.

APPENDIX 3 BEING A REVIEWER

REVIEWER PERSON SPECIFICATION

For the composition of the review team please see section 46.

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)

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 may be amended as necessary 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 through the Human Resources Department at Midlands and Lancashire CSU or via other local Trusts or organisations.

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

NOMINATING REVIEWERS

Services may nominate staff to be reviewers. Please send the following information to wmqrs@nhs.net for each of your nominations:

Name:	
Job title:	
Organisation:	
Email address:	
Telephone number:	

Each application must come with confirmation of support from the employing organisation that the nominee meets the person specification.

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 briefing session
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.
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 if requested. 	Three weeks before the visit. <i>This information is required to send to reviewers in advance of the visit.</i>

Action		When
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 in total (including care plans) for Sickle Cell and Thalassaemia patients 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 WD 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

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

The following short paragraphs may be helpful to send to individuals or patient groups 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.

APPENDIX 6 ILLUSTRATIVE TIMETABLES FOR ADULT, PAEDIATRIC AND JOINT ADULT AND PAEDIATRIC VISITS

Illustrative timetable for a review of either an adult or paediatric service

Haemoglobin Disorders Quality Review Programme				
XX XXXX 2019				
XXXXX Hospital				
Illustrative timetable for single site and single team caring for adults or children				
Reviewers:				
10.00	Reviewers arrive and welcome		10.00	
10.15	Trust presentation		10.15	
10.30	Reviewers look at evidence and case note review		10.30	
10.45			10.45	
11.00			11.00	
11.15			11.15	
11.30			11.30	
11.45			11.45	
12.00	Reviewer lunch and discussion		12.00	
12.15			12.15	
12.30	Meet commissioners	Meet community services representatives	Patient and carer meeting - Sickle Cell Disease	12.30
12.45			12.45	
13.00			13.00	
13.15	Walk Pathway visit Emergency Department (A&E) and Wards		13.15	
13.30			Visit Day Unit	13.30
13.45			Visit Outpatients (paediatrics only)	13.45
14.00				14.00
14.15	Reviewer break and discussion		14.15	
14.30	Meet Lead Consultant Lead Manager and Lead nurse	Telephone conference with local teams	Patient and carer meeting - Thalassaemia	14.30
14.45				14.45
15.00	Meet with CEO or nominated deputy			15.00
15.15			15.15	
15.30			15.30	
15.45			15.45	
16.00	Draw conclusions		16.00	
16.15			16.15	
16.30			16.30	
16.45			16.45	
17.00	Feedback to team		17.00	
17.15			17.15	
17.30	Depart		17.30	

Illustrative timetable for a review of a joint adult and paediatric service cared for by separate teams

Haemoglobin Disorders Quality Review Programme							
XX XXXX 2019							
XXXXX Hospital							
Illustrative timetable for single site but different teams caring for adults and children							
Reviewers:			Reviewers:				
10.00	Reviewers arrive and welcome						10.00
	ADULT SERVICES			PAEDIATRIC SERVICES			
10.15	Trust presentation			Trust presentation			10.15
10.30	Reviewers look at evidence and case note review			Reviewers look at evidence and case note review			10.30
10.45							10.45
11.00							11.00
11.15							11.15
11.30							11.30
11.45							11.45
12.00	Reviewer lunch and discussion						12.00
12.15							12.15
12.30	Meet community services representatives	Patient and carer meeting - Sickle Cell Disease	Meet commissioners (Joint meeting)		Meet community services representatives	Patient and carer meeting - Sickle Cell Disease	12.30
12.45							12.45
13.00							13.00
13.15	Walk Pathway	Visit day unit		Walk Pathway	Visit Day Unit		13.15
13.30	Visit Emergency Department (A&E) and Wards			Visit Emergency Department (A&E) and Wards	Visit Outpatients (paediatrics only)		13.30
13.45							13.45
14.00							14.00
14.15	Reviewer break and discussion						14.15
14.30	Patient and carer meeting - Thalassaemia	Meet Lead Consultant Lead Manager and Lead nurse	Telephone conference with local teams (may be joint if local teams are joint)	Telephone conference with local teams (may be joint if local teams are joint)	Meet Lead Consultant Lead Manager and Lead nurse	Patient and carer meeting - Thalassaemia	14.30
14.45			Meet CEO or nominated deputy (Joint meeting)				14.45
15.00							
15.15							15.15
15.30	Draw conclusions			Draw conclusions			15.30
15.45							15.45
16.00							16.00
16.15							16.15
16.30							16.30
16.45							16.45
17.00	Feedback to team			Feedback to team			17.00
17.15							17.15
17.30	Depart			Depart			17.30

Illustrative timetable for a review of a joint adult and paediatric service cared for by the same team

Haemoglobin Disorders Quality Review Programme				
XX XXXX 2019				
XXXXX Hospital				
Illustrative timetable for a single site and single team caring for both adults and children				
Reviewers:				
10.00	Reviewers arrive and welcome		10.00	
10.15	Trust presentation		10.15	
10.30	Reviewers look at evidence and case note review		10.30	
10.45			10.45	
11.00			11.00	
11.15			11.15	
11.30			11.30	
11.45			11.45	
12.00	Reviewer lunch and discussion		12.00	
12.15			12.15	
12.30	Meet commissioners	Meet community services representatives	Patient and carer meeting - Sickle Cell Disease	12.30
12.45			12.45	
13.00			13.00	
13.15	Visit Emergency Department (adult and paediatric)	Visit day unit/s (adult and children) and out-patients (children only)	Visit wards (adult & paediatric)	13.15
13.30				13.30
13.45				13.45
14.00				14.00
14.15	Reviewer break and discussion		14.15	
14.30	Meet Lead Consultant Lead Manager and Lead nurse	Telephone conference with local teams	Patient and carer meeting - Thalassaemia	14.30
14.45				14.45
15.00	Meet with CEO or nominated deputy			15.00
15.15			15.15	
15.30	Draw conclusions		15.30	
15.45			15.45	
16.00			16.00	
16.15			16.15	
16.30			16.30	
16.45			16.45	
17.00	Feedback to team		17.00	
17.15			17.15	
17.30	Depart		17.30	