

West Midlands Quality Review Service

PRINCIPLES AND APPROACH

Version 14 D1

Version No.	Date	Section Amended	Change from previous version
V10	18.10.13	Appendix 3	Appendix 3 approved by WMQRS Board
V10.1	30.10.31	Section 13 & Appendix 1 Section 61	Correction to names of Quality Assurance Group and Steering Group Correction to timescales for c, d and e.
V11	05.09.14	Sections 27 & 28 Sections 41 & 50	Addition of information regarding permission to use QS Addition regarding formative review reports agreed by Board
V12	07.04.15	Section 2 Section 66 Sections 68 & 69 Appendix 1 Appendix 5	Amendments agreed by the Board: Addition of paragraph on document control Addition of information regarding WMQRS Annual Review and Plan Addition of Paragraphs regarding complaints and management of records Addition of information on declaration of interest and group quoracy Updating of information on DBS checks
V13	19.5.16	Section 39 & Appendix 5	Updated latest serious incident guidance and DBS/risk assessment process agreed by the Board. Extension of review by date to July 2016

Approved: 20th March 2015

Review by: July 2016

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INTRODUCTION

- 1 The West Midlands Quality Review Service (WMQRS) is a collaborative venture supported by West Midlands Clinical Commissioning Groups (CCGs) and Trusts as described in the *WMQRS Establishment Agreement*. The service supports organisations in ensuring they have a robust framework of quality assurance across their portfolios of services. WMQRS has formal links with NHS England Regional Teams, specialised services commissioners and Clinical Senate and Strategic Clinical Networks, through the WMQRS Board. This paper outlines the principles and approach under which WMQRS works.

The work of WMQRS concentrates on the 'structure and process' aspects of quality, including the mechanisms for patient involvement and for auditing outcomes. This is one, important perspective on quality, which should be considered alongside information on access, patient experience and clinical outcomes.

- 2 Any changes to the WMQRS Principles and Approach require approval of the WMQRS Board. More detail on processes outlined in this document can be found in the WMQRS Process Flowcharts which are available on request.

AIMS

- 3 The aim of WMQRS is to support organisations in improving the quality of health services by undertaking reviews of the quality of clinical services. In particular, WMQRS aims to:

- Ensure care pathways are as safe as possible
- Improve the quality and effectiveness of care
- Improve the patient and carer experience
- Organise independent, fair reviews of services
- Provide development and learning for all involved
- Encourage and support dissemination of good practice
- Support and add value to organisations' own clinical quality assurance and review systems

- 4 For the agreed programme of service reviews, WMQRS will:

- develop evidence-based Quality Standards, derived from national guidance, which are in an easy-to-use format for peer review and for organisations' own use
- coordinate and facilitate developmental and supportive quality reviews
- produce overviews of compliance with Quality Standards and related issues
- provide development and learning for all involved.

- 5 The expected outcomes of the work of WMQRS are:

- improvements in the quality, safety and outcomes of services reviewed
- organisations will have better information about the quality of their clinical services which they can use as evidence to support regulatory processes
- increased organisational competence and confidence in clinical quality assurance and review within West Midlands CCGs and Trusts.

PRINCIPLES

- 6 The following core principles will govern the work of WMQRS:

- a. The work of WMQRS will be clinically led and clinically credible.
- b. There will be service user and carer input throughout the work of WMQRS.

- c. The work of WMQRS will be evidence-based or, if no evidence is available, will be based on, a consensus of professional and service users' views and any current best practice guidance.
- d. WMQRS will work in a developmental and supportive way which helps organisations to improve the quality of their services and their own capacity to undertake clinical quality assurance. When issues remain unresolved, WMQRS will communicate concerns about progress to the lead commissioner and other appropriate organisations.
- e. WMQRS will seek to minimise disruption to clinical services resulting from reviewers' participation in training and reviews and from peer review visits and other clinical quality review approaches.
- f. WMQRS will offer reviews which duplicate other clinical quality assurance and review systems only when this is agreed and seen as helpful by participating Trusts and commissioners.
- g. WMQRS will work in partnership with other clinical quality assurance and review systems.
- h. The work of WMQRS will be undertaken to the highest quality standards and WMQRS will seek continually to improve the quality of its work.

PROGRAMME MANAGEMENT

- 7 Initial scoping will be undertaken before a service and care pathway is considered for inclusion in the WMQRS programme of work. This scoping will cover:
 - What benefits are expected from undertaking the quality reviews?
 - What is the scope of the pathway or service to be reviewed?
 - Are there important inter-relationships with other services or pathways that should be considered in designing the review programme?
 - Does the pathway or service meet the criteria for selection into the WMQRS work programme?
 - What national 'best practice' guidance is available?
 - Are agreed Quality Standards suitable for use in quality reviews available or would these need to be developed?
 - What is the best approach to quality review (for example, full peer review programme, self-assessment)?
 - Do clinical staff agree with the need for strengthening quality review of the service and would they support the proposed approach?
 - How will service users and carers be involved in the standards development and review process?
 - How much of WMQRS resources will be needed to support review of the pathway?
- 8 Criteria for selection into the WMQRS work programme will include:
 - Pathway or service does not have Quality Standards suitable for use in service specifications or quality assurance
 - Pathway or service not covered by an existing clinical quality assurance and review process
 - Pathway or service is an area of changing policy, strategy, clinical practice or service configuration.
 - Pathway or service has significant known variations in quality OR has little or no information on service quality.
- 9 The WMQRS work programme will comprise an annual programme and, ideally, a two year 'forward look'. At the end of each year, progress will be reviewed and the next year's annual programme will be agreed. The development of the work programme will be informed by the priorities of local organisations.
- 10 For West Midlands-wide programmes, once a service or care pathway is included within the WMQRS work programme, a Steering Group will normally be created with responsibility for oversight of the WMQRS work-stream. Steering Groups will normally be jointly accountable to the WMQRS Board and to the sponsoring

clinical network and care pathway group. Appendix 1 gives Steering Group terms of reference which may be tailored for individual programmes. Specific deliverables and timescales will be agreed as part of the WMQRS overall work programme. Appendix 2 gives a 'Sponsoring Group Agreement' which may be tailored for individual programmes. Each Steering Group will develop the details of the approach to quality review that is appropriate for its service or care pathway. This approach must be consistent with the overall WMQRS *Principles and Approach*. Some clinical networks include organisations outside the West Midlands and non-NHS providers. Where there is an established clinical network then a review of the 'out of region' and non-NHS providers will be undertaken so long as the provider concerned agrees to participate and nominates reviewers to participate in the programme and their commissioner (or the provider themselves) contributes to the WMQRS core team costs. Reviews of services provided or commissioned by social care will be undertaken on the same basis. 'Out of region' providers linking with West Midlands-wide programmes will be expected to attend West Midlands communication and dissemination events and WMQRS will not normally organise specific communication and dissemination for 'out of region' providers.

- 11 **For Trust and CCG agreed programmes** WMQRS reviews will be decided by each health economy¹ with WMQRS time allocated on the basis of health economy populations. The exact number of reviews will depend on the complexity of the service to be reviewed. This will allow reviews to be targeted at areas which are of particular interest to individual health economies. Where health economies choose the same service, these reviews will be organised together in order to maximise shared learning and minimise duplication.
- 12 WMQRS may also undertake commissioned reviews. These will normally be approved by the Board but may, if there is some urgency involved, be agreed by the WMQRS Board Chair and reported back to the Board. The process and reviewers will be decided depending on the service to be reviewed. Commissioned reviews will normally have some West Midlands-wide benefit. Commissioned reviews will normally be expected to fund the WMQRS core team costs involved and will be undertaken only if they are not detrimental to the overall WMQRS work programme.
- 13 A Quality Assurance Group comprising patient and senior medical, nursing or allied health professional, governance and commissioner representatives will approve Quality Standards, advise on interpretation of Standards and approve visit reports for any review which does not have a pathway-specific Steering Group.
- 14 Other WMQRS products may be developed which support the WMQRS aim and make use of its expertise in Quality Standards and review programmes.

DEVELOPMENT OF QUALITY STANDARDS

- 15 Quality Standards, suitable for use in quality reviews are fundamental to the clinical review processes used by WMQRS. They are also useful for provider and commissioner organisations to monitor their own progress toward implementation of national 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.
- 16 Quality Standards will follow the patient pathway and will include a pathway summary. They will reflect the latest national guidance. They will help to answer the question "If I walk into a service today, how will I know that best-practice guidance has been implemented?" Higher priority will be given to NICE and other mandatory guidance than to other guidance. The Quality Standards will be in a format which is suitable for inclusion in service specifications. Where national guidance is not available, Quality Standards will be based on a consensus of professional and service users' and carers' views and best practice guidance.

¹The term 'health economy' is used because of the collaborative basis for WMQRS. 'Health economy' refers to the commissioner and provider organisations serving a particular geographical area and / or population group.

- 17 Quality Standards will be publicly available. Their purpose is to support quality reviews and their language will be appropriate to clinicians and 'informed' service users. Quality Standards will be written in clear, unambiguous language and be measurable and achievable within five years by all appropriate service providers. If the Quality Standard cannot reasonably be achieved within five years then a risk-mitigating alternative will be included.
- 18 Quality Standards will go only to the level of detail needed to show that national guidance and consensus on best practice has been implemented and will allow for maximum flexibility in local implementation of this guidance and consensus.
- 19 Each of the following areas will be considered during the development of Quality Standards: support for patients and carers, staffing, support services, facilities and equipment, guidelines and protocols, service organisation, liaison with other services, governance and commissioning. Wherever possible, Quality Standards will be consistent across services and care pathways. Quality Standards will include a review date.
- 20 Demonstrating compliance with Quality Standards will be easy as possible for services. The type of evidence required will be explicit for each Quality Standard.
- 21 Quality Standards will require reviewers to see patient identifiable information only when there is no reasonable alternative method of demonstrating compliance. Patient identifiable information will only be reviewed during visits to the service concerned. Patient identifiable information will be looked at only by NHS staff and will not be removed from the review location.
- 22 Quality Standards will be cross-referenced to the Care Quality Commission (CQC) and other relevant national standards so that organisations can use the findings for their self-assessments and registration submissions.
- 23 Whenever possible, Quality Standards will include an appendix giving indicators of outcomes (clinical and patient-experience) or will refer to the location of outcome indicators.
- 24 Service users, carers, providers and commissioners will have the chance to contribute to the development of the Quality Standards for their service or care pathway.
- 25 Interpretation guidance may be developed as Quality Standards are used for improving services and for reviews. Interpretation guidance will be used to ensure consistency of interpretation and will be made available to all service providers and commissioners.
- 26 Risk weighting of Quality Standards may be developed and used.
- 27 Quality Standards may be reproduced and used freely by NHS and social care organisations in the West Midlands for the purpose of improving health services for residents of the West Midlands and those who use West Midlands' services. No part of the Quality Standards may be reproduced by other organisations or individuals or for other purposes without the permission of the WMQRS. Organisations and individuals wishing to reproduce any part of the Quality Standards must contact WMQRS. WMQRS will give permission for the use of its Quality Standards to organisations from outside the West Midlands with which it is working. WMQRS will give permission to other organisations where the proposed use is in line with the WMQRS aims and will not detract from the integrity and quality of the Standards.
- 28 WMQRS is sometimes approached by national organisations asking if they can adopt WMQRS Quality Standards. The WMQRS approach in these situations is as follows:
 - a. In principle, WMQRS is happy to work with national organisations to support national adoption of its Quality Standards.
 - b. The preferred WMQRS approach is that WMQRS, the relevant Steering Group (or equivalent) and the national organisation work together to agree a version of the Standards which is then published and copyrighted both by WMQRS and by the national organisation.

- c. Updates and revisions to the Standards will ideally be agreed by both the national organisation and WMQRS. WMQRS reserves the right, however, to update and revise its Quality Standards separately.

29 Organisations outside of the West Midlands will be charged for the use of WMQRS Quality Standards.

DEVELOPMENT AND LEARNING FOR ALL

- 30 WMQRS aims always to use reviewers who have appropriate expertise in the service or care pathway they will be reviewing. In particular, 'peers' will be used to undertake reviews wherever possible. 'Peers' are those trained and working in the same discipline as those being reviewed. Reviewers from outside the West Midlands will be used whenever appropriate 'peers' are not available within the region.
- 31 The reviewers needed for each review programme will be agreed as part of detailed planning of the programme. The generic specification for reviewers is detailed in Appendix 4.
- 32 The mechanism for identification and recruitment of service user and carer reviewers will be agreed as part of the approach for each service or care pathway.
- 33 WMQRS will normally invite provider and commissioner organisations from across the West Midlands to nominate reviewers who meet the person specification. Any volunteers who contact WMQRS will be used as reviewers only if their employing organisation supports them in undertaking this role.
- 34 Following nomination by their employing organisation, potential reviewers will be sent a personal invitation to attend reviewer training and become a reviewer.
- 35 All reviewers will be trained for their work with WMQRS. If, following attendance at training, any potential reviewers are not considered suitable then they will be offered individual feedback.

36 Refresher training for existing reviewers will be offered following the revision of any suites of Quality Standards.

37 All reviewers will be expected to sign a reviewer contract.

38 The inclusion of non-NHS staff as reviewers will be considered on a case by case basis. If non-NHS staff participate in reviews they will be expected to sign appropriate confidentiality agreements. a reviewer contract which includes a confidentiality agreement.

39 Reviewers will receive certificates for inclusion in CPD or revalidation portfolios after completing reviewer training and undertaking review visits.

40 WMQRS will ensure dissemination of good practice where a number of reviews of the same topic have been undertaken.

QUALITY REVIEWS

41 WMQRS's quality review work will normally comprise a review of compliance with the Quality Standards and identification of related issues. Quality Standards will be assessed as met, not met or not applicable on the day of the visit or other review activity. Reviews will also identify issues which are related to achievement of the Quality Standards. These will be categorised as:

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

- 42 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.²
- 43 Clinical quality reviews may take several formats, including peer review visits. Peer review visits will usually include a review of written evidence of compliance with the Quality Standards, visiting facilities, meeting service users and carers and staff providing the service, and meeting other related services, managers and commissioners. Formative review visits usually involve a visiting team meeting some staff and patients for a general discussion about a particular issue, sometimes with the aim of providing material and insights for use in the development of Quality Standards. Formative review visits do not provide robust quality assurance of clinical services.
- 44 Peer review visits and other quality review approaches will always seek to understand the patient pathway and to establish what pathway is being followed in practice. Different approaches to understanding what happens in practice will be used, depending on the service concerned.
- 45 Every effort will be made to minimise the work involved in presenting evidence of compliance with Quality Standards to the review team. Guidance on presenting evidence will be included in the 'Review Process' documentation for each programme.
- 46 Prior to the review, the relevant Caldicott Guardian will be contacted for agreement to review patient identifiable information.
- 47 In formulating their reports, reviewers will seek to avoid single-source verbal information and will triangulate evidence as far as possible. Reviewers will not normally make recommendations. Reviewers' reports will normally identify issues that need to be addressed, leaving the service or organisation/s concerned to identify the best solution.
- 48 Appendix 3 details the process to be followed following the identification of a possible Immediate Risk.
- 49 Draft reports of quality reviews will be sent to reviewers and to the health economy (providers and commissioners) concerned to check for factual accuracy. Draft reports will normally be sent to reviewers within 10 working days of the end of the review visit and to the reviewed health economy within 20 working days of the visit. Health economies will normally be given 15 working days to respond with any comments on factual

² Serious Incidents in the NHS include: Acts and/or omissions occurring as part of NHS-funded healthcare (including in the community) that result in: Unexpected or avoidable death of one or more people. This includes suicide/self-inflicted death; and homicide by a person in receipt of mental health care within the recent past. Unexpected or avoidable injury to one or more people that has resulted in serious harm; Unexpected or avoidable injury to one or more people that requires further treatment by a healthcare professional in order to prevent:—the death of the service user; or serious harm; Actual or alleged abuse; sexual abuse, physical or psychological ill-treatment, or acts of omission which constitute neglect, exploitation, financial or material abuse, discriminative and organisational abuse, self-neglect, domestic abuse, human trafficking and modern day slavery where: healthcare did not take appropriate action/intervention to safeguard against such abuse occurring ; or where abuse occurred during the provision of NHS-funded care. This includes abuse that resulted in (or was identified through) a Serious Case Review (SCR), Safeguarding Adult Review (SAR), Safeguarding Adult Enquiry or other externally-led investigation, where delivery of NHS funded care caused/contributed towards the incident (see Part One; sections 1.3 and 1.5 for further information).

A Never Event - all Never Events are defined as serious incidents although not all Never Events necessarily result in serious harm or death. See Never Events Policy and Framework for the national definition and further information;

An incident (or series of incidents) that prevents, or threatens to prevent, an organisation's ability to continue to deliver an acceptable quality of healthcare services, including (but not limited to) the following: Failures in the security, integrity, accuracy or availability of information often described as data loss and/or information governance related issues (see Appendix 2 for further information); Property damage; Security breach/concern; Incidents in population-wide healthcare activities like screening and immunisation programmes where the potential for harm may extend to a large population; Inappropriate enforcement/care under the Mental Health Act (1983) and the Mental Capacity Act (2005) including Mental Capacity Act, Deprivation of Liberty Safeguards (MCA DOLS); Systematic failure to provide an acceptable standard of safe care (this may include incidents, or series of incidents, which necessitate ward/ unit closure or suspension of services); or Activation of Major Incident Plan (by provider, commissioner or relevant agency).

Major loss of confidence in the service, including prolonged adverse media coverage or public concern about the quality of healthcare or an organisation.

[Serious Incident Framework: Supporting learning to prevent recurrence](#). NHS England March 2015

accuracy. Draft reports, incorporating health economy comments, will be considered by the relevant Steering (or Quality Assurance) Group within 35 working days of the receipt of health economy comments. Health economies will receive a copy of the version submitted to the Steering Group, and will be informed that further changes may be made by the Steering Group to ensure consistency. Final reports will be distributed within 85 working days of the end of the review visit, so long as health economy comments are received on time.

- 50 There may occasionally be circumstances where it is appropriate for draft reports to be shared. Draft reports may be shared with relevant NHS England Regional Teams and other relevant organisations, such as the NHS Trust Development Authority or Monitor, when reviewer and health economy comments have been incorporated (including notes of any outstanding areas of clarification or disagreement), for the purpose of triangulation with other data only. Draft reports may be given to NHS England Regional Teams and other relevant organisations at an earlier stage only with the agreement of the local health economy. If, following triangulation with other data, NHS England Regional Teams or other relevant organisations consider that action should be taken, they will contact WMQRS to agree a handling strategy. On the request of NHS England Regional Teams or other relevant organisations, WMQRS will give a verbal briefing on the findings of a review visit prior to the draft report being sent, for the purpose of triangulation with other data. Local health economies will be informed of any requests for briefings on or circulation of non-finalised reports.
- 51 When agreed by the relevant Steering Group, reports of quality reviews will be disseminated to the health economy concerned who will be advised to place the report in the public domain and handle any associated publicity through their usual mechanisms. After allowing a reasonable time (approximately one month) for health economies to do this, WMQRS will place reports on its website. NHS England Regional Teams will be sent copies of final reports at the same time as health economies.
- 52 Reports of formative reviews will be placed on the WMQRS website unless non-publication is requested by both the provider/s and commissioner/s concerned. This is in recognition that formative reviews use a framework of questions but not a detailed review against Standards and the findings therefore do not have the same level of rigour and consistency as full peer review visit reports.
- 53 Reports of commissioned reviews will not be placed on the WMQRS website or copied to NHS England Regional Teams unless requested by the commissioning organisation.
- 54 If a health economy has significant concerns about the factual accuracy of the report, they will be offered the opportunity for an informal meeting with an appropriate member of the WMQRS Board, agreed by the Chair. The aim of the meeting will be to achieve agreement on the content of the report which recognises both the health economy's concerns and the reviewers' findings.
- 55 Health economies will have the right to appeal on the factual accuracy of the report. Appeals will be considered by not less than three members of the WMQRS Board (at least one service user, one clinician and one other) with no involvement in the visiting team or service/area to which the report relates. The WMQRS Appeal Procedure is detailed in Appendix 7.
- 56 Risk weighting and other approaches to the presentation of review findings may be developed and used.

OVERVIEW REPORTS

- 57 An Overview Report at the end of each 'round' of West Midlands-wide quality reviews will identify common themes, strategic issues and good practice. Overview reports will include details of overall compliance with Quality Standards.
- 58 These 'Overview Reports' will be considered by the WMQRS Board and, when agreed, will be disseminated within the West Midlands health community and put on the WMQRS website.

EVALUATION

- 59 Evaluation will be built into all aspects of the work or WMQRS. Evaluation has a number of stages:
- a. Evaluation of consultation workshops, dissemination workshops and other events
 - b. Evaluation of training sessions
 - c. Immediate visit evaluation by reviewers and reviewed organisations
 - d. Evaluation at the end of each programme
 - e. Evaluations will be summarised on an annual basis and an annual evaluation report produced. (This may be part of the WMQRS Annual Report or may be separate.)

ACTION AND FOLLOW UP

- 60 Most of the issues identified by quality reviews can be resolved by providers' and commissioners' own governance arrangements. Many can be tackled by the use of appropriate service improvement approaches. Some require commissioner input. Individual organisations are responsible for taking action and monitoring this through their usual governance mechanisms. Action planning should start as soon as possible after the review and should link closely with reviewed organisations' own management arrangements. The lead commissioner for the service concerned is responsible for ensuring action plans are in place (especially once review reports have been finalised), monitoring their implementation and working with provider organisations, through Clinical Quality Review Meetings, on any issues that cannot be resolved internally. WMQRS is not responsible for agreement of action plans or for monitoring their implementation. WMQRS will advise on action plans and support organisations in reviewing progress.
- 61 The aim is always to work together to achieve a solution. In the rare cases when a re-visit or other follow up identifies that appropriate progress has not been made, WMQRS Board will consider, with the provider and commissioner concerned, the need for further action.

LINKS WITH OTHER CLINICAL QUALITY ASSURANCE AND REVIEW SYSTEMS

- 62 WMQRS will seek to liaise with other clinical quality assurance and review systems, including Health Education England, to minimise duplication and maximise shared learning.

DISSEMINATION OF FINDINGS AND SHARING OF GOOD PRACTICE

- 63 **For West Midlands-wide programmes**, dissemination of findings and sharing of good practice for is primarily the responsibility of the sponsoring networks or clinical pathway group. WMQRS will, of course, input to and support this process.

- 64 **WMQRS will disseminate findings and sharing of good practice where a number of reviews of the same topic have been undertaken and where there is not a sponsoring network or clinical pathway group**

65

WMQRS QUALITY STANDARDS AND OTHER POLICIES

- 66 WMQRS works within the policies and procedures of its host organisation, Sandwell and West Birmingham NHS Trust.³ Additional policies governing the work of WMQRS are:

³ **Note to Board: All references to SWBH arrangements and polices will be amended in line with M&L CSU arrangements and polices and amendments reported to the Board.**

- a. WMQRS policy on service user and carer involvement. (Appendix 5)
 - b. WMQRS policy on handling serious personal and professional issues identified during review visits (Appendix 6)
- 67 WMQRS will monitor and report to each Board meeting its achievement of:
- a. Immediate risks:
 - i. Letters issued within five working days of the end of the visit
 - ii. Response received within 10 working days of the end of the visit
 - iii. Confirmation and copy to NHS England Regional Team within 15 working days of the end of the visit.
 - b. Draft reports issued to reviewers within 10 working days of the end of the visit
 - c. Draft reports issued to health economies within 20 working days of the end of the visit
 - d. Reports considered by Steering (or Quality Assurance) Group within 35 working days of the receipt of health economy comments
 - e. Final reports issued within 85 days of the end of the visit and, if not, reasons for delay.
- 68 All WMQRS Board papers and other publications will be published on the WMQRS website.
- 69 WMQRS will seek to continue to improve its approach to quality reviews through:
- evaluation
 - learning from other quality assurance and review systems
 - work with service users and carers, service providers and commissioners to develop new and better approaches.
- 70 A 'WMQRS Annual Review and Plan' will be considered by the WMQRS Board annually.
- 71 WMQRS will produce an annual report summarising its work over the previous year. Following approval by the WMQRS Board this will be submitted to West Midlands NHS Chief Executives.
- 72 Any complaint about the work of WMQRS will be dealt with in accordance with the Sandwell & West Birmingham Hospitals NHS Trust Policy on the Handling of Complaints with the exception that for 'Trust Board' read 'Trust Board and WMQRS Board' and for 'Chief Executive' read 'Trust Chief Executive and WMQRS Board Chair'. If a complaint is received about a service, WMQRS will advise the complainant to address their complaint direct to the relevant organisation's complaints procedure.
- 73 The management of records will be dealt with in accordance Department of Health Records Management NHS Code of Practice, Part 2 (Second Edition), for Business and Corporate (Non-Health) Records Retention Schedule, as defined in the Sandwell and West Birmingham NHS Trust policy on Information Governance.

APPENDIX 1 WMQRS GENERIC STEERING GROUP TERMS OF REFERENCE

Terms of Reference

Working with the West Midlands Quality Review Service '*Principles and Approach*', the Steering Group will:

- Develop Quality Standards, suitable for use in quality reviews.
- Ensure service user and carer, service provider and commissioner involvement in the development of Quality Standards.
- Design and ensure implementation of a programme of quality reviews to review compliance with the agreed Quality Standards.
- Consider and approve reports of quality reviews.
- Ensure consistency of interpretation of the Quality Standards and identify any changes needed.
- Advise on action plans following quality review visits.
- Consider the need for further action if progress against action plans is found to be unsatisfactory.
- Identify and disseminate strategic issues arising from quality reviews.
- Ensure dissemination of good practice identified during quality reviews.
- Ensure communication about the Quality Standards and quality reviews with relevant organisations within the West Midlands and nationally.
- Ensure evaluation of the programme of development of Quality Standards and quality reviews.

Specific deliverables and timescales will be agreed as part of establishing the Steering Group.

Membership

Steering Group membership should include at least two service users and / or carers or appropriate representatives. Membership should reflect the expected multidisciplinary visiting team and the different types of service to be reviewed. Membership should include representatives from commissioners and from the sponsoring clinical network or care pathway group. Professional members should normally be senior and respected figures within the relevant clinical community. Membership should be reviewed at the end of each review programme.

Accountability

The Steering Group is jointly accountable to the sponsoring clinical network or care pathway group and to the WMQRS Board.

Declaration of interest

Where meetings consider and approve reports of quality reviews, Steering Group members should make a declaration of interest if:

- they have been a member of the visiting team
- they or a close family member work or have recently worked at the organisation to which the report relates
- they or a close family member have recently used the service to which the report relates

At the discretion of the Chair of the Group, Steering Group members who have made a declaration of interest may take part in the discussion of the report to which the declaration relates.

Quoracy

Composition of the Steering Group quorum should be detailed.

Steering Group members who have made a declaration of interest must be discounted from the quorum for the report to which the declaration relates, but will still be counted towards the quorum for the meeting.

Review

Terms of reference should always include a review date.

APPENDIX 2 GENERIC SPONSORING GROUP AGREEMENT

WMQRS review programmes may be sponsored by a clinical network of clinical pathway group. Review programmes may also be sponsored by an individual with region-wide oversight of a clinical pathway.

Review programmes will be successful if there is good collaboration between the sponsoring group and WMQRS. Regular communication and liaison are therefore essential. The aim of the 'Sponsoring Group Agreement' is to clarify responsibilities and ensure these are understood at the start of the review programme.

Sponsoring Group will:

- Identify Steering Group members and encourage their involvement with the Steering Group on an ongoing basis
- Identify possible Steering Group chairs
- Actively participate in scoping of review programme (see WMQRS Principles and Approach Section 7)
- Ensure appropriate links are developed between Steering Group, WMQRS and clinical, commissioner and service user and carer groups
- Regularly update clinical, commissioner and service user and carer groups on the progress being made with the review programme
- Provide feedback to WMQRS on any concerns about the review programme which are raised by clinical, commissioner and service user and carer groups.
- Support Steering Group and WMQRS in resolving any problems which emerge during the course of the review programme, including encouraging reviewer nominations.
- Organise consultation events for providers, commissioners and service users and carers during the development of Quality Standards
- Organise events or other approaches to sharing good practice identified through the reviews.

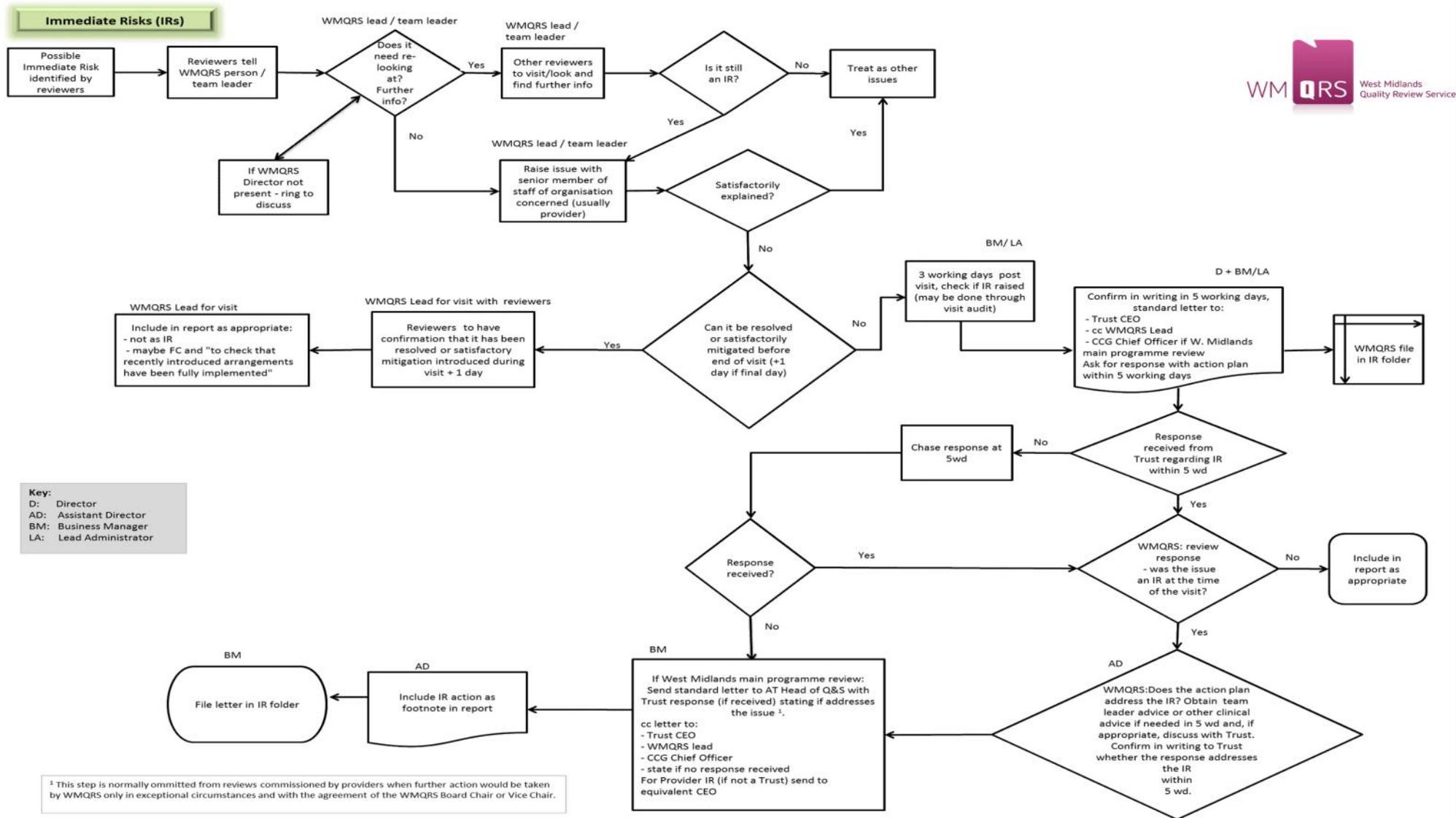
WMQRS and the Sponsoring Group will agree:

- Agree the Steering Group chair
- Responsibility for organising and servicing the Steering Group for the programme.
- Whether users and carers should receive an honorarium in recognition of the time and expertise contributed and, if so, identify funding for this. NB. The WMQRS Service User and Carer Involvement Policy provides more detail on the circumstances under which honoraria will and will not be paid.

WMQRS will:

- Deliver Quality Standards, review programme, comparative information and evaluation as described in the WMQRS 'Principles and Approach'.
- Fund user and carer expenses for participation in review programmes, including attendance by members of Steering Groups.

APPENDIX 3 WMQRS PROCESS FOLLOWING IDENTIFICATION OF A POSSIBLE IMMEDIATE RISK



Box to be updated – If West Midlands main programme review: Send standard email to NHS England Regional Team Head of Q&S etc

APPENDIX 4 REVIEWER PERSON SPECIFICATION

WMQRS Reviewers should:

- Be 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.

APPENDIX 5 WMQRS SERVICE USER AND CARER INVOLVEMENT POLICY

Introduction

- 1 Service user, carer and public involvement within the NHS is key to developing and delivering responsive health services. For effective involvement, people need to feel supported and for their contribution to be valued, respected and have an impact. They should therefore be treated with courtesy and dignity, be offered clear information on what they are to be involved in, how they can participate, what expenses will be met and whether refreshments will be available.
- 2 West Midlands Quality Review Service (WMQRS) has been set up by the NHS organisations in the West Midlands to help improve the quality of clinical services. It undertakes reviews of clinical services using a team of professional (peers) and lay reviewers to establish whether services are meeting agreed Quality Standards.
- 3 User and carer involvement occurs at various stages of WMQRS' work: Board, programme Steering Groups, and through acting as reviewers. Service users and carers offer their skills, expertise, knowledge and experience on an unpaid basis, in their own time, and of their own volition. Service users and carers also meet reviewers in order to give their perspective on services being reviewed but this is not covered by this policy.

Purpose

- 4 This policy aims to:
 - Describe the opportunities for service user and carer involvement in the work of WMQRS.
 - Ensure service users and carers have the information they need in order to make an informed choice about becoming involved with WMQRS.
 - Ensure that people contributing to WMQRS work are not 'out of pocket' as a result of participation.
 - Ensure the necessary systems are in place appropriately to select, train and support service users and carers.
 - Make clear the circumstances under which service users and carers will receive an honorarium in recognition of their time and expertise and, in these circumstances, the arrangements for payments of honoraria.

General Issues

5 Risk

This policy and supporting procedures will ensure that WMQRS is able effectively to identify and manage any risks associated with voluntary activity, thereby safeguarding other NHS service users and carers, those involved with the work of WMQRS, and staff.

6 Relationship of Employment

WMQRS at no time wishes to create an employment relationship with a person who volunteers as defined in this policy.

7 Other Trust Policies

This policy should be read in conjunction with the Sandwell and West Birmingham NHS Trust Equal Opportunities Policy, Criminal Record and Barring Check Policy, Health & Safety Policy, Fire Policy, Harassment at Work Policy, Security Policy, Expenses Policy and Standing Financial Instructions.

8 Equal Opportunities

WMQRS welcomes the contributions that volunteers of different gender, culture and background can make to the organisation and promotes equality of opportunity regardless of race, ethnic or national origin, disability,

colour, sex, sexual orientation, age, religious beliefs, creed and marital status. Equality is essentially about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential. It is backed by legislation designed to address unfair discrimination (past, present or potential) that is based on membership of a particular group.

9 Diversity

WMQRS is committed to diversity in all areas of its work believing that there is much to learn and profit from diverse cultures and perspectives. WMQRS wants to develop and maintain an organisation in which differing ideas, abilities, backgrounds and needs are fostered and valued, and where those with diverse backgrounds and experiences are able to participate and contribute.

Diversity is about the recognition and valuing of difference in its widest sense. It is about creating a working culture and practices that recognise, respect, value and harness 'difference' for the benefit of the WMQRS and the population of the West Midlands which it aims to serve.

Diversity includes recognising that the care pathways reviewed by WMQRS affect different groups of the population in different ways and this will be reflected through a variety of mechanisms for service user and carer involvement.

Recruitment and Selection

- 10 For each type of service user and carer engagement the WMQRS core team will seek advice from appropriate groups and individuals as to how best to contact possible service users and carers. Each programme Steering Group will identify how best to involve service users and carers for its particular review programme/s.
- 11 Information will be made available to service users and carers to support discussions about their involvement with WMQRS. This information will explain the purpose of the service, the type of people who WMQRS are seeking to involve (person specification), expected time and travel commitment, arrangements for payment of expenses (and, if applicable, honoraria), and support available. An example of this information is given in Annex 1.
- 12 Service users and carers will be offered the opportunity to discuss involvement with a member of the WMQRS Core Team before committing themselves. Group briefings may be undertaken; this has the advantage that service users and carers have the opportunity to meet others who may also be involved, which may help to reduce anxieties.
- 13 All service users and carers should comply with the requirements of the person specification. The WMQRS generic person specification (Annex 2) should be used as a basis and amended as necessary for individual programmes by the relevant programme Steering Group.
- 14 All service users and carers must **sign a reviewer contract and** agree to the WMQRS confidentiality agreement prior to starting their involvement with WMQRS.
- 15 A member of WMQRS staff will speak to all service users and carers prior to them starting any involvement with WMQRS activities.
- 16 Service user and carer reviewers will not normally be engaged in a 'regulated activity' as defined by national guidance as detailed in the Sandwell and West Birmingham Trust policy⁴. There is the possibility that, for some, that the frequency of their involvement with WMQRS and / or other organisations could reach the level where they should be vetted. There is also the possibility that user and carer reviewers may become separated from the NHS staff who normally accompany them. WMQRS therefore:

⁴ *Criminal Record and Barring Check Policy, SWBH/HR/017*: Sandwell and West Birmingham Hospitals NHS Trust. July 2014.

- Will only use as reviewers service users and carers who have provided a current health or social-care related DBS or who have been risk-assessed prior to undertaking a review.
- Will accept current enhanced or health or social care-related DBS checks undertaken for other organisations.
- Where a current enhanced or health or social care-related DBS is not in place, WMQRS will a) ask user and carer reviewers to submit a self- declaration form in accordance with the Sandwell & West Birmingham Hospitals NHS Trust policy, b) risk-assess the reviewer prior to each review and c) notify the clinical lead for the visit that the reviewer will need to be accompanied whilst undertaking a review.
- If the self-declaration or current DBS identifies issues which should be considered, WMQRS staff will take the advice of Sandwell and West Birmingham Hospitals NHS Trust on whether the individual should act as a reviewer.

The requirement for vetting (DBS checking) does not apply to service users or carers who are involved with the WMQRS Board or a programme Steering Group but who do not act as reviewers.

Training and Support

- 17 Following any briefing sessions WMQRS will maintain its philosophy of partnership working and therefore all reviewer training will include health professionals and lay reviewers. Each programme steering group will consider if service users and carers have any particular training needs in addition to briefings and the multi-professional reviewer training sessions.
- 18 Each review programme will identify any specific information needs for user and carers, for example, a glossary of terms or Interpretation advice.
- 19 It is likely that some users and carers will need additional support and time to understand the review process and Quality Standards. The WMQRS core team will also endeavour to address any other reasonable information needs identified by service users and carers at briefing or training sessions.
- 20 WMQRS will ensure that service users and carers know that they can ask for support in their work with WMQRS, for example meeting prior to formal meetings. Service users and carers will be given WMQRS contact details for queries. Reasonable guidance, support and supervision will be available.

Responsibilities

- 21 Service users and carers will be expected to:
 - Act on behalf of, and in the interests of, the West Midlands health community.
 - Act in accordance with the expectations of the person specification for Board members, Steering Group members or reviewers (as applicable)
 - Comply with the **WMQRS reviewer contract including the confidentiality agreement WMQRS Confidentiality Agreement at all times.**
 - Undertake reviewer training as required.
 - Comply with appropriate standards of cleanliness, dress and behaviour.

Expenses

- 22 Service users and carers are entitled to travel and subsistence expenses provided that these are not paid by another organisation. Agreement should be made in advance for them to do so in line with this policy. Wherever possible, public or car transport should be used, use of taxi's should be agreed in advance with WMQRS.

- 23 Expenses to be reimbursed in accordance with the Sandwell and West Birmingham Hospitals NHS Trust Expenses Policy and Standing Financial Instructions. In particular:
- People are requested to use public transport or the most cost effective, environmentally friendly form of transport where practical. Where this is not the case, due to disability or caring responsibilities or remoteness of the venue then people can claim a mileage rate as set by Sandwell and West Birmingham Hospitals NHS Trust.
 - Where required because of health needs or exceptional circumstances, the costs of a taxi can be met with prior agreement with WMQRS.
 - Special transport arrangements may be required by some people and should be discussed with WMQRS in advance.
 - Parking costs will be met for the duration of the meetings or reviews, but not parking fines. A receipt or ticket must be produced and attached to the claim form for reimbursement.
 - Subsistence covers meal and drink costs when these are not provided during the event. A guideline for these costs is: a maximum of £10 for lunch or breakfast and £15 for an evening meal. These will only be payable when the activity and travel time together exceed five hours and no provision is made at the venue/event. If costs are likely to exceed this guidance then this should be discussed with WMQRS in advance.
 - Replacement care or essential assistance costs can be met for registered child care or support costs from registered care providers, but should be discussed and agreed in advance with WMQRS. Payments for these costs will require a VAT registered invoice or a receipt. Agreement to fund such costs is dependent on sufficient budget being available.
 - If a service user or carer is to attend a review on behalf of WMQRS and the timings would mean that it was unreasonable to expect travel from home to the venue and back in one day, then accommodation will be arranged. WMQRS will aim to arrange accommodation and meals where possible to keep the 'out of pocket' expenses low for the individual(s). No accommodation costs can be covered without prior agreement with WMQRS. WMQRS will endeavour to reduce the need for overnight accommodation for service users and carers.
 - Incidental costs such as photocopying, mail or telephone costs will be kept to a minimum by WMQRS providing a 'free-post' address or arranging for stamped addressed envelopes, printing copies of documents and providing photocopying facilities. In exceptional circumstances, where this is not possible, reasonable costs must be agreed with WMQRS in advance. It may be easiest to provide replacement goods such as paper or printer cartridges, using internal stationery processes. Receipts must be produced to support any expenditure.
- 24 In order to claim expenses a form must be completed and authorised by the WMQRS. All expense claims must be submitted with receipts using the agreed WMQRS/SWBH claim form and expenses should be claimed within three months.

Honoraria

- 25 WMQRS recognises and appreciates the time and expertise contributed by service users and carers but does not pay honoraria to service users and carers. Some service users and carers may, however, receive honoraria funded by other sources for working with WMQRS, especially for care pathways or services where this is normal practice (for example, mental health services, services for people with learning disabilities and cancer peer review).
- 26 Current honoraria rates (DH Reward and recognition 2006) are: £50 for a half day and £100 for a full day. **[WMQRS to check current rates]** Both the recipient and the nominating organisation should be aware of the

implications for the individual in terms of tax liability and/or the potential impact on the individual's state benefits, together with the relevant employment law. Should an individual receive an honorarium they will be required to declare this to the Inland Revenue as a self employed person or have tax and national insurance contributions deducted. If the individual is in receipt of certain state benefits they will be responsible for declaring the payment appropriately. Where applicable, honoraria will be claimed on the agreed WMQRS **SWBH** expenses form.

Complaints

- 27 If a complaint is made about a service user or carer or their work with WMQRS, it will be initially discussed between the service user or carer concerned by a member of the WMQRS team. This discussion will focus on the basis for the complaint and any changes that may be required, for example, additional support. If the matter is not resolved, WMQRS reserves the right to conclude the involvement of the service user or carer concerned with WMQRS work.

Review of Involvement

- 28 At the end of each **West Midlands wide review** programme, service users and carers will be invited to review their involvement with WMQRS, in discussion with the WMQRS core team.

References

Achieving change through Patient Partnerships. Patient and Public Involvement Strategic Framework 2003-2010, Sandwell and West Birmingham Hospitals NHS Trust.

Criminal Record and Barring Check Policy, SWBH/HR/017: Sandwell and West Birmingham Hospitals NHS Trust . May 2013.

Making a Difference – Strengthening Volunteering in the NHS. Department of Health, 1996

Policy for the reimbursement of expenses of patients, service users, carers and members of the public engaged in improving health services. NHS West Midlands. August 2008

PALS Core National Standards and Evaluation Framework'. Department of Health, 2005

Patients, Our Driving Force - A Strategic Framework for Nurses, Midwives and Therapists Which Reflects Patient and Public Involvement 2003 – 2010. Sandwell and West Birmingham Hospitals NHS Trust, 2005. L&G Davis

Volunteers across the NHS: Improving the Patient Experience and Creating a Patient-Led Service. Sheila Hawkins and Mark Restall, Volunteering England, 2005



SERVICE USER AND CARER STEERING GROUP MEMBERS

West Midlands Quality Review Service (WMQRS)

The West Midlands Quality Review Service (WMQRS) was set up by NHS organisations within the West Midlands as part of the drive to improve the quality of health services. It undertakes reviews of clinical services using a team of professional (peers) and lay reviewers to establish whether the services are meeting agreed Quality Standards. There is a long history of peer review within the West Midlands, especially of cancer services and care of critically ill children. These have been shown to lead to improvements in the quality of services.

The West Midlands Quality Review Service (WMQRS) has a Board that oversees its work on behalf of NHS organisations in the West Midlands. **The Board recommends the annual programme of services to be reviewed, decides the annual WMQRS work programme 'offer'**, oversee delivery of the programme and ensure evaluation takes place.

What will the Steering Group be responsible for?

There is a Steering Group for each **programme agreed** by the WMQRS Board. The Steering Group develops the details of the approach to any quality reviews. All Steering Groups operate within the overall *WMQRS Principles and Approach* and are accountable to both the WMQRS Board and a sponsoring organisation such as a clinical network for long term conditions. It is important that the voice of service users and carers is at the heart of the work of the Steering Group and so the membership includes two service user and / or carer representatives.

The Steering Group will have responsibility for:-

- Ensuring there is appropriate engagement and consultation with relevant stakeholders at all stages of the programme.
- Contributing to the design of the peer review programme.
- Overseeing the development and maintenance of Quality Standards for the programme. Ensuring that any Quality Standards are based on the latest national guidance and fit for purpose.
- Defining the process for the review programme for those involved.
- Agreeing peer review visit reports.
- Ensuring dissemination of the findings of peer review visits.
- Supporting organisations in monitoring progress with action following review visits.
- Supporting action needed following, or in preparation for, peer review visits.
- Contributing to the evaluation of the programme.

Why is user and carer involvement so important?

User and carer involvement is crucial at all stages of the WMQRS programmes. It allows learning from the 'inside' about good practice and how services operate.

It is our philosophy that collaborative working between users, carers and health service professionals ensures that our focus remains on the quality of care across the whole patient pathway. We believe that this process is successful because it creates a genuine partnership between users and carers, who have experience of the whole patient journey and will focus on the impact of services for service users and carers, and health professionals, who have expertise on delivering specific parts of the service.

Service User or Carer Member Experience

Service users or carers who want to be members of a Steering Group should:

- Have recent knowledge and understanding of the service/care pathway
- Have some knowledge and understanding of how the NHS works
- Have an interest in helping NHS organisations improve their services
- Be able to contribute to discussions – in a similar way to being part of other patient forums or group.
- Be able to act with sensitivity and discretion, and to respect confidentiality.

What commitment is expected?

Steering Groups will remain in operation for the length of the programme i.e. development, implementation, follow up and evaluation. How long this is for each group depends on the size of the programme and the number of services involved. A Steering Group will meet approximately six to eight times a year, more frequently when the review programme is being established and less frequently once the programme is in place. Meetings may take place anywhere in the West Midlands. Service user and carer members will need to prepare for Steering Group meetings. Once involved in the Steering Group service user and carer members may also wish to become user reviewers on the peer review visits (usually a day each).

What support will be available?

Expenses will be paid for attendance at meetings and other events in line with the WMQRS Service User and Carer Involvement policy. The WMQRS core team will also be happy to advise and support service user and carer members, for example, by meeting before meetings in order to go through the papers.

How do I become involved?

If you are interested in being considered for one of these roles, or would like some more information, please contact Sarah Broomhead on sarahbroomhead@nhs.net or 07976499580.

Annex 2 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

APPENDIX 6 WMQRS GUIDANCE ON HANDLING SERIOUS PERSONAL AND PROFESSIONAL ISSUES IDENTIFIED DURING REVIEW VISITS

Introduction

- 1 Peer review visits have been shown to be an effective method of improving the quality of services. Occasionally an issue will arise during a visit that relates to either personal or professional conduct or competence or to the well-being of an individual. This concern may be closely related to issues about the service within which the individual is working. Action may be necessary to address either the service issue or the individual-related issue or both. This guidance to Executive Leads and WMQRS staff gives a framework within which such issues should be handled. It supplements the arrangements for handling 'Immediate Risks' which are described in the *WMQRS Principles and Approach*.
- 2 Individual circumstances vary considerably and the visiting team's judgement of the circumstances should take precedence over rigid adherence to this guidance. Where there is doubt, or differences of opinion, about the action to be taken then the Trust Medical or Nursing Director on the WMQRS Board should be contacted for advice. NHS England Regional Team Medical or Nursing Directors may also be contacted for advice.
- 3 The National Clinical Assessment Service (NCAS) is also available for advice. In order to access the NCAS advice service, phone 020 7972 2999 and ask to speak to an Adviser. (NCAS is an operating division of the NHS Litigation Authority.)
- 4 Training for reviewers encourages reviewers to raise concerns about serious personal and professional issues with the Executive Lead for the visit or WMQRS staff. Training for Executive Leads will cover this guidance.

Concerns about individuals

- 5 Concerns about the personal or professional conduct, competence or well-being of an individual arise rarely and require sensitive handling. Sometimes these concerns are related to service issues – and may be the cause of, affected by, or caused by the service problem. Sometimes there is clear evidence for the concern – in others the 'formal' evidence is scanty but, in the judgement of the visiting team, there may be a problem. Sometimes the concern is about the potential for personal or professional issues to arise in the future.
- 6 The guidance on handling such issues has five steps. Step 1 applies only if the issue was identified before the visit. In general, visiting teams' responsibilities extend only to describing their perception of an issue. It is the responsibility of the Trust or organisation being reviewed to investigate fully and take action.
- 7 **Step 1 – Issues identified before a visit**

Issues about individuals may be raised with WMQRS before the visit takes place. If this happens then the WMQRS Director should:

 - a. Brief the Executive Lead for the visit and agree whether the visiting team should be informed.
 - b. If appropriate, brief the visiting team at the start of the visit.
 - c. If appropriate, ask the visiting team to explore the issue during the course of the visit. In particular, the reviewer who will talk to the individual concerned about the issue should be identified.
 - d. If appropriate, advise the Trust or employing organisation to contact NCAS for advice.
- 8 **Step 2 - During the visit**
 - a. Avoid single-source verbal information, unless the issue was observed by a reviewer. If a concern is raised with the visiting team then seek to confirm this with written or verbal information from another source.

- b. Reviewer observed issues should be documented in writing during the visit. This documentation should be confirmed as accurate by the reviewer during or immediately after the visit.
- c. Involve the Executive Lead for the visit and / or WMQRS Director as soon as a sensitive personal or professional issue is identified.
- d. Whenever possible, someone from the visiting team should talk to the individual concerned about the issue. The best person to do this should be agreed with the Executive Lead for the visit and / or WMQRS Director. This conversation should aim to cover a) whether the individual agrees that there is a problem and its nature and b) any action that is already being taken and c) any action the individual is proposing to take. Discussion with the individual concerned may not always be possible or appropriate.
- e. If possible, speak to the Medical Director (or Chief Executive) about the issue.
- f. Do not identify the issue in the verbal visit feedback.

9 **Step 3 – Post-visit action**

- a. Advise the Medical Director of the relevant NHS England Regional Team of the issue and action taken, and agree the next steps.
- b. Contact the Medical Director (or Chief Executive) of the Trust or employing organisation to discuss the issue if this did not happen during the visit. (NB. If the concerns comprise a serious risk to patient safety then they should be brought to the Trust’s attention immediately.) If discussion with the individual concerned did not take place during the visit, ensure that the Medical Director informs them of the concerns raised.
- c. Confirm the concerns in writing to the Medical Director (or Chief Executive), copied to the individual concerned. Make a file note of any details not covered by this letter.
- d. Very occasionally, the Trust Medical Director, Executive Lead for the visit, WMQRS Director and relevant NHS England Regional Team Medical Director will agree that confirming the concerns in writing would be unhelpful / counterproductive. If so, a file note must be made of the concern, action taken and reasons for not confirming this in writing to the Trust and individual concerned.
- e. These actions should normally be completed within 10 working days of the end of the visit.

10 **Step 4 – Visit Report**

The Executive Lead for the visit and visiting team will need to make a judgement as to whether personal and professional issues should be included in the visit report. If inclusion in the report is considered appropriate and helpful, the individual should not be named.

11 **Step 5 – Follow up**

Follow up of personal and professional issues is the responsibility of the Trust or individual’s employing organisation. It is **not** the responsibility of WMQRS. WMQRS and, if necessary, the Executive Lead for the visit should cooperate with follow-up action taken by the Trust or employing organisation. WMQRS should monitor whether the issue has been addressed by the Trust or employing organisation. If the Trust or employing organisation does not take action within an agreed, reasonable timescale, then the need for further action (including notification to relevant professional bodies) should be considered.

APPENDIX 7 WMQRS APPEAL PROCEDURE

- 1 The West Midlands Quality Review Service (WMQRS) *Principles and Approach* includes the provision for Health Economies to appeal on the factual accuracy of WMQRS reports **within 20 working days of receipt**. This Procedure covers the way in which Appeals will be conducted.
- 2 Appeals are an important part of the governance of WMQRS and the WMQRS Aims should govern all aspects of the Appeal process:

“The aim of WMQRS is to support organisations in improving the quality of health services by undertaking reviews of the quality of clinical services. In particular, WMQRS aims to:

- *Ensure care pathways are as safe as possible*
- *Improve the quality and effectiveness of care*
- *Improve the patient and carer experience*
- *Organise independent, fair reviews of services*
- *Provide development and learning for all involved*
- *Encourage and support dissemination of good practice*
- *Support and add value to organisations’ own clinical quality assurance and review systems”*

Timings

- 3 Appeals will be acknowledged within 5 working days of receipt.
- 4 WMQRS will issue a response to the appeal within xx working days from receipt of the appeal
- 5 An appeal hearing will take place within xxx working days from receipt of the appeal
- 6 The Appeal Panel’s decision will be confirmed to the appealing organisation within 5 working days of the appeal hearing.

Information circulated prior to the Appeal

- 7 The following information will be circulated prior to the Appeal Hearing to all those attending:
 - a. Report which is subject to Appeal
 - b. Statement from Health Economy which is appealing, giving the reasons why the report is not factually accurate
 - c. WMQRS Response to the Health Economy statement
 - d. Names of Appeal Panel, Health Economy representatives attending the Appeal Hearing and those attending on behalf of the Visiting Team, Steering Group/s and WMQRS.
 - e. Appeal Procedure

People present at the Appeal

- 8 The Appeal Panel will comprise at least three members of the WMQRS Board (one patient member, one clinician and one other) with no involvement in the visiting team or service/area to which the report relates. The WMQRS Business Manager will support the Appeal Panel, including taking minutes of the Appeal Hearing and recording the decision of the Appeal Panel. The WMQRS Director may not sit on the Appeal Panel.
- 9 In advance of the Appeal Hearing, the Appeal Panel members will agree a Chair for the Appeal

- 10 The Health Economy which is appealing will be invited to bring representatives to present the reasons why they consider the report is not factually accurate and answer any questions from the Appeal Panel.
- 11 A representative of the Visiting Team, a representative of the Steering Group which approved the visit report and the WMQRS Director will normally present the WMQRS Response and answer questions from the Appeal Panel.
- 12 Independent clinical advice to the Appeal Panel will be arranged if required by the Chair of the Appeal Panel.
- 13 As far as possible, Appeal Hearings will be arranged at a time at which the Appeal Panel and all others who are expected to attend are available. If this would substantially delay the Appeal then arrangements will be made for telephone and / or video-conferencing. The Appeal Hearing may not go ahead without three members of the WMQRS Board (one patient member, one clinician and one other). At the discretion of the Chair of the Appeal Panel, the Appeal may go ahead without others of those expected to attend.

Conduct of the Appeal

- 14 The Appeal will take the following format:
 - a. Introduction to the Appeal (Chair of Appeal Panel)
 - b. Health Economy statement of reasons why report is not considered factually accurate
 - c. WMQRS Response to Health Economy statement
 - d. Panel questions to the Health Economy, Visiting Team, Steering Group and WMQRS representatives
 - e. Health Economy, Visiting Team, Steering Group representatives and WMQRS Director depart
 - f. Appeal Panel conclusions

Outcome of Appeal

- 15 The Appeal Panel's decision will be confirmed in writing to the Health Economy appealing organisation within five working days of the Appeal Hearing. If the Panel's decision is that the report should be changed then a revised report will normally be issued within ten working days of the Appeal Hearing. The revised report will be circulated in the same way as the initial report.