

**Have you got it right? How do you know?  
Quality assurance / Peer Review / Sharing good practice workshop**

**June 4<sup>th</sup> Responsible Officer Conference**

**Feedback: given from Area Team (North) on their Peer Review process (2014)**

It was felt that this was a “non-threatening” environment where all 3 Area Teams were able to discuss problems/concerns/issues and were able to learn and share best practice with each other. Although all working to the same policies and guidance it highlighted the variation in processes and systems across the Area Teams allowing discussions on what was working well. Quality assurance of all processes, appointments of appraisers and discussions on how quality can be built in were valuable. A de-brief at the end of the process allowed for feedback from all and a decision to include lay/patient and GMC ELA involvement for future peer reviews. It was felt that whole teams participation in this review has led to good working relationships and support for all staff.

**Feedback: given from South region on their Peer Review process (2012)**

Volunteers had been requested from all sectors and independent reviewers were invited to look at documentation. A joint meeting of volunteers and reviewers was then set up with the sharing of best practice, discussion on concerns and issues and feedback into RO Networks. It was felt to be a supportive and developmental process.

Comment: There are benefits from same sector and mixed sector peer reviews

Q. There are many agencies cold calling independent organisations at present offering external peer review services, advice please.

A. Guidance and a specification for an external quality assurance review has been developed and will be refined over time. It is important that any external auditors understand the revalidation process and are aware of the FQA, particularly the core standards.

Comment: some thought that External Assurance was an unnecessary layer, if revalidation has Board approval why do we need more QA? The Framework was seen as excellent as a check list but an inspection was seen as “overload”.

Comment: (from a Trust) Internal Auditors would be given the guidance/checklist which was not thought to be too heavy.

Comment: (from RO) Avoid commercial, share good practice and use peers for QA.

Q. External Audit Assurance – Industry section/Pharma – It would be helpful to set up an informal network of same sector DBs in adapting and validating a 360 tool to fit this sector of organisations

A. The regional revalidation teams would be happy to help in setting up same sector networks for QA/Peer Review purposes

Comment: Discussions were needed regarding external auditors and their access/need to know details regarding the sharing of information. Information governance principles should be applied.

Comment: Small designated bodies - discussions required regarding external assurance/NHS England policies etc. they are feeling swamped. NHS England regions do recognise the specific concerns of small designated bodies and arrangements are being made to discuss these.

Comment: (Independent Sector) External Quality Assurance was felt to be too beaurocratic and that it would not help to take revalidation into a better place. It was felt that QA would metamorphose into a "robust" system as with the appraisal process.

Revalidation Team: expressed their concerns as organisations are not all in the same place and assurance is required to demonstrate that designated bodies are meeting the requirements of the RO Regulations.

Comment: Discussions in the room centred on the QA of appraisals and it was stressed that the QA process was for the whole scope of revalidation not just appraisals and whilst recognising that some organisations are further ahead than others the framework was needed to achieve QA consistency of the revalidation process across the country.