Handbook to accompany the QuADS Ireland Peer Review Training

Progression Routes

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1. Background to Peer Review

Peer review is a relatively new method of promoting and supporting organizational and sectoral development through a continuous quality improvement approach. It has been used within therapeutic communities within the educational sector in Europe. Some GP health services also use peer review as a method to ascertain whether doctors are providing a quality service. Peer review generally involves one or more organizations from within a network auditing and evaluating the work of another organization against a standardized framework. The organization under review receives a report that assists them to develop better and more robust systems; if a set number of benchmarks have been met then compliancy may be awarded.

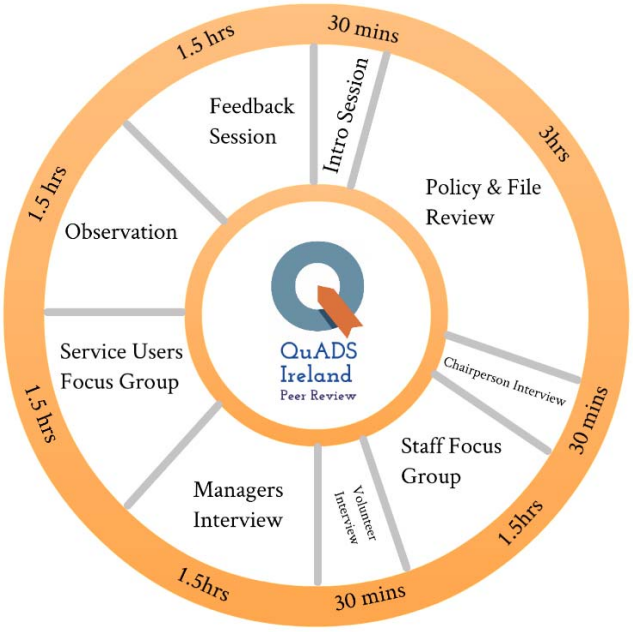
The development of Peer Review was undertaken by a working group that included - Clive Burkett: Coolmine, Gerry Mc Mahon: EDIT, Maureen O'Dwyer: Dublin Simon, Derek Morgan: FAST, Tony Duffin: ALDP, Richard Phillips: ACET, Caroline Gardner: PRI , Rob Clements: PRI. As part of this process the 60 services involved in the QuADs project at that time were surveyed on whether they would like a compliance mark, the outcome was that there was a significant majority in support of QuADS compliance being the outcome of the peer review.

Other than obtaining a compliance mark peer review provides an opportunity for services to identify where progress has been made and which areas should be prioritised for further development. The review results in a report being generated which may be used in the development of an action plan for further continuous improvement of the service. Where peer review demonstrates compliance with QuADS standards a "QuADS Ireland: Compliance through Peer Review" mark shall be made available for services to use on literature, digital media etc.

The peer review system will be undertaken by two peer service managers over a two day period. This process will need to be repeated every two years. It is envisaged that each peer review will be conducted by service managers from different locations to that of the service being reviewed. An effort shall also be made to ensure that at least one of the reviewers shall be a manager of a service which works within the same area on the continuum of care.

2. What is QuADS Ireland Peer Review?

Peer review provides an opportunity for services to be reviewed against the QuADS Ireland Quality Standards framework. It also promotes interagency learning by allowing service managers to undertake 360 degree reviews of other organisations within the sector.



Peer review is a site based review, which will be carried out on the organisations premises over a two day period. The Peer review process has a structured schedule, designed to maximise the amount of information gathered and minimise disruption to service delivery. During the two days, peer reviewers will undertake a policy and file review, a site observation and meetings with staff, chair of the board, managers, service users and volunteers (if applicable). The proposed schedule is outlined below;

Day one	
9.30 – 10.00 (30min)	Intro meeting
10.00 – 1.00 (3hrs) (may be done in two parts)	Policy and file audit
1.00 – 2.00	Lunch
2.00 – 2.30 (30min)	Management committee interview (phone)
2.30 – 4.00 (1.5hrs)	Staff Interviews
4.00 – 4.30 (30 min)	Volunteer Interview / focus group (phone/ face to face or group)
4.30 – 5.00 (30 min)	Time for revision / preparation

Day two	
9.30 – 11.00 (1.5hrs)	Management interview
11.30 – 1.00 (1.5hrs)	Service user interviews
1.00 – 2.00	Lunch
2.00 – 3.30 (1.5hrs)	Premises observation / completion of report
3.30 – 5.00 (1.5hrs)	Feedback session (reps from staff, service users and managers required).

3. Principles of QuADS Ireland Peer Review

QuADS Ireland peer review is underpinned by three key principles:

- **Continuous Quality Improvement through Interagency Working**: Peer review provides both reviewer and reviewed with the opportunity to learn and improve the quality of services provided. Peer review is not about passing a test, but rather about gaining clarity around how and where your organisation can improve.
- **Transparency**: Peer review shall be undertaken in an open, honest manner, with the shared goal of quality service improvement.
- **Confidentiality:** Peer review shall provide a confidential forum for services and their stakeholders to reflect on the quality of their organisation in a non-judgemental, constructive manner.

4. Confidentiality and Information Sharing

During the course of a peer review, reviewers will be granted a high level of access to sensitive and personal information held by the reviewed organisation. In advance of the peer review, reviewers will sign a confidentiality form, detailing their responsibilities and confidentiality arrangements. Save for cases of serious disclosure, potential harm to any individual or group or information relating to child protection concerns, reviewers will be bound to strict confidentiality. Any information which becomes known to them during the course of the review shall not be passed on to another party outside of the peer review setting. The nature of the confidentiality agreement between the service and reviewer will be made known to each stakeholder group in advance of each interview / focus group.

Where reviewers are concerned by information made known to them through peer review they should bring this to the attention of the senior manager of the organisation and / or contact a member of progression routes for additional guidance.

4.1 Confidentiality Agreement

Peer Reviewers will:

1.1 Only have access to relevant information relating to the peer review during the two day period of the review
1.2 Only have access to the peer review IT system for the duration of the peer review
1.3 Never pass on or discuss organisational or personal information learned as a result of the peer review outside of the peer review setting (other than the identified "exceptions to confidentiality"), this includes representatives of the service reviewed.

Service Manager will:

1.4 Have responsibility for overseeing what information is made available to reviewers. Managers shall make available the information required while also ensuring the confidentiality of staff and service users is maintained. Be responsible for the report and its findings upon completion of the peer review process
1.5 Ensure that all information provided is accurate and truthful to the best of their knowledge

Progression Routes will:

1.6 Hold all information recorded on the IT system in line with the Ana Liffey Drug Project's Data protection policy
1.7 Assist services in reviewing, analysing and action planning regarding the findings of the report, if requested to do so by the organisation reviewed.
1.8 Use this information only in aggregate form, maintaining the confidentiality of all service providers in any reporting undertaken.

Exceptions to confidentiality: In line with standards confidentiality practices, information gathered by reviewers as part of the peer review process shall remain confidential save for cases of:

- Serious Disclosure
- Potential harm being caused to an individual/s
- Child protection concerns

5. Preparing for Peer Review

The preparation for peer review will be *the responsibility of the manager of the service being reviewed*. Managers should be aware that documentary evidence will be required for a wide range of governance, HR and service provision quality standards, and that this should be easily accessible on the days of the review. A full list of required information will be made available to managers in advance. Managers must also undertake to ensure that all stakeholders are available to participate at the required times.

The below tables should be completed by the manager of the service being reviewed one week in advance of the peer review.

Table 1. Peer Review practical checklist (Appendix 1)

To be organised	Tick when organised
Laptop computer - Contact PRI at least one week before if one is required.	
Internet connection - The laptop will need wireless internet connection – Contact PRI at least on week in advance if USB internet connection is required.	
Printer	
Room for focus groups -This will need enough seats for participants and a table for the computer.	
Room for peer reviewers to conduct policy / file review with manager - Ideally this should be done in the manager's office of place where files are kept.	
Lunch for peer reviewers for both days	
BOM correspondence and documents - e.g minutes of meetings, reports on service outcomes etc…	
Access to all staff files	
Access to all service user files – These should be physical files unless the organisation holds all files in soft copy, in which case these can be used.	
Full policy library	
Annual Report	
All documentation / templates used in service delivery e.g. assessment tools, waiting lists, care plan & review templates, key working & case note templates.	
Service literature - flyers/leaflets etc…	

Table 2. Peer review participant checklist Day 1

Who?	When?	For what?	How will they be selected?	Confirmed?
CEO / Director	9:30 – 10:00	Initial Meeting	Must be the senior manager.	
Senior Manager	10:00 – 1:00	Policy / File Review	Should be a senior manager within the organisation.	
Chair of Board	1:45: - 2:00	Phone interview	Should be the Chairperson of the Board. If this is not possible this should be done with the vice chair or secretary.	
Staff team	2:10 – 4:00	Focus Group	Full team preferable / All staff on duty should be made available to attend.	
Volunteers (If applicable)	4:00 – 4:30	Focus Group / Interview (if only 1)	All volunteers able to attend. If not present this can be done over the phone.	

Day 2

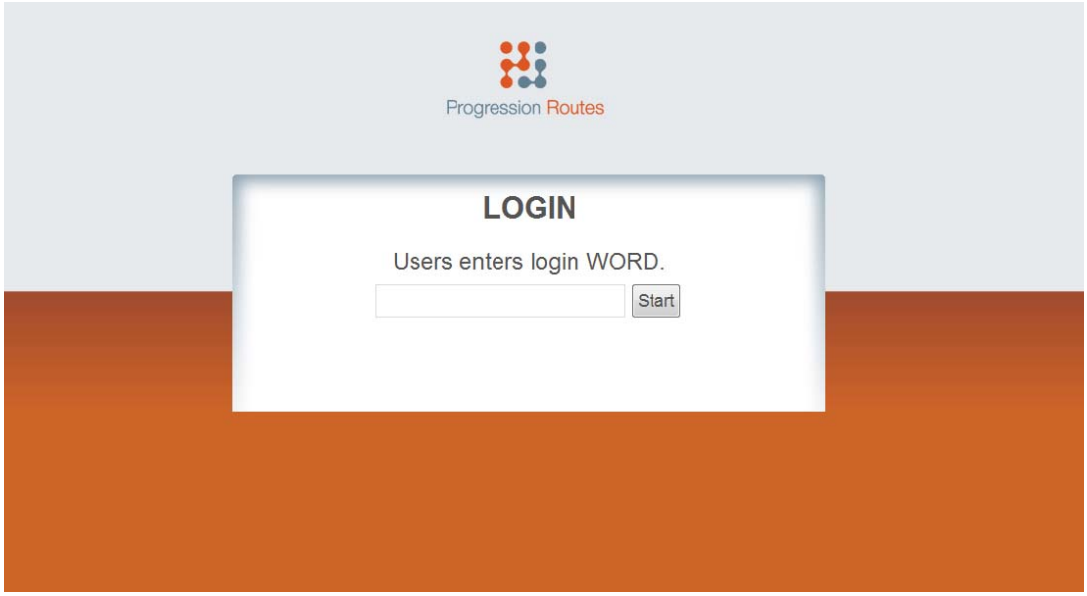
Who?	When?	For what?	How will they be selected?	Confirmed?
Management Team	9:30 – 11:00	Interview / focus group	Must include the most senior manager. Should include manager of each area of service provision. (team leaders or higher)	
Service users	11:30 – 1:00	Focus group	At least 8 service users required. The maximum number of service users for the focus group is 12. It is thus recommended that 12 service users are invited to attend. Managers should aim for a mix of service users from across areas of service provision and length of engagement Former service users (from within the last year) should also be invited to attend	
Managers, Staff, Service users	4:00 – 4:30	Focus Group / Interview (if only 1)	Representatives of all groups who participated in the peer review process	

6. Working with the Peer Review I.T System

The QuADS Ireland Peer Review system is a custom designed IT system, created specifically for the purpose of Quality Standards compliance reviewing. In advance of the peer review, PRI will send, via e-mail **a unique ID login code** to the peer reviewer, which will grant access to the secure IT system. This code will remain valid for the duration of the peer review and will expire once the review has ended.

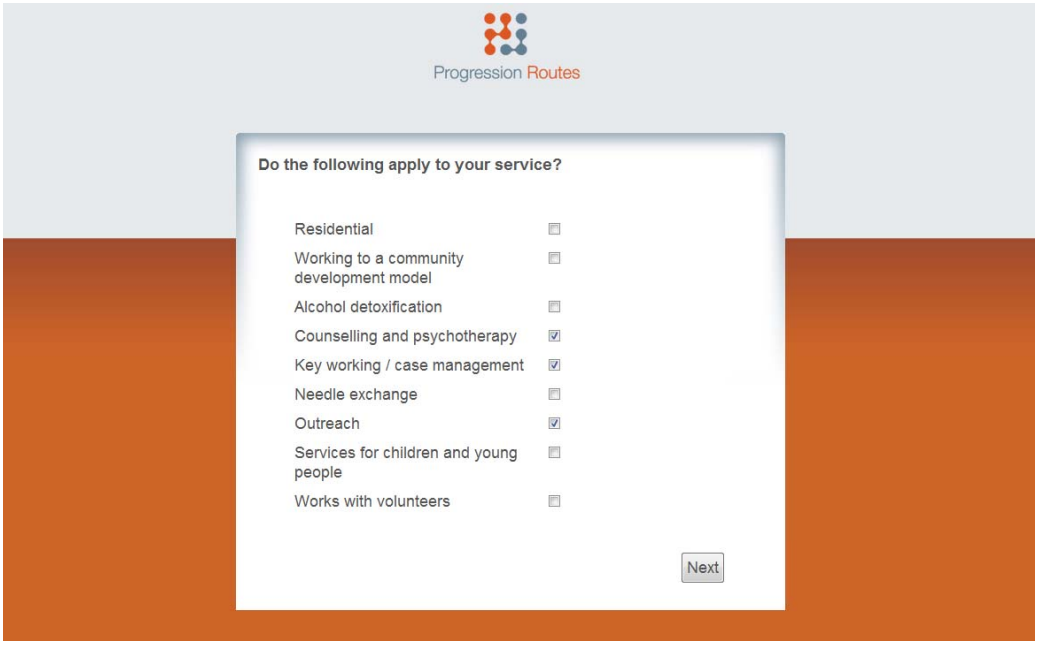
6.1 Login Page

Once reviewers have received their code, on the first morning of the review, they should log into the system by accessing www.progressionroutes.ie/peerreviewlogin. This will bring reviewers to the screen below, where they should input their unique login code and click "*start*". *Please note this code is case sensitive.*



6.2 Type of Service Page

Once reviewers have logged into the system, they will be brought to a page which will ask which areas of service delivery apply to the service being reviewed. This should be completed by reviewers in the presence of the organisation's senior manager during the introductory session (please see section 7.1).

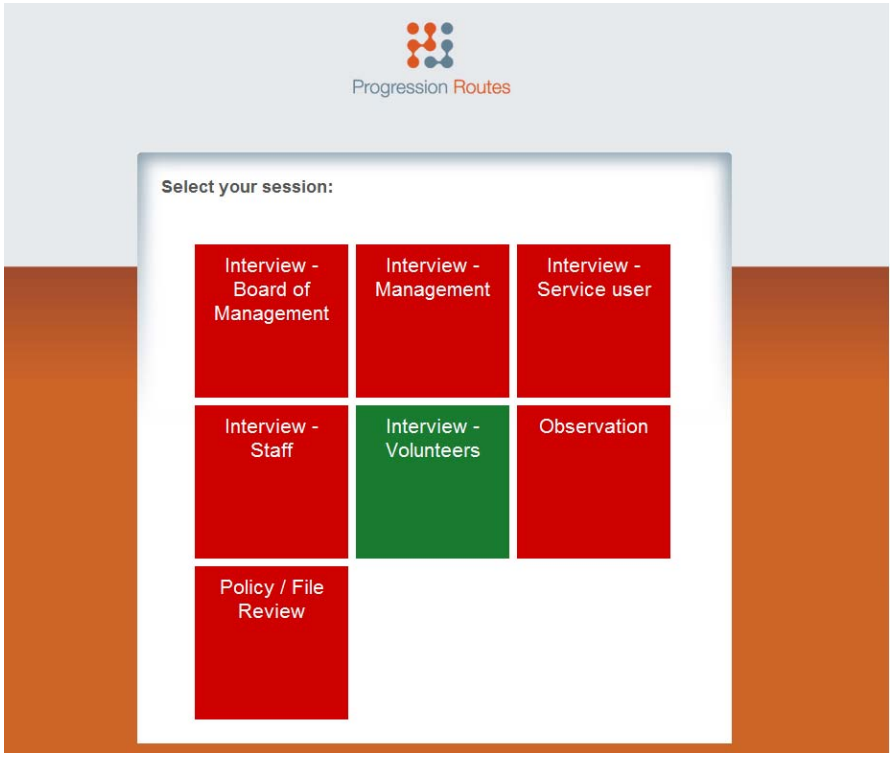


- Reviewers will be presented with nine areas of service provision, click which ones apply to the service being reviewed.
- Once reviewers and manager of the service being reviewed are in agreement that all areas are appropriately ticked or un-ticked, click the "next button".

Please note that these are all additional to core areas such as HR / Governance and some services may not operate any of these additional areas. Also, each time the system is logged into, reviewers will have to navigate through this page. Reviewers should ensure that it is filled out correctly from the outset, and not changed at any later stage as this may disrupt the IT system.

6.3 Select Session Page

Once reviewers have identified which type of service applies to the site being reviewed, they will be brought to a page with 7 large 'buttons'. These buttons identify each session: interviews / focus groups, policy / file review or observation. At the beginning of each session, the reviewer should click the relevant button to be brought to the appropriate set of questions.



- As can be seen in the screenshot, buttons are colour coded, based on whether or not they have been completed. Sessions which have not been completed are coloured red, and will remain so until all questions contained within the session are answered.
- Once a session has been completed, the corresponding button on this page will turn green and will no longer be accessible.

For example, services who do not work with volunteers will note that the volunteer session will be green, indicating that it has been completed, from the very beginning.

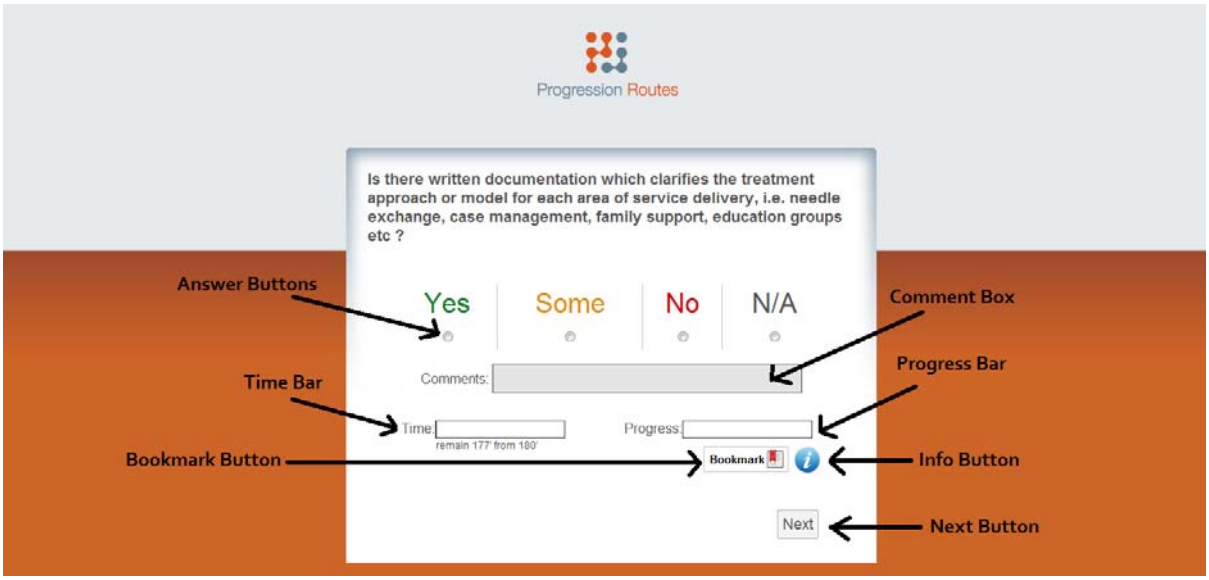
6.4 Video Page

Upon selection of the session type, the next page will display a video explaining the nature of that session. This video is designed to give those who will be participating an overview of what will be asked and to briefly describe the peer review process. (N.B. this can be skipped for the pilot, as the videos need to be changed).

- The video should be shown to the participants and reviewers can select full-screen mode by clicking on the icon on the lower right hand corner of the video.
- The video can be played by clicking the play button in the centre of the video screen.
- After the video has played, reviewers can play it again by clicking the "play again" button, or wait for several seconds to be taken to the next screen.

6.5 Question Page

The question page is the most important page in the review system. This page asks a specific question, which will be asked by the reviewer to the interviewee or focus group, or answered by way of documentary evidence or observation. Answers are logged by clicking on the answer buttons and additional information may be recorded in the comment box. There are also several other features to this page which are designed to ensure usability and consistent answering of questions.



5.5.1 Answer Buttons

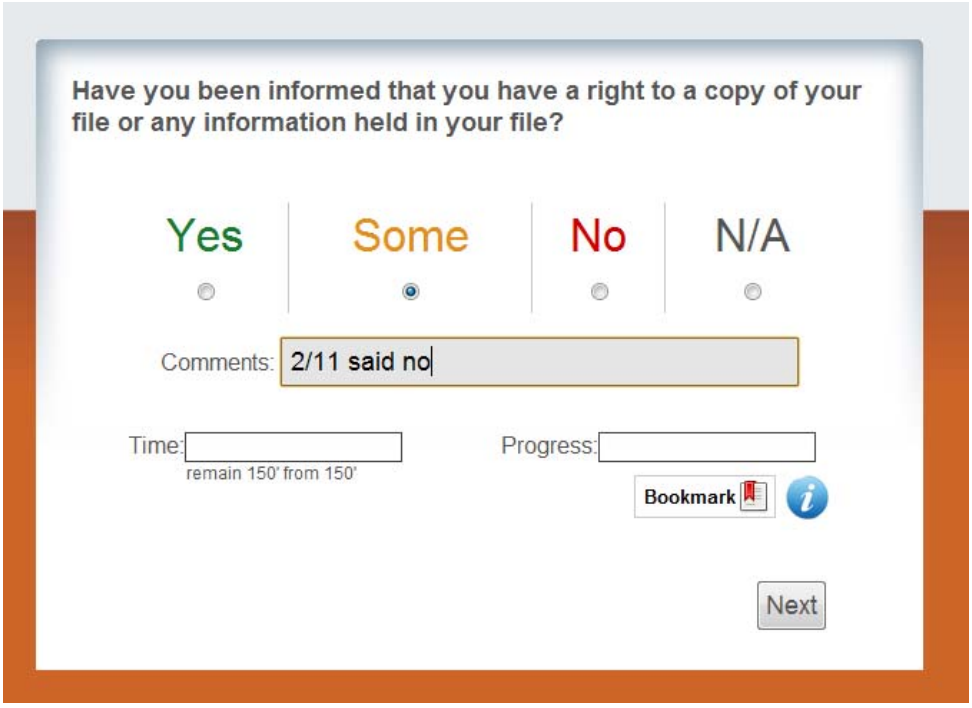
- Questions can be answered by way of clicking the colour coded: Yes, Some / Partial, No or N/A (not applicable) buttons.
- In some instances these are limited to Yes, No or N/A, where there is a clear yes or no answer.
- The N/A button should only be clicked where the question is genuinely not applicable to the service such as if a service which does not have the need for a waiting list is asked about their waiting times.

For more information on the requirements for how questions should be answered, please see the below section regarding individual sections.

5.5.2 Comment Box

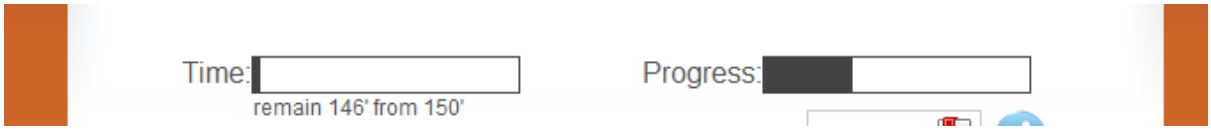
The comment box provides a space for reviewers to enter additional information relating to the answering of the question. This box has a number of uses, such as identifying how many of a group disagreed on an answer where there is not consensus. The comment box is also useful for entering additional commentary which may assist the organisation in the development of an improvement plan following the review.

- Where there is no consensus in the group, the opinions should be grouped to indicate all views that were not in agreement with a yes answer. i.e. 1/6 said it was not sufficient, 1/6 said it was never done. This should be used whenever 'some' is checked. The reason for this is that all views need to be represented.
- The comment box should only be used when necessary and is not required for all answers.
- Comments should be kept brief and relevant to the question and should provide additional information as to why the question was answered in the way it was.
- Comments should be read back to the group and agreed upon by the group / person whose view is being represented.



5.5.3 Time Bar and Progress Bar

To assist reviewers in time management, the time and progress bars give graphic representations of how much time is remaining in any given session, and how far through the list of questions you are. The time bar shows how far through this time the session is, as well as indicating below how many minutes are remaining in the session. The time bar is a useful time management aid, especially alongside the adjacent progress bar.



If the Time Bar is fuller than the Progress Bar then reviewers should know to speed up in order to finish in time. Likewise, if the Progress Bar is ahead of the Time Bar, the reviewers know they can take their time in answering the questions.

5.5.4 Bookmark Button

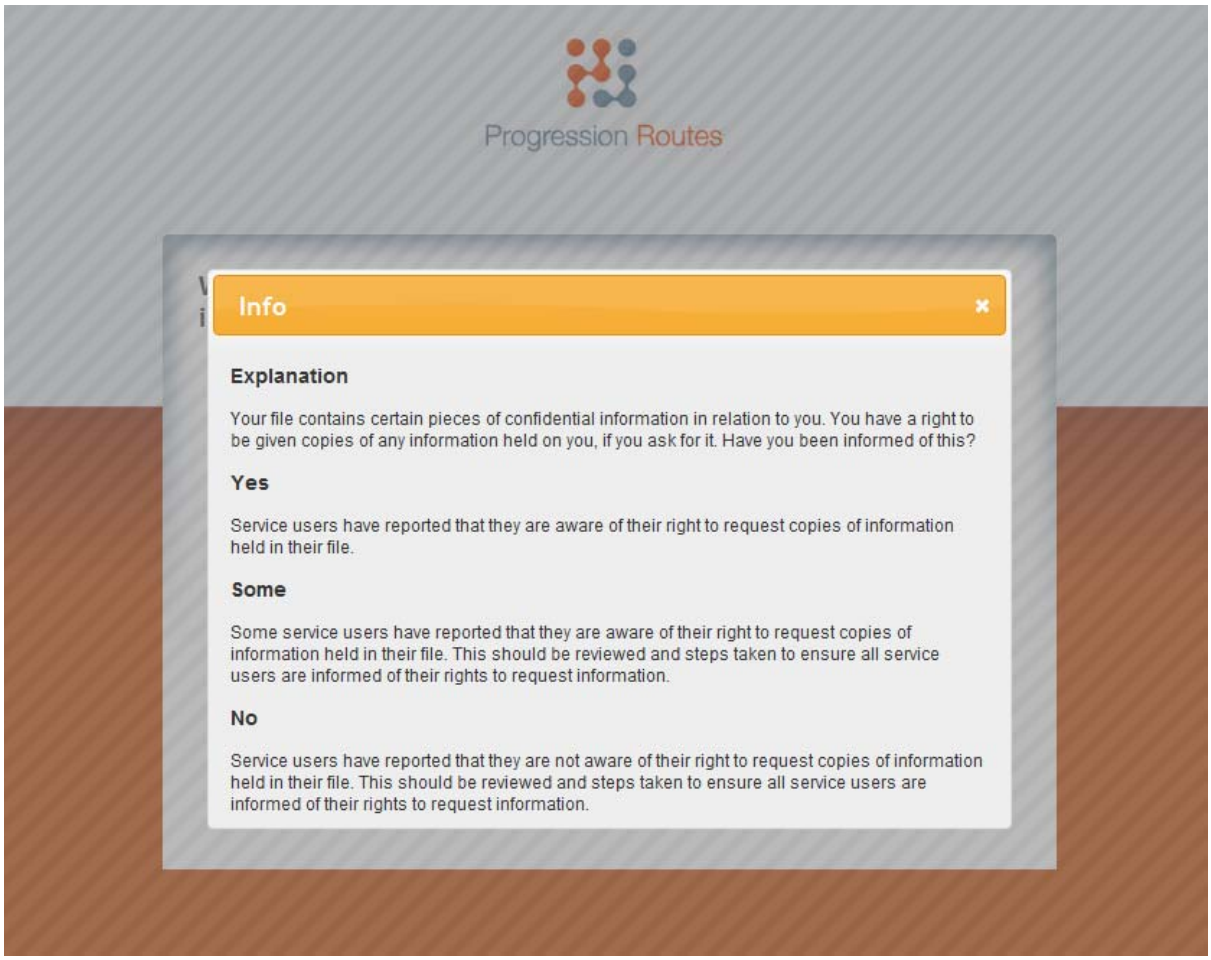
The bookmark Button allows reviewers to skip to the next question, without answering and come back to the question at a later stage. This button should only be used if;

- Information is not available at that particular moment in time
- Documentation is being sourced and you wish to continue to the next questions
- The most relevant person is not available to answer a question but will be available later

Reviewers will note that if a session finishes and one of the questions was bookmarked, the colour of the session on the *"session page"* will not have turned green. This will allow the reviewer to click into it at a later stage, where they will be brought directly to the question/s which were bookmarked. Upon answering these questions the session will end and turn green on the *"session page".*

5.5.5 Info Button

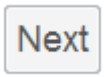
Reviewers may, on occasion, wish to gain clarity around certain questions. If further information is required regarding a question, this can be brought up by clicking on the "info button", which is the blue, round icon, located just above the "next button". Doing so will bring reviewers to the following page:



As can be seen above, this page shows four pieces of information;

- An explanation of the question – This will either give a short explanation of the question or explain the rational behind asking the question, any terminology will also be explained.
- Yes – This details what the report will say on the basis of the question being answered yes.
- Some (or partial) – This details what the report will say on the basis of the question being answered some (or partial)
- No - This details what the report will say on the basis of the question being answered no.

5.5.6 Next Button

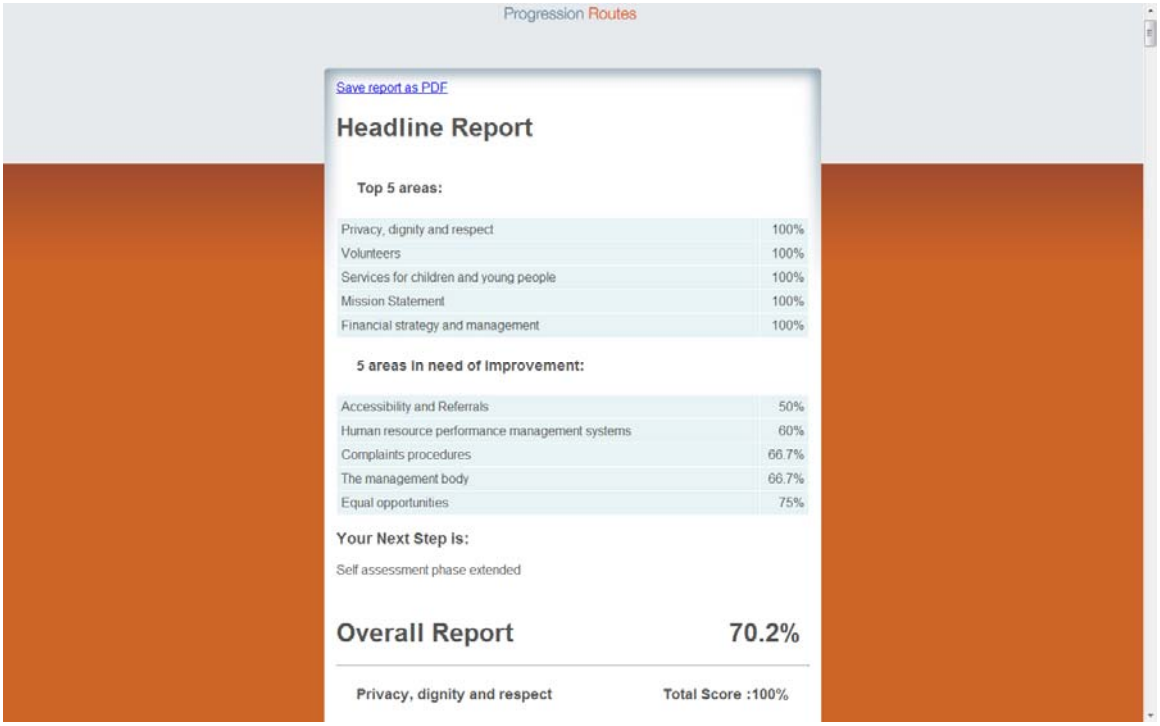


Once reviewers are happy with the answering of the question, the "next" button should be clicked. This will bring the reviewer to the next page in the session, or, if it is the last question, this will be replaced with a "finish" button.

5.5.7 The Report

Upon completion of all sessions, the reviewer will be brought to the report page. The report identifies;

- The 5 areas where the organisation performed best
- The 5 areas most in need of improvement
- The overall percentage score (overall compliance score)
- A detailed breakdown of how each question was answered, sorted by thematic area



The report can be saved to the laptops hard drive by clicking the "Save report as PDF" link in the top left corner of the report. This should then be printed and e-mailed / transferred by USB to the manager of the service and deleted from the hard drive of the computer used in the peer review – if this is not owned by the service being reviewed.

The report will remain with the organisation which was reviewed and copies, electronic or hard, and will not be retained by the reviewers.

7. The Peer Review Process:

7.1 Introductory Meeting

The Peer Review process should start with an introductory meeting between both reviewers and the senior manager of the service being reviewed. The purpose of this meeting is for reviewers to orientate themselves to the service, the types of interventions provided and the ethos and treatment approach behind the service delivery. This will also give reviewers an opportunity to identify which types of service provision are undertaken by the organisation (i.e. needle exchange, detox provision, care planning). These need to be identified in order to complete the first page of the IT system.

This session will also allow managers and reviewers to re-order the schedule of the review process if this is required for minimising the disruption of the process on service delivery. Sessions have been divided into 30 minute and 1.5hr slots to enable reviewers to re-order the schedule as required. If re-scheduling the sessions ensure that all sessions are allocated into an alternative time slot.

Reviewers should also take this opportunity to read through and sign a confidentiality agreement between the reviewers and the manager of the service being reviewed. This will also allow both parties to discuss and agree on issues of confidentiality and dealing with sensitive information.

Introductory meeting

- Familiarise peer reviewers with the service being reviewed.
- Log into the system for the first time.
- Complete the "types of service provision page" (the first page of the IT system).
- Re-schedule the review if absolutely necessary.
- Both parties to read, agree and sign Peer Review confidentiality agreement.

7.2 The Policy and File Review

The policy and file audit will require the two reviewers to check policy and file documentation in the presence of the organisations senior manager. This session will look at both the organisations policy library, key documentation such as board of management records, strategic plans, outcome recording systems and also staff and service user files.

It should be noted that peer review is a snapshot in time, as such; only information which is available and evidenced at the time of the review will be captured

Policy / File review

- Reviewer reads the question aloud to the manager.
- Manager sources the relevant documentation and shows what is required to the reviewer.
- Manager leaves the documentation accessible as it may be required again in a later question.
- Peer review is a snapshot in time, as such; only information which is available and evidenced at the time of the review will be captured.
- Reviewer answers the question based on whether or not the documentary evidence supplied sufficiently answered the question.
- Where a random sample of files is required, this is done my reviewers randomly choosing letters from the alphabet and asking the manager to select files with corresponding initials.

Certain questions in this section require a random selection of either staff or service user files to be selected.

- Reviewers should carefully read the question.
- Reviewers should randomly select letters from the alphabet.
- Managers should select staff member / service user files from the filing cabinet with names corresponding to the letters chosen (or names with letters the closest to the ones selected).
- Managers should identify within the files what exactly needs to be shown to the reviewers (for example evidence of dates on staff supervision records).
- These files should be used for the duration of the session as several questions will require information from staff and service user files.
- Some of these questions will require specific criteria such as staff who have been with the organisation for over 1 year or service users who have a key worker or case manager. If the previously selected files meet these criteria they may be used, if not reviewers should repeat the above process using this additional criteria.
- If the manager is unable to provide a sufficient number of files meeting these criteria, then all files which do meet criteria should be used and counted as a full sample. For example where an organisation may only have two staff members, both files should be used.

7.3 Chair of Board of Management Interview

The next session takes the form of an interview with the chair of the organisations board of management. This can be arranged over the phone if that is more convenient than a face to face meeting. It is suggested that one reviewer speaks on speakerphone while the other records information on the system. If not speakerphone system is available it may be for one reviewer to complete this session.

Unlike the policy and file review, reviewers are encouraged to make greater use of the comment box in interviews with the chair. The comment box allows answers to be substantiated and the responses to questions be captured in a more meaningful manner. As such, chairpersons should not only be asked yes or no questions but should be engaged in a more conversational format, with the answers being discussed and agreed by both parties.

Chairperson Interview

- May be done face to face of over phone.
- If over phone, reviewers should use speakerphone, with one reviewer asking questions and one recording answers. Otherwise one reviewer should do both.
- Reviewers should seek to give rational for answers in comment box.

8. Group Facilitations: Staff, Service Users, Managers and Volunteers

There are four sessions which will take the format of facilitated focus groups. These should be co-facilitated by reviewers. Below are a number for guidelines for reviewers in facilitating these sessions;

- Group size: The size of the group should be no larger than 12 participants. This should only be extended where there is a cohesive group (e.g. a therapeutic community or other such group).
- Begin by showing the video. The computer screen should be faced to the group and sufficiently loud to be heard. This video will give a brief overview of the process to participants.
- Reviewers should make all participants aware of the confidential nature of the review and also the limits to this confidentiality by reading through the participant info sheet (Appendix 4.).
- Reviewers should ask all participants to focus on the particular questions being asked and to feel free to answer honestly and openly.
- Participants should be asked not to mention specific names.
- Service users should be informed that they may leave the room at any stage but that their participation is appreciated, with the view to improving the quality of service provision.

- Only those who need to be there should attend each focus group. For example, staff should not sit in on service user groups or managers in the staff session.
- Upon asking a question, reviewers should attempt to engage the group rather than accept an answer from one person. For example asking the group "Would that be everyone's experience?" "Do people agree with that summary?" "Has anyone had a different experience of that?"
- Where there are differing views, facilitators should allow a limited period for discussion, but bring the group back to how they wish to answer it within the fields available.
- If there is not consensus regarding an answer, this should be recorded by answering "some" and filling in the comment box the number who believed the answer to be "no". For example, "3/14 said no". Additional reasons why this was felt should also go in the comment box in a concise sentence.
- The final answer being inputted should be read back to the group prior to entering it.
- Groups should be thanked at the end and informed when the feedback session will occur.

The 1/10 rule:

Where a focus group is being held with staff or service users, reviewers are not required to reach unanimous consensus. The response of each person should be recorded and "yes" or "no" only ticked when all participants agree. For example, if service users are asked if bullying takes place, the fact that 9 say no may be less important than that one person says yes.

Where there are differing views within the group, this should be recorded in the comment box, by way of a fraction, detailing how many did not agree. For example, if a staff team of 8 were asked if morale had been positive in the past 6 months and 5 said yes, 3 said no, the question should be answered partial, with "3/8 said no" marked in the comment box. Likewise this approach should be adopted even if only 1 person is in disagreement (see textbox).

Reviewers should all have experience in group facilitation and be a manager within a drugs service. The following facilitation tips were agreed as being useful ways of managing challenging situations that may arise through the peer review process. In general reviewers should use their facilitation skills to ensure:

- Everyone has the chance to participate
- The review is conversational in tone and encourages honest and fair contributions

Problem	Reviewers Response
A service user is affected in the focus group	The response will depend on whether the individual is being disruptive or not. If they are disruptive, one reviewer may need to ask them outside the room and let them know that it's having an effect on the focus group. If it is not overly disruptive then being under the influence does not preclude participation as long as they are not discussing anything personal.
Reviewers think that a staff member has an agenda and is 'hijacking' the session.	It is important that all voices are heard, and this is one of the reviewer's main jobs. If someone is always speaking the most or is always the first, the reviewer should highlight this and ask for someone else to start the feedback. It may also be useful to assure people that their points are being recorded; this should be done as a matter of course through reading back brief summary statements after people have made comments. Asking questions may also be useful: - Does everyone agree with this point? - Are there any other views?
Individual names are being discussed.	Ask people not to use individual names in order to protect confidentiality. If they continue, remind people of the guidelines and the reason why, i.e. no names on the system and to ensure that the review is about the service as a whole and is not personal.
You become aware of child protection issues or inappropriate practice.	You have personal legal responsibilities in this area, if the issue is immediate contact the appropriate service i.e. social services. Otherwise please complete a Complaints, Incidents and issues report (form 5) and forward this to PRI.
You think that participants are fearful of being honest as they believe the service may be 'penalized' for not meeting all criteria.	- Ask more questions, 'does this always happen' - Ask if people feel like they can be honest or if people feel like they are in a test environment. - Explain that their opinions and experience are important in helping the service to improve.
People have so much to offer that you are not getting through the questions fast enough.	- Let people know you value contributions and discussion and that you want to get through all the areas. Summarize discussions into various response options and get people to select which option they identify with and then record the selected options.
People do not understand what is being asked.	Look at the (i) button, and explain this in your own words. If there is still confusion maybe someone in the group may be able to explain it to their peers.
Someone gets upset about content raised.	A reviewer should take them aside, out of the room, and calm the individual; they should then be referred back to a staff member within the organization.

9. Premises Observation

This session provides the reviewers with an opportunity to see the service and check for certain physical indicators required by the QuADS framework. Reviewers will be required to walk around the premises and also undertake some online observation, such as looking for the service's opening hours in drug service directories.

Observation

- Ask manager to accompany reviewers on walk around the location.
- This can be recorded on an observation sheet, which can be filled in while walking and inputted later.
- Use laptop with internet connection to search internet for certain information.

10. Feedback Session

The feedback session allows participants, or representatives of participant groups to come together at the end of the review and reflect on the process. This will be co-facilitated by both peer reviewers and provides a forum for highlighting some of the findings of the peer review process.

In advance of the feedback session reviewers should;

- Ensure that all questions have been answered
- Save the report document to PDF format and print a version.
- Read the first page of the report, which identifies the 5 areas where the service performed strongest and the 5 areas most in need of improvement.
- Ensure with the manager of the service that representatives from all focus groups will be in attendance for the feedback session

Objectives of the feedback session;

- To promote peer review as part of a larger process of continuous quality improvement.
- To act as a close / end point of the process.
- To provide an opportunity for all participants to express how they experienced the peer review process
- To provide a broad overview of the outcomes of the review
- To provide a chance for the manager of the service to address some of the issues arising from the peer review and identify potential next steps.

Facilitating the feedback session:

The feedback session should be facilitated by using the Feedback Session sheet. This is designed to assist the reviewers in structuring the feedback session and also provides a space for additional comments from the participants to be recorded. Reviewers should send this completed form to PRI

after the review has finished as this feedback is used as part of the ongoing process of refining the peer review system.

11. Complaints, Incidents and Issues

Where issues arise during peer review, these should, where possible, be dealt with as close to source as possible. Reviewers, service managers or any other person who may have a complaint or incident should attempt to resolve this directly with the person/s involved, unless the issue requires immediate intervention.
There may however, be times in which prior to, during or after a peer review, issues arise which require the intervention of a third party. While PRI do not offer an appeals mechanism, there is a system for recording and where appropriate acting upon issues arising from the peer review process. Where this is the case a Complaints, Incidents and Issues Report may be completed by any party involved with the peer review and submitted to PRI, either electronically or by post to:

E-mail - PRI@aldp.ie
Post: Progression Routes, 48 Middle Abbey Street, Dublin 1

Such issues may relate to, but are not limited to the following;

- Suspected breach of confidentiality
- Dissatisfaction with the peer review process
- Complaint with the peer review process or with the conduct of a peer reviewer
- Suspicion or knowledge of serious breaches of conduct amounting to a reasonable belief that injury, harm or breach of rights may occur or have occurred.
- Child protection concerns; note that in this instance depending on the seriousness of the issue and the context in which it occurred the reviewers may have notified the manager of the service or contact the appropriate authorities.

Receipt of a Compliant, Incident and Report will be acknowledged within 2 working days of being received. PRI shall, where appropriate, issue the person who submitted the form with a full response within 10 working days. In cases where third parties are involved, PRI may not be able to extend confidentiality to the individual who submitted the report but will inform them as to the fact that the issue has been addressed.

12. FAQs

Will personal information pertaining to staff or service users be available to reviewers?

Peer reviewers will be required to sign a confidentiality form prior to beginning the peer review. This will outline how no information made available to them during the course of the review process may be shared outside the context of the peer review, save for circumstances of serious disclosure, potential harm or child protection concerns.

The most sensitive time during the process regarding personal information will be during the file / policy audit. This is due to reviewers needing access to staff and client files. In order to mitigate this, the manager of the service being reviewed shall be present for this entire section of the process and will be responsible for ensuring that only generic information is made available to reviewers. This is best described by way of example. One of the questions in the peer review system pertains to staff supervision. While the reviewer will require evidence of supervision occurring regularly, by way of seeing dated supervision records, the reviewer does not, and indeed should not, see the content of these supervision records. It will remain the responsibility of the manager of the service being reviewed to ensure the confidentiality of their staff and service users is maintained.

Simply put, information not required by the peer reviewer should be covered with a piece of paper.

Will I have to close the service for the two days?

No, The Peer Review system has been designed to cause minimal disruption to service delivery. There will however, be a two hour session where staff will be requested to give their views and during his time the service may not be able to open. There will also be a feedback session at the end where representatives from all groups who took part should be present.

The manager of the service being reviewed will largely be required to make themselves available at all times during the two days. However, other than during the service user focus group and staff focus group, it is envisaged that the service will operate as normal, with minimal disruption from the review process.

Further, the manager and peer reviewers may wish, at the start of the process, to alter the running order of the sessions to ensure maximum attendance and minimum disruption. For example, it may be logical to hold the staff focus group during a timeslot usually reserved for team meetings rather than cancelling a service provided.

When can I use the QuADS Compliance mark on my website / literature?

The QuADS Compliance mark shall be made available to services who have;

a) Achieved a score of 90% of more in terms of their overall compliance with QuADS standards through peer review
b) Completed and submitted to PRI an action plan outlining how and when the remaining quality standards shall be implemented.
c) Demonstrated evidence of implementing these actions to PRI within a specified timeframe.

Once the documentation required in a) and b) above have been submitted to PRI this information will be analyzed on the basis of a number of set criteria and compliance marks awarded accordingly.

This mark shall remain available to the organisation for two years from the date of the peer review. After this period another peer review shall be required in order to maintain licensed usage of the "QuADS Ireland Compliance Mark". If the organisation does not go through peer review after this period they will no longer be permitted to display the QuADS compliance logo.

What if I score less than 90%?

As standard within the awarding of quality standard marks, a large number of services will not be rated as compliant after their first review. This should be regarded as a positive step within the quality improvement process. Services scoring less than 90% compliance will be encouraged to draft an action plan as to how compliance can be achieved and will be supported by the PRI QuADS support project in its implementation.

In order to make the process as straightforward for services as possible PRI will offer to services scoring between 75% and 90% the opportunity to re-review 6 months later. This review will be carried out by a PRI staff member, will take place over a one day period and will only look at areas which were not answered in the positive on the previous peer review.

Services scoring between 75% - 90% will also be eligible for using the "QuADS Ireland Participation" mark.

What is the QuADS participation mark?

In recognition of the long term nature of implementing the QuADS framework, there are two levels of QuADS Ireland marks available. The QuADS participation mark has been designed to permit organisations involved with the QuADS support project to acknowledge and display their involvement in a Quality standards process. This mark is available for services that have undertaken peer review and scored between 75% - 90% or who;

1. Have been formally participating with the QuADS support project for at least 6 months.
    1.1. Participation marks will be awarded no sooner than 6 months from the manager's attendance at their first managers' seminar, subject to section 1.2.
    1.2. If the service agreement between the organisation and PRI has not been signed and returned by the time managers attend their first seminar, the awarding of a participation mark may not be made until 6 months after the submission of the signed agreement.
2. Have a minimum of 15 policies as required by the QuADS framework which are in place and have been signed off. These policies are not limited to, but must include[1];
    2.1. Quality Assurance Policy

[1] Names of policies are not required to be identical to those specified in the QuADS Ireland Policy Library. Rather, what is required is that organisations have written policies and procedures in place which cover the areas as outlined in this list of policies.

2.2. Confidentiality Policy
2.3. Complaints Policy
2.4. Child Protection Policy
2.5. Code of Conduct Policy

3. Evidence of sign off on at least 15 policies will be required before services may use the "Participation Mark".
4. Have completed a "self review" document. These are available from Progression Routes and should form the basis of an action plan for the continued implementation of the QuADS standards framework.
5. Have completed an action plan outlining which QuADS policies remain to be put in place along with how and when this shall be undertaken. This action plan must be submitted to Progression Routes prior to a "Participation Mark" being made available to the organisation.

What if I am unhappy with the outcome of the peer review?

The Progression Routes Initiative provides training in the use of, and software to facilitate peer review being undertaken. The results of peer review processes as such are not covered by an appeals process and PRI does not have appellate responsibilities regarding peer review outcomes.

If however, you are unhappy with the outcome of the peer review on the basis that incorrect information has been inputted into the system, this should be discussed with the peer reviewer immediately and PRI contacted, who may be able to change what has been inputted.

Appendix 1. Preparation Checklist

This form should be completed, 1 week in advance of the peer review process, by the manager of the service reviewed. If there are any issues regarding the arrangement of any of these requirements please contact PRI.

To be organised	Tick when organised
Laptop computer - Contact PRI at least one week before if one is required	
Internet connection - The laptop will need wireless internet connection – Contact PRI at least on week in advance if USB internet connection is required	
Printer	
Room for focus groups -This will need enough seats for participants and a table for the laptop	
Room for peer reviewers to conduct policy / file review with manager - Ideally this should be done in the manager's office of place where files are kept	
Lunch for peer reviewers for both days	
Board of Management correspondence and documents - e.g. minutes of meetings, reports on service outcomes etc…	
Access to all staff files	
Access to all service user files – These should be physical files unless the organisation holds all files in soft copy, in which case these can be used.	
Full policy library	
Annual Report	
All documentation / templates used in service delivery e.g. assessment tools, waiting lists, care plan & review templates, key working & case note templates	
Service literature - flyers/leaflets etc…	

Appendix 2. Confidentiality Agreement

This form identifies the peer review confidentiality arrangements as they pertain to both reviewers and organisations being reviewed.

Peer Reviewers will:

1.9 Only have access to relevant information relating to the peer review during the two day period of the review.
1.10 Only have access to the IT system for the duration of the peer review.
1.11 Never pass on or discuss organisational or personal information learned as a result of the peer review outside of the peer review setting (other than the identified "exceptions to confidentiality"), this includes representatives of the reviewed service.

Service Manager will:

1.12 Have responsibility for overseeing what information is made available to reviewers. Managers shall make available the information required while also ensuring the confidentiality of staff and service users is maintained.
1.13 Be responsible for the report and its findings upon completion of the peer review process.
1.14 Ensure that all information provided is accurate and truthful to the best of their knowledge.

Progression Routes shall:

1.15 Hold all information recorded on the IT system in line with the Ana Liffey Drug Project's Data protection policy.
1.16 Assist services in reviewing, analysing and action planning the findings of the report, if requested to do so by the organisation reviewed.
1.17 Use this information only in aggregate form, maintaining the confidentiality of all service providers in any reporting undertaken.

Exceptions to confidentiality:

In line with standards confidentiality practices, information gathered by reviewers as part of the peer review process shall remain confidential save for cases of:

- *Serious Disclosure / Potential harm being caused to an individual/s*
- *Child protection concerns*

Where reviewers are concerned by information made known to them through peer review they should bring this to the attention of the senior manager of the organisation and / or contact a member of progression routes for additional guidance.

Signature of Peer Reviewer 1: _____ Date _____

Signature of Peer Reviewer 2: _____ Date _____

Signature of Service Manager: _____ Date _____

Appendix 3. Premises Observation Checklist

This form should be used by reviewers during the observation session. Questions should be scored on this form and inputted to the peer review IT system immediately afterwards.

Question	Yes	Some	No	N/A	Comment
Is there an answer phone service? (reviewers may wish to phone the service and let it ring out to check)					
Are complaints procedure posters and/or leaflets on display?					
Are service user files securely kept in a locked filing cabinet?					
Are staff files securely kept in a locked filing cabinet?					
Is there a service user charter on display in the premises which has been reviewed within the last 2 years?					
Are there facilities where service users can freely avail of water or tea/coffee?					

Appendix 4. Participant Info Sheet

Your service has put it self forward to peer review. This means that two managers from other services, which are also being peer reviewed, will be visiting your service and will be asking you about your experiences of your organisation. You are being asked to be part of a focus group, that should last for about one and half hours, here's a few things you may want to know about the process.

- **Why be peer reviewed** – having a review is an excellent way for an organisation to understand what they are doing well and where they can improve. Your honest opinions are necessary for the peer review to be useful.

- **The focus group** - the service users' focus group will be attended by service users only. Likewise the staff focus group involves only staff and no managers; this is to allow for as open a discussion as possible.

- **Confidentiality** – The peer review report will not identify who has said what. All comments will be recorded on the computer system and will be read back to you before they are entered. Standard exclusions to confidentiality apply in the case of child protection issues, harm to self or others.

- **Who will read the final report -** the final report, which will identify areas where the organization is strong and also areas where the organization could improve will be available only available to the organization and will not be given to your funding agency; other government bodies or any other organisations other than PRI.

- **Your chance to see the report -** representatives from staff, service users and volunteers can participate in a feedback session at the end of the two days of peer review.

- **No names -** try not to use the names of any individuals; if you want to describe a situation please exclude all references to individuals by name.

- **Focus group ground rules**
    - Allow everyone to have their say
    - Phones off
    - What is said in the room stays in the room
    - Respect differences of opinion

- **Your Opinion Counts** - be honest and let your views be known, fair critique and open discussion is important for this process to be useful to the organisation.

Appendix 5. Complaints, Incidents and Issues Report

This form should be completed where an issue has arisen which cannot be resolved without the involvement of a third party. This form may be completed by any individual or group representative involved with the QuADS Ireland Peer Review Process. PRI will acknowledge receipt of this report within 2 working days of its delivery, and will aim to provide a full response within 10 working days, subject to the limits of confidentiality surrounding the peer review process.

Personal details of person completing the report.

Name _____

Organisation_____

Contact _____

Date _____

What is the exact nature of the complaint, incident or issue? (use new page if more space is needed?
What steps, if any, have been taken thus far to resolve the issue / deal with the incident?
What do you believe could be done to resolve the issue / deal with the incident?

Signed: _____ Date _____

Appendix 6. Feedback session information sheet

This two page document should be used by the peer reviewers to guide the feedback session at the end of the peer review process. This form should be returned to PRI immediately after the peer review. Reviewers should ensure that there are representatives from each stakeholder group involved in the peer review. Objectives of the feedback session;

- To promote peer review as part of a larger process of continuous quality improvement.
- To act as a close / end point to the process.
- To provide an opportunity for all participants to express how they experienced the process.
- To provide an overview of the outcomes of the review.
- To provide a chance for the manager of the service to address some of the issues arising from the peer review and identify potential next steps.

1. **Introduction**

Reviewers should start by thanking all participants and discussing the following:

- *Continuous Quality Improvement:* That the peer review is part of a much wider process around how organisations can work towards providing the best services they can.
- *Compliance:* It should be explained that as with most quality standards, very few services will be compliant the first time around and that this is part the process.
- *Positive feedback:* Where the review highlights areas for potential improvement, these should not be seen as negative comments. But rather as opportunities for improving the level of service provision for those using the service.

2. **Report feedback**

Reviewers should have already read through the final report and have a copy, either printed or on the computer. Reviewers should read aloud:

- The 5 top areas as identified by the report.
- The 5 areas most in need of improvement.
- The overall score of the peer review.

3. **Group discussion**

Reviewers should ask the following questions of the group and capture this information in the boxes below. This should be an open discussion around the process and provide all participants with an opportunity to give feedback on their experience of being peer reviewed.

Do people think the report reflects the overall quality of services provided?

Did people have a chance to say what they wanted about the service?

Is there anything people would like to see changed about the peer review process?

4. **Reviewer feedback**
   After the discussion, the reviewers should take this opportunity to positively reflect on the process of being a reviewer and each identify at least one area of learning for them, which they may take back to their own service.

5. **Close**:

- The senior manager of the service should be given the opportunity to speak about the review and feedback on the organisations next steps within the Quality Improvement process.
- Each person in the room should be given to opportunity to speak as part of a closing circle to bring the review to an end.

Appendix 7. Quick reference: step-by-step guide to the process

The following is a step by step guide to accompany the peer review IT system. This checklist should be used during the review to ensure that all necessary steps are taken and to guide reviewers to the relevant section of the handbook where necessary. The column titled "Pg" is the page column, which indicates which page of the handbook may be consulted if reviewers require further information.

	Step	Action	Pg	Done?
Intro Meeting	1.	Check all arrangements are in place using appendix 1	App 1	
	2.	Complete appendix 2 (Confidentiality Agreement)	App 2	
	3.	Log into the peer review IT system using the login code	9	
	4.	Select all areas of service provision on the first page	10	
	5.	Re-arrange the Peer Review schedule if necessary	8	
Policy / File Review	6.	Select Policy / File review from the sessions page		
	7.	Play video for service manager		
	8.	Select 3 client files at random	19	
	9.	Select 3 staff files at random	19	
	10.	Select 3 staff files of staff who have been employees for 12 + months	19	
	11.	Select 3 service user files who are being key worked or case managed	19	

	32.	If no consensus check "some" and add negative fraction in comment box (e.g 3/7 staff said no)	21	
Observation	33.	Complete appendix 3 in the presence of manager	app 3	
	34.	Select the Observation session		
	35.	Input information appendix 3 form	app 3	
	36.	Use internet to answer certain questions		
Feedback Session	37.	Access report page	17	
	38.	Click "save copy in pdf"	17	
	39.	Send this pdf to the senior manager by e-mail or via USB		
	40.	Meet with all participants, discuss report & Thank them for participation.	app 6	
Volunteer	23.	If applicable, meet with volunteer/s (This can be done over the phone if necessary)		
Manager interview	24.	Select Managers Interview		
	25.	Show video to manager/s (Senior manager or management team)		
	26.	Ask questions aloud and make use of comment box in answering		
	27.	Some questions will only be for the senior manager	20	
Service User Focus Group	28.	Select Service User focus group session		
	29.	Play video for service users		
	30.	Ask questions out loud and record responses		
	31.	Facilitate group to come to consensus where possible	app 7	