

Developmental well-led reviews: information for peer reviewers

We support providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.

Contents

1. Introduction	3
Terminology.....	3
2. Peer input	4
What skills and attributes do peer reviewers need?	4
How are peer reviewers identified and matched to providers?	5
How should conflicts of interests be assessed and managed?	5
How will peer reviewers be remunerated?.....	6
How will peer reviewers be briefed?	6
How can liabilities be managed?	7
Further information	7

1. Introduction

This brief guide provides information for peer reviewers thinking about taking part in developmental reviews of NHS trusts and foundation trusts (NHS provider) and explains how to manage issues around conflicts of interest and liability.

Our new [guidance for developmental reviews of leadership and governance using the well-led framework](#) describes the well-led framework of eight key lines of enquiry (KLOEs), which are shared with the Care Quality Commission, and which good practice organisations and reviewers can use to inform their judgements.

The purpose of developmental reviews is to identify the areas that would benefit from further targeted development work to secure and sustain future performance. Self-review is the starting point because it helps providers to reflect on current ways of working, potential development needs and areas for more detailed review.

External input is vital to safeguard against the optimism bias and group think to which even the best organisations may be susceptible and providers will usually commission a consultancy firm to lead the external component of their reviews. We hope providers will see this as an investment in the organisational development, rather than as a cost to endure.

Our ambition is that, over time, peer input from leaders from within the NHS will become a core part of reviews led by external suppliers. This will make the valuable learning, experience and ideas that already exist within the NHS leadership more accessible, adding richness to the processes led by external firms in a cost-effective way.

Terminology

The following terms used in this guidance are defined as follows:

- Providers: NHS trusts and NHS foundation trusts
- External suppliers: firms commissioned to facilitate reviews
- Peer reviewers: NHS leaders who provide input to external reviews.

2. Peer input

Following feedback from providers who have commissioned reviews in the past, we aim for peer review in developmental reviews to:

- use and develop existing skills in the NHS by encouraging high-performing boards and leaders to support others
- enhance and enable information-sharing, learning and experience by increasing interactions between trusts on leadership and governance
- increase value for money by sourcing specialist advice from within the NHS wherever possible.

Below we answer the questions that have regularly come up in discussions with providers, external suppliers and peer reviewers.

What skills and attributes do peer reviewers need?

Peer reviewers should have suitable, relevant experience and a track record of delivery. They will typically be highly skilled and experienced leaders with a deep understanding of the demands on those in board-level positions. They should also be able to assess evidence and provide an informed, independent view of their areas of expertise.

An in-depth knowledge of specific issues such as clinical leadership, quality governance, financial governance, or improvement may be needed depending on areas identified during the self-review that providers carry out before securing their external facilitation team.

Peer input could include:

- meeting the board members and other senior leaders
- observing board and executive team meetings, considering leadership and other team dynamics
- assessing board engagement with patients, staff, governors and other key stakeholders

- taking part in workshops or meetings to develop recommendations or action plans, providing advice based on their knowledge and experience.

The amount of time needed from individuals will depend on the scope of the review, but a general review would typically require two or more days of input for interviews, meetings, discussions, feedback and reporting.

How are peer reviewers identified and matched to providers?

NHS Improvement has asked chairs and chief executives to put forward their names, and the names of their senior team members, for a list of possible peer reviewers. This list will be provided to external suppliers on request as they construct their review teams to help them create a good balance of skills and dynamics within review teams. Peer reviewers who have put their names forward may therefore be contacted by external suppliers.

How should conflicts of interests be assessed and managed?

Peer reviewers should confirm that their involvement does not create any material conflicts of interests that would compromise the objectivity of the review process. In particular, we suggest peer reviewers should:

- be entirely independent of the provider's board or other senior individuals
- not have carried out internal or external audit or governance-related work for the provider during the previous three years
- not have worked in the provider in the previous three years
- not have chaired or been involved in the provider's recent CQC inspections
- not be located in a health or care economy where there is a material contractual or other relationship with the provider (eg a sustainability and transformation partnership).

For more information on managing conflicts of interest see NHS England's guidance: [*Conflicts of Interest in the NHS: Guidance for staff and organisations*](#)

How will peer reviewers be remunerated?

Board members who have acted as peer reviewers to date have highlighted the benefit to them and their trust of participation in terms of gaining new perspectives and ideas about ways of working that they have then gone on to implement. We hope that inputting to developmental reviews will offer peer reviewers the opportunity to share learning and best practice with NHS colleagues, as they bring their direct experience of leading organisations to the process that the external firms will be running.

Peer input should therefore be on an unpaid basis, with the agreement of the peer reviewer's 'home' organisation and reasonable expenses reimbursed by the provider commissioning the review.

How will peer reviewers be briefed?

Peer reviewers, once engaged to take part in reviews, should expect to meet the commissioning provider and external supplier before the externally facilitated part of the review starts to ensure that all parties are fully prepared.

Peer reviewers should ensure that they are clear about following information ahead of the start of any review. The external supplier co-ordinating the review will usually be responsible for ensuring this happens:

- **background:** factual information about the trust and the context for the review, eg CQC reports, self-review findings, current performance, key stakeholders
- **scope:** a clear statement of the objectives and scope of the review, the agreed KLOEs and the precise role of peer reviewers, as well as any required deliverables
- **approach:** the methodology being used, the itinerary for each peer reviewer, and the format of any evidence, reports or feedback required to feed into final deliverables.

We suggest the commissioning provider supplies peer reviewers with a letter of engagement setting out the agreed approach, timescales and any practicalities, such as how to claim expenses.

How can liabilities be managed?

Some peer reviewers have asked about their liabilities in relation to the input they provide. We suggest a pragmatic approach is for the external supplier to retain all liability for the review and report. Peer reviewers should therefore expect this to be taken care of in the contract between the provider and external supplier.

Peer reviewers should not have to consider their own indemnity separately and can expect to be briefed on the following items, which should comply with the primary requirements between the provider and external supplier:

- working arrangements between the supplier and peer reviewers, including confirmation that selected peer reviewers have the required experience and seniority to input appropriately
- the review process, the input of peer reviewers into engagement, prioritisation, action-planning and reporting
- confidentiality and attribution of content to peer reviewers in any reports of the review, including those that may be published
- the external supplier's internal quality assurance processes, including on the content of and publication of any reports, and the resolution process in the event of disagreement between the external supplier and the peer reviewer.

Further information

As this is an evolving approach, we may update this guidance from time to time. We welcome suggestions for extra information that would be helpful. Please contact nhsi.wlpeers@nhs.net with any feedback or for further information.

Contact us:

NHS Improvement

Wellington House
133-155 Waterloo Road
London
SE1 8UG

0300 123 2257

enquiries@improvement.nhs.uk

improvement.nhs.uk

Follow us on Twitter [@NHSImprovement](https://twitter.com/NHSImprovement)

This publication can be made available in a number of other formats on request.