

GUIDANCE AND CONTEXTUAL
INFORMATION FOR PEERS

LOCAL SYSTEM PEER CHALLENGE

Peer team briefing

INTRODUCTION

Thank you for agreeing to be part of the peer challenge at the STP.

This note provides brief guidance on:

- the STP/ICS peer challenge offer
- the scope and purpose of the peer challenge
- the peer challenge approach and methodology
- the peer challenge 'ground rules'
- data protection principles and guidance
- peer charter and terms and conditions
- suggested areas to explore (Appendix 1)
- facilitating meetings and focus groups (Appendix 2).

Additional information, advice and guidance will be provided by the peer challenge manager.

THE PEER SUPPORT OFFER FOR LOCAL SYSTEMS

The Local Government Association (LGA), NHS Providers, NHS Clinical Commissioners (NHSCC) and NHS Confederation have come together to develop a uniquely sector-led approach which offers support for sustainability and transformation partnerships (STPs) and local systems which voluntarily seek help from within the sector. Our partnership enables us to promote the role of system working across a wide audience, ensuring decision makers from health and local government are all 'at the table'.

Our offer of support is based on using senior, experienced and credible peers who either work within the NHS and social care organisations, or have very recent experience of leading and supporting local system working. It builds on extensive use of sector-led improvement approaches within local government, developed by the LGA.

Our offer of support focuses particularly on helping system partners to forge new collaborative relationships, build shared understanding and agree next steps.

Peer challenges are not an inspection. They are a robust and effective improvement tool managed and delivered by the sector, for the sector. Senior health staff and local government officers and members, as 'peers', are at the heart of the process. They help clients with their improvement and learning by providing a 'practitioner perspective' and 'critical friend' challenge. The make-up of the peer team will reflect the requirements of the client receiving the peer challenge. Typically teams will comprise of six to seven peers plus a peer challenge manager.

THE SCOPE AND PURPOSE OF THE PEER CHALLENGE

The **scope** of the work has been agreed as:

In delivering this focus the peer team will explore the heading questions for these peer challenges of STP/ICS local systems cover. These are the areas we know are critical to client performance and improvement.

Exploring these areas will help provide reassurance and an indication about the organisation's ability and capacity to deliver on its plans, proposals and ambitions.

The purpose of peer challenge is to inform further improvement and learning. It is not a sector-owned form of inspection, and will not deliver a detailed diagnosis or scored assessment. As such, there is a strong emphasis on peers providing practical advice during the process, and less emphasis on summarising current and past performance. Peers should think about their own experience, knowledge and examples, and come ready to use them.

The peer challenge team for this work will include:

- 1** Lead peer – usually a former chief executive of a health or care organisation with experience of leading system working
- 2** Trust chief executives or former chief executives with experience of the acute, mental health, ambulance, specialist and community sectors
- 3** CCG accountable officer or clinical chair
- 4** Local authority chief executive
- 5** Local authority director of adult social services
- 6** Local authority elected member peer
- 7** STP lead, independent chair or other colleagues with direct and relevant experience of the issues the client system is tackling
- 8** Peer challenge manager.

SUMMARY OF THE PEER CHALLENGE APPROACH AND METHODOLOGY

The peer challenge is made up of the following stages

Peers confirmed

- peers sourced
- selection based on suitability for the particular context of challenge: skills, experience, availability
- peer team confirmed with local system.

Pre on-site

- peer team receive briefing information, including position statement and timetable
- challenge manager will make contact with each team member to discuss initial perceptions, address concerns and plan approach.

On-site

- dinner on first night of arrival – peer team meets for first time and discuss priorities for day one
- three to four days on-site in accordance with timetable
- feedback presentation given to local system on final day – forms basis for report.

Post on-site

- final feedback report drafted by challenge manager and circulated to peer team for input
- draft feedback report sent to client within four weeks
- final report agreed and signed off with client and published.

Pre on-site preparation

- Peers will need to read some background information in advance of the peer challenge. A set of documentation will be made available on a file sharing site. This will include a short 'position statement' prepared by the client which will serve as a brief for the team. The challenge manager will arrange a telephone call for each member of the peer team ahead of the on-site visit to discuss the timetable, answer any questions and share initial perceptions.
- The lead peer will be asked to put a call in to the STP/ICS lead and the member peer will be asked to contact the member lead on the STP. The purpose of these calls is to check and discuss expectations.
- An initial peer team meeting is scheduled for the evening prior to the peer challenge on Monday at the peer team's hotel at 7.00pm. Peers are asked to attend to share initial impressions and views from the pre-reading, and prepare for the on-site phase of the process.

On-site at the client – Tuesday to Friday

- The peer team will spend four days on-site at the STP/ICS. Peers will meet with a wide range of people including NHS staff, local authority officers, councillors and others connected with the STP/ICS. A timetable of activity is organised by the client to enable this. The process is a dynamic one and requires a high degree of flexibility throughout.
- Peers normally work in pairs to facilitate meetings. Meetings are about evidence gathering and also an opportunity to explore issues and ideas. They should stimulate discussion within the client about how it might accelerate the achievement of its ambitions. At times, focus groups, as opposed to meetings with individuals, will be the most productive way to gather the views of wide range of people. Appendix 2 provides guidance on facilitating meetings and focus groups.
- The peer team will collate, analyse and triangulate the key messages from these meetings which will then be used to develop and deliver feedback to the client. Notebooks are provided to keep a record of discussions (NB: additional guidance and principles about data protection and the storage of notes can be found later on this note).
- At the end of each day, there will be a catch up meeting with the client. The purpose of these sessions is to ensure there are no major surprises at the final feedback session (see below). It is an opportunity to keep them informed of emerging messages and observations throughout the process. In doing this it is important to stress that observations are being shared on an informal and confidential basis. Not all will be fully evidenced, and triangulated or will feature in the final feedback from the peer team.
- The on-site phase will finish with a feedback session where the key findings are presented by the peer team and discussed with senior people from the client. All findings need to be evidenced and triangulated. The peer team's feedback is presented by the peer team leader with agreed input from other peers in the team. The feedback audience is determined by the client.

Post on-site

- A draft feedback report will be prepared by the peer challenge manager on behalf of the team. Peers will be asked to comment on the draft before it is sent to the client. This is normally within a week of the on-site visit. Peers will also be asked to contribute to any signposting to practice and people that can support the key suggestions made by the peer team. The draft report is issued to the client within four weeks of the peer challenge.
- There is a range of further support activity that can be provided or brokered. Often this is peer-led support and as a member of the peer challenge team you may be asked to participate.

PEER CHALLENGE GROUND RULES

The following ground rules will help ensure we are clear about what is expected while carrying out a peer challenge. Peers are asked to adhere to and advocate these as they participate in the peer challenge process.

Prioritise a positive experience for the client

Peer challenge is a people focused process. It is vital that people the team come into contact with sees us as friendly and courteous and as having listened. The questions posed by the team may be challenging at times, but it is important to ensure people we meet do not feel this challenge is directed against them personally. The impression the team makes is very important and will make a difference to how they receive and respond to our feedback. The purpose of the peer challenge is to inform further improvement and learning – it is not a form of inspection. Peers are there at the invitation of the client.

Value each others' input

People on the team come from different walks of life and professional backgrounds, and will have been recruited to the team by virtue of the different views, perspectives and knowledge they have to offer. It is important to respect and value these. Assimilating the views of several people into a feedback presentation at the end of the process can be challenging in the tight timescale available. Achieving it will require everybody to listen and engage in constructive debate, to be prepared to challenge and be challenged and to feel they can be open.

Confidentiality

It is vital to establish a climate of trust in which people feel they can be open and honest. All of the information peers glean from discussions with people during the course of the peer challenge process is non-attributable to individuals. This must be emphasised at the start of every meeting and respected at all times (further specific guidance on data protection is provided below). One of the key motivations for being a peer is the opportunity to learn from others. People are encouraged to return to their own organisation at the end of the process and talk about their experiences. But in doing so, peers should respect that some of the information we come across may be sensitive in nature. It is important that it is not used in any way that may undermine the client or integrity of the peer challenge process.

DATA PROTECTION PRINCIPLES AND GUIDANCE

- Notes taken during the course of a peer challenge should be considered confidential and managed as such.
- It is likely that this information will include personal data within the meaning of the Data Protection Act 1998. As such you will need to comply with the eight Data Protection Act principles (see below). 'Personal data' is defined as data (i.e. information) about a living individual who can be identified from the data, or, from the data and other information in the possession of or likely to come into the possession of, the data controller. Where personal data is involved you need to comply with the eight data principles in how you deal with it.
- Peers need to store notes in an appropriate manner to ensure they remain secure and confidential throughout the peer challenge process. This applies to notes stored in any form – hand written notes (e.g. those recorded in a notebook) and/or those recorded electronically (e.g. on laptops handheld and tablet devices).
- Information should not be held longer than necessary. Notes (including those held electronically) should be destroyed in an appropriate manner once the peer challenge report is finalised and signed off. The challenge manager will advise when this has happened. Peers should then confirm in an email to the peer challenge manager that they have destroyed their notes.
- Other information – such as the background and documents provided by the system – should also be destroyed and disposed of in an appropriate way (e.g. printed material shredded and/or disposed via their client's confidential waste). Electronically held information should be deleted.
- The data protection principles specify that personal data must be:
 - processed fairly and lawfully
 - obtained for specified and lawful purposes
 - adequate, relevant and not excessive
 - accurate and up to date
 - not kept any longer than necessary
 - processed in accordance with the data subject's (the individual's) rights
 - securely kept
 - not transferred to any other country without adequate protection in situ.

PEER CHARTER AND TERMS AND CONDITIONS

Peers are asked to familiarise themselves with the peer charter and conditions. We expect peers to work in accordance with these. There is also a peer induction pack which contains useful information for those being a peer for the first time.

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APPENDIX 1

Key lines of enquiry

Proposed framework of questions for STP/ICS peer challenge. Issues and areas the peer team should explore under each of the headline questions.

Following discussion with NHS Providers and LGA colleagues, with subsequent amendments to the first draft, we are suggesting the following key lines of enquiry (KLOEs):

How well are the vision and key priorities for the STP/ICS articulated?

- Are the vision and priorities articulated in the same way by all partners? If not, what might be the reason?
- Does the STP/ICS have a shared understanding of the challenges facing the local population based on a shared evidence base? If not, is this something the partnership has in development?
- To what degree do the partners within the STP/ICS understand the benefits of a population health management approach? What measures are in place, or are being put in place, to take such an approach?

To what degree are the STP/ICS's stated priorities owned equally by chief executives and boards across the participating organisations?

- If they are not, how is this being addressed, and with what degree of success?

How strong is the leadership for the STP/ICS?

- Does this include distributed leadership?

Are there effective STP/ICS governance arrangements to support delivery?

- How do they align with the governance of constituent bodies?
- Are there clear lines of accountability for delivery?
- How do partners within the system hold each other to account for delivery?
- Is there an agreed process for conflict resolution?
- Have the governance arrangements been tested by any complex issues to date? How were they resolved as a partnership?

What is the role of the STP/ICS versus more locally led partnerships?

- Is there a shared agreement and understanding of what decisions and activities should take place at STP/ICS level, and what should take place on a smaller footprint (e.g. ICPs)?
- How are place-based systems arranged within the STP/ICS to deliver integrated care at the frontline for patients, service users and the public (e.g. around health and wellbeing board footprints, neighbourhoods, or primary care hubs).

What capacity and resource are dedicated to the STP/ICS, and are the costs of that capacity shared across partners?

- Has the STP/ICS enabled partners to work together to share resources (e.g. workforce, finance) in any way? Or are there plans in place to develop some of these approaches?

How has the STP/ICS engaged the public, clinicians and staff in their plans for change?

- How does the STP/ICS engage with primary care colleagues?
- How is the STP engaging the widest set of partners (e.g. Healthwatch, voluntary sector, private sector, other public services, trade unions, local businesses) to achieve its aims?
- Does the STP/ICS have dedicated engagement capacity?

How has the STP/ICS added value over the last 18 months (e.g. as a forum to establish a shared vision or a means to facilitate collaboration)?

- What have been the main barriers to progress? What has been done to overcome these barriers?
- What are the key success metrics?
- How has the STP/ICS enabled changes which have made, or are starting to make, a difference for patients and local people? Is there a method for scaling those changes across the whole patch?

APPENDIX 2

Facilitating meetings and focus groups

These are some practical hints for you to consider when conducting meetings and focus groups. Agree the format with the other peers you will be working with, such as who is taking the lead and which areas need to be covered. Remember that meetings are not formal interviews, but an opportunity to discuss certain topics and find out information. A conversational style can put people at their ease.

Introductions

At the beginning of the meeting or focus group, introduce yourself and other peers. Then invite the person(s) you are meeting with to introduce themselves. Briefly outline the peer challenge process, and explain that:

- We are there at the request of the client and that it is a voluntary process.
- We are gathering the views of a wide range of people (members, officers, delivery partners and other stakeholders).
- We are part of a team with experience of health and local government and have knowledge of the issues and challenges they will be facing.
- Peers are 'critical friends', looking at both the strengths and the areas to explore in the organisation in order to help it move further forwards.
- The process relies on people being open and honest about what the client is good at, what it needs to improve and the challenges that need to be addressed.
- Information we collate from our discussions is non-attributable to individuals. However, it will help us to form our feedback to the client at the end of the peer challenge. If people recognise in the feedback that they have raised, they can be assured it will be something that has been identified from other meetings and sources. All findings presented to the client will have been triangulated.

Meetings with individuals

Meetings with individuals are typically scheduled for one hour. Please remember this is not a formal interview process so try to be as conversational as possible. It is better to go into the meeting with a few key themes to explore, rather than with a list of interview style questions.

During the meeting

- Remember you are there to listen and to find out as much information as possible. The person(s) you are meeting needs to be speaking much more than you.
- Try to avoid talking about your own organisation and experiences unless it is strictly relevant to do so.
- Don't analyse the information you are being given. At this stage just make notes about what the people you meet are telling you.
- Ensure you and your partner peer work collaboratively – e.g. one take the lead in asking questions, the other take the lead on making notes.
- Do not mention in the meeting comments made by named interviewees during the challenge (remember the confidentiality ground rule!).

At the end of the meeting

- Ask if the person(s) you have met with have any questions they would like to ask or anything that they wish to add.
- Thank them for their time and their openness and honesty.
- Advise them of the next steps, i.e. that feedback will be provided to the client on the final day of the on-site visit and will be followed up with a written report soon after (normally three to four weeks). We encourage clients to share the feedback with all those who have participated in the peer challenge process.

Focus groups

The following provides some suggestions for conducting focus group activity. Normally focus groups will be scheduled for one and a half hours and typically will have 8-12 participants. The information below is provided as a guide. It is not prescriptive, and you should feel able to take the focus of the discussions wherever you feel is appropriate to explore the themes agreed with the peer team.

Introduce the peer challenge team (see above) and ask each of the participants to quickly introduce themselves. For focus groups it is helpful to ask people to say their name and role. For staff focus groups you may want to ask for name, role and how long they have worked for the client. For external partner focus groups you may wish to ask them to briefly describe what their relationship is with the client (e.g. delivery partner, contractor, etc).

Opening up discussions

While you will have several agreed specific themes to explore, it is often best to start a focus group with an open question exercise. For example, for a focus group of frontline staff you may wish to consider:

- Ask participants to work in pairs or small groups (three to four people) to consider and discuss a question such as: 'What is the client good at?' (allow 10 mins for discussion). Facilitate feedback from each group.
- The exercise can be repeated using a question such as 'What does the client need to get better at?' (allow 10 mins for discussion). Facilitate feedback from each group.

During the focus group

- It is normal for some of the themes you had set out to explore to arise during the discussion and feedback from the open question exercise above. Remember to ask for examples that demonstrate what people are telling you.
- You can prompt discussion on any other themes accordingly.
- Check that all participants have an opportunity to contribute to the discussion.

At the end of the focus group

- Ask if there are any questions or if anyone has anything further to add.
- Give each participant a post-it note and ask them to write one recommendation they would make to the client if they were a member of the peer challenge team. They can leave this on the table, or stick on a flipchart on their way out.
- While participants are doing that you can thank participants them for their time and their openness and honesty.

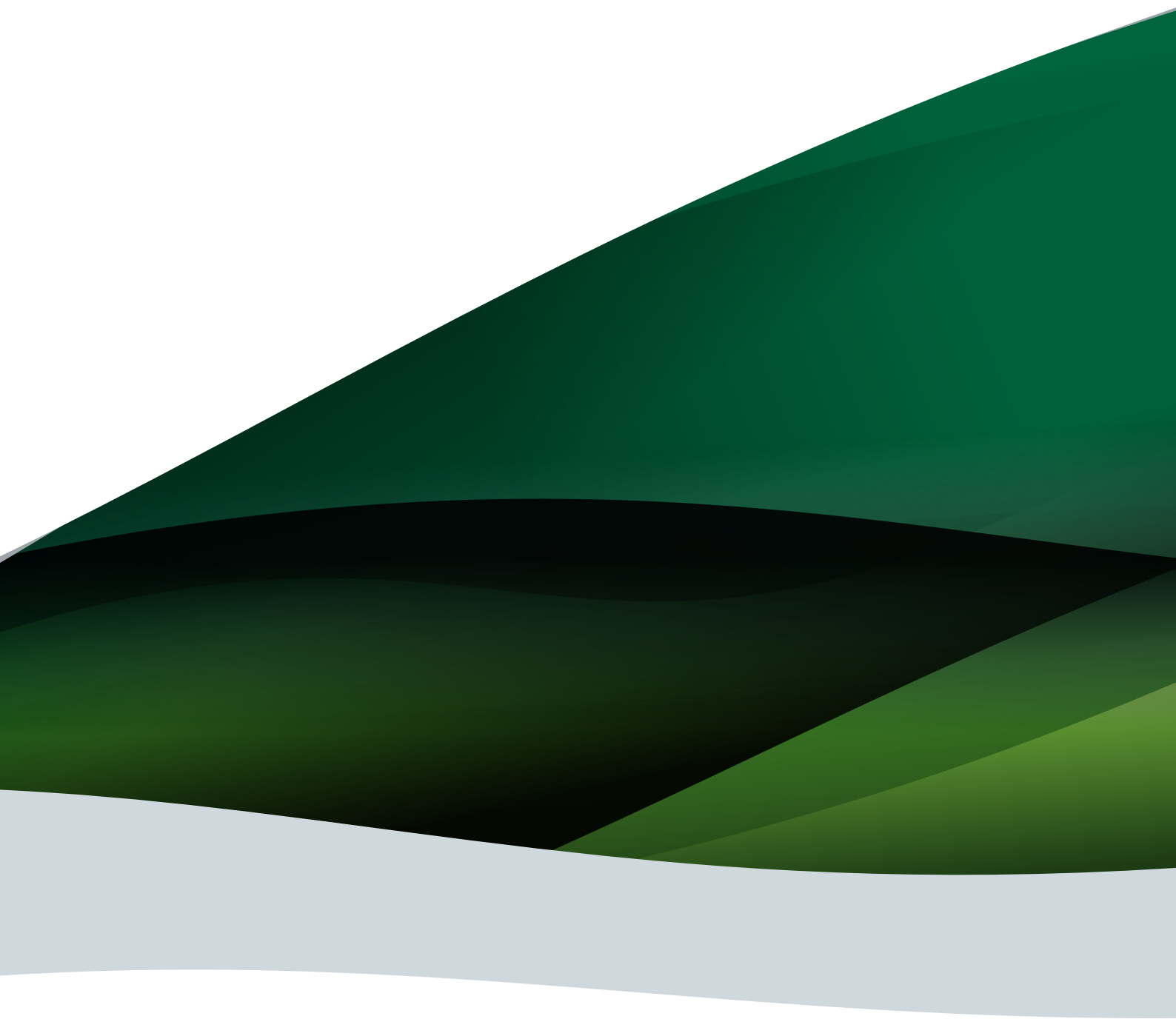
How we record evidence and information from meetings and focus groups

Normally we will have flip chart paper on the walls of the base room – one for each of the core components, plus any other additional themes agreed with the client.

Post-it notes are often used as a way of recording the key and most salient points from meetings. They can then be stuck on the most relevant flip chart. Each post-it should cover one finding/observation (and ideally include the source of that observation and your initials).

How we update each other and 'triangulate' findings

The timetable should include two to three peer team sessions during each day allowing peers to share the key points from the meetings they have been involved in.



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NHS Providers has all trusts in membership, collectively accounting for £84bn of annual expenditure and employing more than one million staff.



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