



South West
Academic Health
Science Network



Quality Improvement Partner Panels QuIPPs

A new way for your voice to improve the quality of
health and care services.

The NHS and social care has long wanted to understand the views of people, and people have long wanted to understand the NHS and social care. Now, thanks to QuIPPs, both are talking the same language. The quality improvement message is loud and clear; quality improvement works best when patients, carers and families (members of public) are all at the centre and listened to within the process.

Working together to achieve
better health and wellbeing





Quality Improvement Partner Panels (QuIPPs)

Terms of reference

Title of the group

The group shall be called the South West Academic Health Science Network Quality Improvement Partner Panels. Its short known name will be QuIPPs.

1. Aims of the Quality Improvement Partner Panels (QuIPPs) are:

- 1.1. To provide a network and panel of partners who wish to support the NHS and social care providers and commissioners with quality improvement projects, and also who are trained in the quality improvement methodology used by health and care providers and commissioners in South West England.
- 1.2. To work collaboratively and positively with the South West Academic Health Science Network in order to improve services and facilities for users of Health and Social Care services, and to act as a sounding board for quality improvement teams on issues affecting health and social care services from improvement or reconfiguration works.
- 1.3. To build two-way communication and co-operation between all local providers of health or social care; service users; other individuals and organisations in healthcare; and the wider community to the mutual benefit of all.
- 1.4. To act as a non-biased representative group to support NHS and social care organisations patient and public involvement themes, and influence improvements in local provision of health and social care.
- 1.5. To raise the profile of quality improvement methodology and service user involvement which in turn will help to build good and consistent services for the benefit of patients.



2. QuIPPs structure and membership

- 2.1. Membership of the QuIPPs shall be open to any person living or working in the SW AHSN region of influence. Membership will reflect the community profile and be widely representative and inclusive of different genders, ethnicities, ages and abilities.
- 2.2. New members will be recruited on an annual basis. The normal closing date will be in August or September each year, and potential members will need to apply in writing. Applications will be shortlisted using the criteria set out in the role description.
- 2.3. All successful applicants for QuIPPs will be required to undertake the full four-day training and induction process before they start work as a panel member. Further training will also be offered on an annual basis and all members will be required to attend an annual conference and skills refresher day.
- 2.4. Panel membership will normally commence in February each year. The term for any QuIPPs panel member will be either for 12 months or 24 months. At the end of the first term, the panel member may be offered a further term of a differing length. The total maximum period of time for an individual to be a QuIPPs panel member is no more than three years per panel.
- 2.5. The QuIPPs members will be non-political and non-sectarian at all times. Members will respect diversity and exemplify a commitment to the principles contained within the Equality Act. Members will be required to sign and understand an agreement to follow the Nolan Principles of Public life. All members will be required to declare any financial declarations of interest or pecuniary interest.
- 2.6. The leadership of the project reserve the right to remove a member from the panel if they do not operate in an ethical and respectful manner at all times, or who does not act in a manner reflective of the expectations of the SW AHSN. There will be no form of appeal should this process be followed.

3. QuIPPs leadership arrangements

- 3.1. The QuIPPs will be facilitated by the Project Leader appointed by the SW AHSN. In the absence of the Project Lead, an alternative chair will be appointed by the SW AHSN. This may or may not be a member of the QuIPPs group. The SW AHSN will provide secretariat support to all QuIPPs members to help with any business which directly relates to the work of the group. Members will be provided with the details of how to contact the secretariat directly.



- 3.2. Meetings of the QuIPPs group will be scheduled and managed by the SW AHSN project team. All meetings will be scheduled in three month blocks and members will have access to any required reading at least five days in advance of any meeting. Pre-meeting documentation will be kept to a minimum and will only be provided electronically, unless a disability is identified that requires other formats.
- 3.3. The QuIPPs group will consist of no more than 100 members who will work across the region. QuIPPs members will be assigned into panels that will support either Cornwall and the Isles of Scilly, Devon, Somerset or whole South West region.
- 3.4. Members may be asked to take part in improvement projects directly with health and social care providers after they discuss projects at the panel. This additional work will be undertaken directly between the QuIPPs member and the requesting organisation. The SW AHSN will not provide support or remuneration for this work, however all requesting organisations should sign up to the NHS England Patient and Public Voice (PPV) arrangements that will include how to support volunteers working as experts.
- 3.5. Meetings of the QuIPPs group will be held online through video conference software. Appropriate training and support will be given to members to access this application but no equipment will be made available to members. Members will be expected to use their own personal computers to take part in meetings. Those who do not own a computer will be able to access meetings through telephone but may not be able to take part in all of the group discussions and voting procedures.

4. Management of the face-to-face QuIPPs and the virtual QuIPPs

- 4.1. The QuIPPs group shall aim to meet face-to-face annually for a learning and networking event.
- 4.2. Meetings are subject to a quorum of five members of the QuIPPs. Apologies for absence should be sent to the Secretariat prior to the meeting. In the absence of any apologies or available explanation, any member recorded as not attending three consecutive panel meetings will be deemed to have resigned from the QuIPPs.
- 4.3. The Project Leader or SW AHSN may invite relevant professionals or patients to specific meetings. Any such persons shall respect the confidentiality of the QuIPPs.
- 4.4. Decisions shall be reached normally by consensus among those present. However, should a vote be required, decisions shall be made by simple majority of those present and voting. In the event of a tied outcome, the Project Lead may exercise a casting vote in addition to his/her deliberative vote. Consideration of the views of members of



the QuIPPs members who have given apologies and noted a comment with the Chair will have their views taken into account.

- 4.5. The Secretariat shall produce minutes of meetings to be considered and approved at the following meeting of the QuIPPs and subsequently be sent to members of QuIPPs and made available in the public domain through the SW AHSN website.

5. Membership

- 5.1. Membership of the QuIPPs group should be for no less than one year and no more than three years per panel membership.
- 5.2. The Project Lead of the QuIPPs will convene an annual learning event open to all members. The date, venue and time shall be published at least one month prior to the meeting. All members will be supported to attend.
- 5.3. Members may resign at any time of their choosing without prejudice or the need to give a reason for the decision.

6. Confidentiality

- 6.1. All members of the QuIPPs must be made aware of the need to maintain absolute patient confidentiality at all times. Any member whose work on behalf of the QuIPPs includes work with a health or social care provider or consulting with other patients or members of the public will fully abide by the SW AHSN Confidentiality Agreement. All meetings will be conducted under the Chatham House Rules of confidential meetings and these rules will be issued to members at their induction.

7. Code of conduct

All QuIPPs members must abide by the Code of Conduct shown at Appendix 1.

8. Activities of the QuIPPs

- 8.1. Make reasonable efforts to review its membership to ensure that it is representative of the communities it serves.



- 8.2. Promote that QI projects obtain the views of patients who have used the services delivered by the provider and obtain feedback from registered patients about those services.
- 8.3. Review any feedback and data collection received about the services delivered with quality improvement leads and staff of relevant organisations along with the relevant members of the QuIPPs with a view to agreeing the improvements (if any) to be made to those services.
- 8.4. Contribute to decision-making for any quality improvement project and consult on service development and provision where appropriate, expressing opinions on these matters which will support the needs of patients and communities. However, the final decisions on service delivery rest with the quality improvement project lead or responsible director from the organisation asking for input and advice.
- 8.5. Act as a sounding board to provide feedback on public understanding and views as well as patients' needs, concerns and interests and challenge the quality improvement project members constructively whenever necessary.
- 8.6. Communicate information which may promote or assist with health or social care quality improvement and be a positive public voice supporting the NHS wherever possible.
- 8.7. Explore overarching ideas and issues identified which will lead to positive outcomes for patients taking into account any supporting evidence from professional bodies.
- 8.8. Attend and support any additional activities of the SW AHSN to ensure a positive patient and public voice is available in conferences and other work streams. Any additional activity will be supported by the SW AHSN only if they have issued a formal invitation directly to members, and not if a member attends due to a publicly available invite.
- 8.9. Act as a forum for staff at the SW AHSN to raise issues about any project or work stream that they wish to have a public and patient voice on.
- 8.10. Act as a forum for ideas on health promotion and self-care and support activities within the SW AHSN to promote wider engagement.
- 8.11. Raise awareness of issues that affect the work of the SW AHSN and share intelligence on health and wellbeing issues within the community including thinking outside the box and raising issues that may have been overlooked or missed by health and social care organisations.



Signed agreement

To ensure a jointly agreed approach by the SW AHSN and QuIPPs member, this section should be signed by each member of the Quality Improvement Partner Panels.

Signed by QuIPPs member: Dated...../...../.....

On behalf of the SW AHSN: Dated...../...../.....

Term of office for the above will be from: until:

Training completed on: _____

Annual refresher completed on:

Year 1: _____

Year 2: _____

Year 3: _____



Appendix 1

QuIPPs Code of Conduct

The QuIPPs Membership is not based on opinions or characteristics of individuals and shall be non-political and non-sectarian at all times respecting diversity and exemplifying a commitment to the principles contained within the Equality Act. All members will act as an individual and will not be representing any other organisation that they may be a member of. All views expressed in discussions will be taken from a personal standpoint and will not be attributable but must be given in a respectful and dignified way.

All members of the QuIPPs group will make this commitment:

1. To respect all organisational, member and patient confidentiality at all times.
2. To treat each other with mutual respect and act and contribute in a manner that is in the best interest of all patients.
3. To be open and flexible and to listen and support each other.
4. To abide by the seven Nolan Principles of Public Life: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
5. Not to use the QuIPPs as a forum for personal agendas or complaints. These should be taken forward through other appropriate channels.
6. To accept that the ruling of the Chair or other presiding officer is final on matters relating to orderly conduct.
7. Otherwise to abide by principles of good meeting practice, for example:
 - 7.1. Reading papers in advance
 - 7.2. Arriving on time
 - 7.3. Switching mobile phones to silent and avoiding other distractions in the home setting
 - 7.4. Allowing others to speak and be heard/respected

Appendix 2

Sample meeting agenda

Name of group

Meeting/Annual general meeting

Day/Month/Year | Venue | TIME (allocate time per item)

1. Apologies for absence
2. Approval and adoption of pre-circulated minutes of day/month/year
3. Matters arising
4. List items for discussion
5. Any other business, including topics introduced by the chair/group
6. Date of next meeting: Day/Month/Time
7. Meeting to close by 14:00

If you are unable to attend please contact:

.....



Appendix 3

Equality

Equality Act 2010

Q: What is the purpose of the Act?

A: The Equality Act 2010 brings together a number of existing laws into one place. It sets out the personal characteristics that are protected by the law and the behaviour that is unlawful. Simplifying legislation and harmonising protection for all of the characteristics covered will help Britain become a fairer society, improve public services, and help business perform well. A copy of the Equality Act 2010 and the Explanatory Notes that accompany it can be found on the [Home Office website](#)

Q: Who is protected by the Act?

A: Everyone in Britain is protected by the Act. The "protected characteristics" under the Act are (in alphabetical order):

- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Gender
- Sexual orientation

You can find a copy of the equalities act guidance here

<https://www.gov.uk/guidance/equality-act-2010-guidance>



Appendix 4

Chatham House Rule

"When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed".

Explanation of the Rule

Meetings, events and discussions held at Chatham House are normally conducted 'on the record' with the Rule occasionally invoked at the speaker's request. In cases where the Rule is not considered sufficiently strict, an event may be held 'off the record'.