WMQRS ANNUAL REVIEW 2014/15 AND PLAN 2015/16

INTRODUCTION

1   This report reflects on WMQRS activities over 2014/15 and looks forward to 2015/16 and was agreed by the WMQRS Board on 20th March 2015. This is primarily an internal document for the WMQRS Board and WMQRS team, although it will be made public as part of the WMQRS Board papers. It is informed by the 2013/14 Evaluation Report and, in future, will also be informed by the Annual Audit Report. This report will inform the WMQRS Annual Report for 2014/15. It will also inform 2015/16 objective setting and work planning for the WMQRS team.

2   The report follows the WMQRS work cycle: Page

For each of these areas the report considers learning from 2014/15 and plans for 2015/16. Follow up of actions will be included in future 'Annual Review and Plans' but is not applicable for this, the first, report.

GENERAL AND WMQRS BOARD

Learning from audits, the learning log and evaluations:

- The WMQRS work programme again took a long time to agree with some health economies. A significant amount of WMQRS staff time was wasted in meetings with people about topics which then did not progress. Agreement of the work programme is being approached differently for 2015/16, building on the Board discussion of the evaluation report. It is too soon to know how effective this will be.
- Because of delays in agreeing the work programme and the postponement of visits in the first quarter of 2015, only two of the 16 health economies contributing to WMQRS on a subscription basis have fully utilised their WMQRS 'credits'. This is despite extending the 'reviewing year' for 2014/15 'credits' to July 2015. NB. It is difficult, however, to quantify the development and maintenance of Quality Standards and so the 'credit' position as reported to the Board may underestimate the work delivered.
- Despite agreeing to a reduced core funding plus 'pay as you go' approach, Birmingham CrossCity CCG has not agreed to any 'pay as you go' WMQRS work, despite being involved in the development of Standards and having provider organisations interested in participation.
- Service user and carer involvement across several areas of WMQRS work could be improved. This was recognised during 2014/15 but actions taken have not yet been fully effective.

- It is sometimes difficult to achieve quoracy for the WMQRS Board, Quality Assurance Group and Steering Groups. This is usually achieved, however, and the support from Trusts and CCGs for all aspects of WMQRS work is considerable and highly appreciated. Ongoing West Midlands support and some commissioned reviews are essential for the continued work of WMQRS.
- No formal complaints were received about WMQRS or its work,

Work already planned or in progress:
- The work undertaken in preparation for accreditation by the UK Accreditation Service has undoubtedly been helpful in making WMQRS processes more robust. Work to ensure compliance with ISO/IEC 17020 will continue until the assessment visits in June / July 2015 and 'improvement actions' will probably result from the assessment visit.

Ways of better meeting 'customer' expectations or improving WMQRS products:
- NHS organisations in the West Midlands vary considerably in their use of WMQRS products and opportunities. There is significant scope for increasing the value which organisations get from their involvement with WMQRS.
- There may be the potential to increase the volume of commissioned reviews, especially if Trusts understand that reports of commissioned reviews are not routinely put in the public domain.

External influences and opportunities:
- Discussions with both the Strategic Clinical Networks and the Midlands and Lancashire Commissioning Support Unit suggest that there are opportunities for collaboration to mutual benefit.
- Discussions with the national 'Accreditation Alliance' help to inform WMQRS about the work of similar organisations. There may also be business opportunities as the work progresses.
- Discussions with the London Renal Network continue although the delay in moving renal services to local commissioning may mean that this work is undertaken by the National Peer Review Team.
- The move of the CQC to involving clinical staff in inspections has led to more confusion about WMQRS and its role. Some organisations actively use WMQRS reviews to prepare for CQC visits but others don't take this approach.
- Marketing WMQRS outside the West Midlands could lead to new work but could detract from the core West Midlands and commissioned reviews already in progress. Active marketing outside the West Midlands is therefore not considered a priority for 2015/16 but this will be re-considered for the 2016/17 plan.

Plan for 2015/16:
- Continue work to improve service user and carer involvement across all aspects of WMQRS work, including appropriate involvement of young people.
- Continue collaborative work with the Strategic Clinical Networks and the Midlands and Lancashire Commissioning Support Unit.
- Continue work to achieve compliance with ISO/IEC 17020 and accreditation by UKAS.
- Continue to participate in the national 'Accreditation Alliance' work.
- Establish three to four times a year telephone conference (or face to face meeting if this does not involve significant travel) with QRS leads in West Midlands Trusts and CCGs to improve communication.
- Attend relevant NHS England meetings of Quality and Safety Leads / Directors of Nursing at least once a year.
- Analyse participation in WMQRS work by organisations and by reviewers, and meet with low participation organisations with the aim of increasing awareness of and involvement with WMQRS.
- Develop and implement a programme of awareness raising about the work of WMQRS (Quality Surveillance Groups, patient experience networks and participation groups, *HealthWatch,* meetings of Chairs and non-executives and other similar opportunities)

Implications for WMQRS team and core budget:
No specific implications identified.

QUALITY STANDARDS

Learning from audits, the learning log and evaluations:
- The work involved in updating Quality Standards is almost as much as in writing the Standards initially. Using the generic Quality Standards as a basis makes the development process much quicker.
- Service user and carer involvement for the problem alcohol use pathway Quality Standards did not happen as planned. This is one of the areas where more robust service user and carer involvement is needed (covered by 'General and WMQRS Board').

Work already planned or in progress:
- Several Quality Standards are in need of updating.
- The Isle of Man Department of Health and Social Care (DHSC) has specifically requested service-specific Quality Standards for areas which are not yet available. Funding for this work is being negotiated with the Isle of Man DHSC.
- The programme of 2014/15 work on Quality Standards development for eye care, care of frail older people and problem alcohol use pathway continues into 2015/16. Updating of critically ill children Standards also continues until the end of 2015.

Ways of better meeting 'customer' expectations or improving WMQRS products:
- WMQRS has commissioned the Midlands and Lancashire Commissioning Support Unit to develop key process and outcome metrics for the eye care, problem alcohol use pathway and care of critically ill children Quality Standards.
- Organisations that use WMQRS Quality Standards are generally pleased with the product. WMQRS is sometimes asked for simpler Standards but it is often difficult to get agreement on aspects which should be taken out.
- Better links with the Clinical Senate and Networks could improve stakeholder involvement in Standards development.

External influences and opportunities:
- Work with HQuIP (part of the Accreditation Alliance) may provide opportunities for WMQRS work developing generic Standards for use nationally.

Plan for 2015/16:
- Appendix 1 gives the Quality Standards development and updating plan for 2015/16.
- Develop and implement a feedback mechanism for Quality Standards (content, format and usage).

Implications for WMQRS team and core budget:
- Literature reviews will need to be commissioned for new or updated Quality Standards. Funding is already identified in the core budget.
- The programme of work on updating and developing Quality Standards is significant. This process has, however, become more streamlined since the development of generic Quality Standards.

REVIEWER RECRUITMENT

Learning from audits, the learning log and evaluations: • Reviewer recruitment and booking needs to be undertaken two months in advance of visits otherwise time is wasted on chasing reviewers and individual training.
Work already planned or in progress: • New processes introduced following 2013/14 Evaluation and for ISO/IEC 17020 compliance need to be fully implemented. • Improvements to WMQRS website, including use of videos.
Ways of better meeting 'customer' expectations or improving WMQRS products: • Finding clinical 'champions' for WMQRS reviews may help to increase clinical engagement
External influences and opportunities: • Some potential reviewers find it difficult to be released, especially those working in community settings. Community reviewers are more likely to cancel at relatively short notice. Medical staff also appear to be finding it increasingly difficult to be released. An insufficient number of reviewers increases pressure on other reviewers and WMQRS staff, and reduces the credibility of the review process.
Plan for 2015/16: • Complete planned work on introducing video clips to the WMQRS website and to reviewer training. • Explore more systematically using a) senior managers and b) clinical 'champions' as reviewers in the hope that they will then spread the message about WMQRS and its work.
Implications for WMQRS team and core budget: No specific issues identified.

REVIEW PREPARATION

Learning from audits, the learning log and evaluations: • Review visits to acute Trusts should not be booked in January and early February as there is too high a probability of cancellation • The need for more face to face (and telephone) support during the preparation period has been identified. • Timetable planning needs to ensure that reviewers meet the appropriate people. Responsibility for briefing these people needs to be made clear.
Work already planned or in progress: • New processes introduced following 2013/14 Evaluation and for ISO/IEC 17020 compliance need to be fully implemented.
Ways of better meeting 'customer' expectations or improving WMQRS products: • No specific initiatives have been identified although these may become arise as the year progresses, especially as a result of evaluations and feedback from WMQRS 'customers'.
External influences and opportunities: No specific issues identified.
Plan for 2015/16: • Increase the amount of face to face and telephone support to organisations preparing for review.
Implications for WMQRS team and core budget: • More support for organisations preparing for reviews will impact on WMQRS time but should result in clinical teams making more use of the preparation time and smoother review visits.

REVIEW VISITS

Learning from audits, the learning log and evaluations:
• The new visit evaluation arrangements will provide better feedback about how to improve review visits.
• Sufficient time must be allowed for conclusions.
Work already planned or in progress:
• New processes introduced following 2013/14 Evaluation and for ISO/IEC 17020 compliance need to be fully implemented.
Ways of better meeting 'customer' expectations or improving WMQRS products:
• Better communication of 'good practice' found during review visits may help to increase awareness of the benefits of WMQRS work.
• No specific initiatives have been identified although these may become arise as the year progresses, especially as a result of evaluations and feedback from WMQRS 'customers'.
External influences and opportunities:
No specific issues identified.
Plan for 2015/16:
• The 2015/16 review visit plan will be developed through agreement of work programmes with each health economy.
Implications for WMQRS team and core budget:
No specific issues identified.

REPORTS (INCLUDING HANDLING OF IMMEDIATE RISKS)

Learning from audits, the learning log and evaluations:
• Too much, or too many people, managing report comments can reduce the detail in the reports, making them too general and more difficult to understand.
• Clinical leads (all programmes) have had training in writing reports but ongoing management and advice is needed with the aim of improving report-writing.
• No appeals were received in 2014/15, although some revised reports were issued following late submission of information.
Work already planned or in progress:
• New processes introduced following 2013/14 Evaluation and for ISO/IEC 17020 compliance need to be fully implemented.
Ways of better meeting 'customer' expectations or improving WMQRS products:
• No specific initiatives have been identified although these may become arise as the year progresses, especially as a result of evaluations and feedback from WMQRS 'customers'.
External influences and opportunities:
No specific issues identified.
Plan for 2015/16:
• Continue supporting Clinical Leads in improving their report-writing.
Implications for WMQRS team and core budget:
No specific issues identified.

EVALUATION

Learning from audits, the learning log and evaluations:
• The need for an independent evaluation of WMQRS early in 2016/17 was identified in the 2013/14 Evaluation Report.
Work already planned or in progress:
• New processes introduced following 2013/14 Evaluation and for ISO/IEC 17020 compliance need to be fully implemented.
Ways of better meeting 'customer' expectations or improving WMQRS products:
• Evaluations are essential to improving WMQRS products.
External influences and opportunities:
No specific issues identified.
Plan for 2015/16:
• Fully implement new ongoing evaluation arrangements.
• Explore approaches to independent evaluation.
Implications for WMQRS team and core budget:
No specific issues identified.

WMQRS TEAM

Learning from audits, the learning log and evaluations:
• The organisational development work undertaken in 2014/15 was very helpful in identifying improvements to WMQRS staffing and processes. It may be worth repeating this in autumn 2015/16, looking particularly at the efficiency of the team and empowering more junior WMQRS staff.
• The WMQRS Learning Log is highlighting mistakes which are taking place for a variety of reasons. The learning log is up to date and reviewed monthly.
Work already planned or in progress:
• New processes introduced following 2013/14 Evaluation and for ISO/IEC 17020 compliance need to be fully implemented. This includes a programme of audits of all aspects of WMQRS work.
• A contacts database / customer relations system was considered in 2014/15 but a way forward has not yet been agreed.
• Development of standardised WMQRS Word templates has started but not yet been completed.
Ways of better meeting 'customer' expectations or improving WMQRS products:
• There is definitely potential to improve the 'customer service' given by WMQRS.
External influences and opportunities:
No specific issues identified.
Plan for 2015/16:
• Continue arrangements introduced in 2014/15 for meetings, team briefs and monitoring of objectives.
• Consider implementing project management software to improve scheduling and workload planning. If not, improve links from WMQRS work programme to calendars so that timescales clearly identified.
• Decide and implement decision in relation to contacts database / customer relations system.
• Introduce standardised WMQRS Word templates.
• Complete implementation of changes proposed in the Establishment Review.
• Continue work to improve team-working among WMQRS staff, including empowering more junior staff. This may include a repeat or review of the organisational development work undertaken in 2014/15.
• Identify and implement programme of work to improve WMQRS 'customer service'.
Implications for WMQRS team and core budget:
• The plan for 2015/16 should improve the efficiency and quality of WMQRS outputs.

APPENDIX 1   QUALITY STANDARDS PLAN 2015/16

Quality Standards due for revision	Version	Revision due	Revision planned	Notes
Services for People with Stroke (Acute Phase) & Transcient Ischaemic Attack	Version 1.1	2015 Apr	2015 June (draft)	Revision date to be extended to June 2015 to allow discussion with Strategic Clinical Networks about these Standards and whether they should be updated or withdrawn. NB. Needed for Isle of Man review visit in March 2016.
Urgent Care Services	Version 1.2	2015 Apr	2015 June (draft)	Some topics have already been revised (Emergency Departments, acute medical and surgical units). Revision date for other to be extended to June 2015. Revision of all aspects in draft form to be completed by end June 2015 (unless required earlier for 2015/16 work programme). Draft Standards will then be available for comment and finalised by end 2015. NB. Outcome of Keogh work on Emergency Centres may not be published until the summer. Timescale for revision may be affected by this.
Services for People with Vascular Disease	Version 1.1	2015 Apr	2015 June (draft)	Revision date for other to be extended to June 2015. Revision in draft form to be completed by end June 2015. Draft Standards will then be available for comment and finalised by end 2015. Revision process will need to include rehabilitation as this is not adequately covered in Version 1.1.
Theatres and Anaesthetic Services	Version 1	2015 May	2015 Oct	Originally approved only for one year. Subsequent use has shown need for minor revisions only. Revision date to be extended to October 15 to allow for revisions following planned review visits.
PICS Standards for the Care of Critically Ill Children	4th Edition, Version 2	2015 June	2015 June (draft)	Being revised. Revised draft Standards will be available before revision date. Expected publication December 2015.
Enhanced Primary Care	Version 1	2015 July	2015 July	Originally approved only for one year. WMQRS will discuss with Solihull CCG about revisions needed following experience of use. Any revisions needed will be undertaken before review date.
Dementia Services	Version 1.1	2015 Dec	T.B.C.	Revision date to be extended to June 2015 to allow discussion with Strategic Clinical Networks about these Standards and updating process.
Mental Health Services	Version 1			
Health Services for PWLD	Version 1.1			
Care of Vulnerable Adults in Acute Hospitals	Version 1.1	2015 Dec	2015 Oct	Revision taking place as part of development of QSs for Care of Frail Older People

Quality Standards in development	Version	Expected completion	Notes
Clinical governance	N/A	2015 Oct	Draft developed for Isle of Man review. Will be put out to West Midlands comment and then finalised
Eye care	N/A	2015 Sept - Dec	Completion delayed due to original sponsoring CCG withdrawing from development process. It has taken some time to engage other interested stakeholders. Timescales for completion are still not clear.
Problem alcohol use	N/A	2015 Sept	
Care of frail older people	N/A	2015 Oct	
Gynaecological services	N/A	2015 April (draft)	Draft QSs will be available by end April 2015 and used by the Isle of Man for review visit in October 2015.
Care of children with long-term conditions	N/A	2015 April (draft)	Draft QSs will be available by end April 2015 and used by the Isle of Man for review visit in October 2015.
School nursing	N/A	?	Discussions taking place with Isle of Man on QSs to be used for October 2015 review visit.
Health visiting			
District nursing	N/A	? 2015 Sept	Topics for Isle of Man review visit in March 2016. WMQRS still investigating availability of appropriate QSs.
Continence and other supportive services for older people			
Wound management			
Safeguarding adults			