

WMQRS ANNUAL REVIEW 2015/16 AND PLAN 2016/17

INTRODUCTION

1 This report reflects on WMQRS activities over 2015/16 and looks forward to 2016/17. 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 2015/16 Evaluation Report and 2015/16 Audit Report and informs the WMQRS 2015/16 Annual Report. It will also inform 2016/17 objective setting and work planning for the WMQRS team.

2	The report follows the WMQRS work cycle:	Page
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For each of these areas the report considers learning and follow up of actions from 2015/16, external influences and plans for 2016/17.

SUMMARY

- 3 Several themes run through this report:
- Organisations vary in the extent to which they use WMQRS. Some CCGs do not get value for money from their investment and some Trusts do not realise the benefits that could be available to them.
 - Compared to 2014/15, WMQRS has delivered large increases in review visit (70%), review days (66%) and CPD (47%) while the number of 'credits' and funding available have remained similar.
 - WMQRS capacity has been severely stretched in 2015/16. This has impacted on achievement of standards for WMQRS work, although all West Midlands final reports have been delivered within expected timescales and WMQRS has succeeded in keeping its UKAS accreditation. Satisfaction with WMQRS outputs remains good.
 - Delivering new and updated Quality Standards and Overview Reports summarising findings across the West Midlands have been delayed due to the pressures on WMQRS capacity.
 - Preparation for review visits was problematic in some health economies.

- f. The shortage of WMQRS capacity has also affected WMQRS's ability to network, engage and market its work with organisations across the West Midlands. This may have serious implications for CCG responses to the proposal for WMQRS funding for 2017/18 and beyond.
- g. Restructuring of WMQRS team responsibilities may be needed in order to:
 - i. Align WMQRS Standards development and updating with similar work undertaken by the Midlands and Lancashire CSU
 - ii. Release additional time to support organisations preparing for review and for booking reviewers
 - iii. Provide additional senior capacity for networking and engaging with WMQRS leads across the West Midlands.
- h. Proposed actions for 2016/17 include:
 - i. Better support for organisations preparing for review visits
 - ii. Developing closer links with WMQRS leads in Trusts and CCGs.
 - iii. Better planning of work programmes and more careful calculation of 'credits' required.
 - iv. Increasing the range of options available from WMQRS.

GENERAL AND WMQRS BOARD

Learning from audits, the learning log and evaluations:

- As in 2014/15, the WMQRS work programme took a long time to agree with some health economies although telephone calls to agree the work programme worked well with some health economies. A significant amount of WMQRS staff time was wasted in meetings with people about topics which then did not progress.
- 10.25 of 58 (18%) 'credits' available to health economies were not used in 2015/16 and 7.5 (13%) 'credits' were cancelled by health economies. A total of 31% of WMQRS capacity was therefore not used effectively.
- Despite this, in 2015/16 WMQRS delivered large increases, compared to 2014/15, in review visit (70%), review days (66%), reviewers involved (65%) and continuing Professional Development (CPD) (47%). Compared to 2013/14 outputs increased by approximately 200%. Only some of this increase is accounted for by commissioning reviews. Compared with 2014/15 the West Midlands programme provided increased review visits (59%), review days (56%) and reviewers involved (56%). The number of reviewers trained in 2015/16 reduced slightly as most haemoglobin disorders programme reviewers were trained in 2014/15.
- Birmingham CrossCity CCG agreed two 'credits' worth of WMQRS work. This was much less than the eight credits they would have been allocated if they had funded WMQRS on a capitation basis.
- The increase in WMQRS activity in 2015/16 implies that WMQRS may not have been careful enough in estimating the number of 'credits' for each topic in the work programme.
- The range and complexity of topics included in the work programme has implications for the skill mix of the WMQRS team. Several of the topics delivered have relied heavily on the skills of the WMQRS Director.
- Service user and carer involvement across several areas of WMQRS work could be improved. This was recognised during 2014/15 but there has not been capacity to address this in 2015/16.
- No formal complaints were received about WMQRS or its work.
- The Customer Review undertaken in 2015/16 concluded that a host organisation able to provide business-related support could be helpful in promoting and marketing WMQRS.

Progress with 2015/16 actions:

- Continue work to improve service user and carer involvement across all aspects of WMQRS work, including appropriate involvement of young people: *Some work undertaken with Shropshire Young Health Champions but no significant progress made.*
- Continue collaborative work with the Strategic Clinical Networks and the Midlands and Lancashire Commissioning Support Unit: *Some discussions have taken place, for example, around a CAMHS 'good*

practice sharing event' but no significant progress made generally. WMQRS has worked with the West Midlands urgent and emergency care network on the designation of Emergency Centres.

- Continue work to achieve compliance with ISO/IEC 17020 and accreditation by UKAS: *UKAS accreditation achieved (December 2015) and retained (June 2016).*
- Continue to participate in the national 'Accreditation Alliance' work: *Achieved.*
- 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: *This was not achieved and, in practice, was not feasible for WMQRS or for health economies.*
- Attend relevant NHS England meetings of Quality and Safety Leads / Directors of Nursing at least once a year: *Not achieved, partly due to NHSE reorganisations.*
- 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: *Achieved but with little impact.*
- 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): *Not achieved*

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 automatically put in the public domain.

External influences and opportunities:

- The development and implementation of Sustainability and Transformation Plans (STP) offers opportunities for WMQRS but capacity to engage with STP areas will be needed if WMQRS is to take advantage of these opportunities. Moving to the Midlands and Lancashire CSU may help with these discussions, although the problem of sufficient senior WMQRS capacity is likely to remain.
- The focus on STPs may reduce the CCG focus of WMQRS's work and funding. WMQRS will need to respond to new organisational structures and people.
- The CQC Strategy for 2016 to 2021 'Shaping the future' gives organisations more chance to use WMQRS work in order to reduce CQC inspections.
- The three year agreement for WMQRS core funding comes to an end in March 2017. West Midlands CCGs have been asked to commit to future funding by 31 July 2016. At least two CCGs are unlikely to support WMQRS core costs at the level proposed.

Plan for 2016/17:

- Pursue discussions with CCGs about WMQRS funding for 2017/18 and beyond.
- Continue work to agree and deliver core West Midlands programme. Improve 'credit' planning through more careful planning of each health economy's work programme.
- Work with Midlands and Lancashire CSU Strategy Unit on building links with STP areas, including for agreeing work programmes for some STP areas.
- Develop improved links with WMQRS Leads in CCGs and Trusts, especially through review meetings when WMQRS is on site.
- Develop and implement a programme of work to improve service user and carer involvement across all aspects of WMQRS work, including appropriate involvement of young people

Implications for WMQRS team and core budget:

- Additional senior WMQRS capacity may be needed if networking and marketing opportunities are to be grasped and in order to deliver the range and complexity of the work programme.

QUALITY STANDARDS

<p>Learning from audits, the learning log and evaluations:</p> <ul style="list-style-type: none"> • Two large suites of Quality Standards (critically ill children and urgent care) have been updated, including work with the Paediatric Intensive Care Society. Several other sets of Quality Standards have been developed but not yet finalised. Eye care Quality Standards (also a large suite) have been developed without any 'credit allocation, in order that work started in 2014/15 was not wasted. Several WMQRS Quality Standards are now in need of updating. The work involved in updating Standards is almost as much as developing the initial Standards and 10% of WMQRS capacity has been 'top-sliced' for this in the '2017/18 and beyond' funding proposals. • Service user and carer involvement for the development of some Quality Standards did not happen. This is one of the areas where more robust service user and carer involvement is needed (covered by 'General and WMQRS Board').
<p>Progress with 2015/16 actions:</p> <ul style="list-style-type: none"> • Literature reviews will need to be commissioned for new or updated Quality Standards. Funding is already identified in the core budget: <i>Achieved, although some Standards have still not been finalised.</i> • Implement the Quality Standards development and updating plan for 2015/16: <i>This work programme was not achieved and the development and updating plan is significantly behind schedule.</i> • Commission key process and outcome metrics for the eye care, problem alcohol use pathway and care of critically ill children Quality Standards from Midlands and Lancashire CSU: <i>This work was completed but has not then been used in the Quality Standards, mostly because WMQRS staff have not had capacity carefully to consider the results.</i> • Develop and implement a feedback mechanism for Quality Standards (content, format and usage): <i>Not achieved.</i>
<p>Ways of better meeting 'customer' expectations or improving WMQRS products:</p> <ul style="list-style-type: none"> • Better links with the Clinical Senate and Networks could improve stakeholder involvement in Standards development. • More networking and local training about WMQRS Quality Standards could increase the use which is made of them.
<p>External influences and opportunities:</p> <ul style="list-style-type: none"> • WMQRS Quality Standards could be marketed for use outside the West Midlands. • There is interest among the Eye Care Standards Steering Group members to write up the process of development of the Eye Care Standards.
<p>Plan for 2016/17:</p> <ul style="list-style-type: none"> • Implement the Quality Standards development and updating plan for 2016/17 (Appendix 1). • Develop and implement a feedback mechanism for Quality Standards (content, format and usage). • When agreed by the WMQRS Board, implement the charging policy for use of WMQRS Quality Standards outside the West Midlands and market the availability of WMQRS Quality Standards. • Take advantages of opportunities to publicise WMQRS Quality Standards and their use, including offering local training.
<p>Implications for WMQRS team and core budget:</p> <ul style="list-style-type: none"> • The move to the Midlands and Lancashire CSU provides the opportunity to align the Quality Standards work with similar work being undertaken by CSU staff.

REVIEWER RECRUITMENT

<p>Learning from audits, the learning log and evaluations:</p> <ul style="list-style-type: none"> Reviewer recruitment and booking needs to be undertaken two months in advance of visits otherwise time is wasted on chasing reviewers and individual training. Significant amounts of individual training was provided in 2015/16 and senior staff time was spent on reviewer booking. This loss of economies of scale is, to some extent, a result of the varied work programme now being delivered.
<p>Progress with 2015/16 actions:</p> <ul style="list-style-type: none"> Complete planned work on introducing video clips to the WMQRS website and to reviewer training: <i>Not achieved.</i> 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: <i>Not achieved.</i>
<p>Ways of better meeting 'customer' expectations or improving WMQRS products:</p> <ul style="list-style-type: none"> Finding clinical 'champions' for WMQRS reviews may help to increase clinical engagement
<p>External influences and opportunities:</p> <ul style="list-style-type: none"> Some potential reviewers find it difficult to be released and some line managers (rather than senior managers) refuse to release staff. Reviewers without line manager support and those who have been recruited, rather than volunteered, 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.
<p>Plan for 2016/17:</p> <ul style="list-style-type: none"> Identify a new venue for training from September 2016. Complete planned work on introducing video clips to the WMQRS website and to reviewer training.
<p>Implications for WMQRS team and core budget:</p> <ul style="list-style-type: none"> Possible restructure of WMQRS team responsibilities in order to increase the time available for booking reviewers, training and general programme support. Additional senior WMQRS capacity for networking and links with WMQRS Leads in Trusts and CCGs may help to ensure organisations support the release of reviewers.

REVIEW PREPARATION

<p>Learning from audits, the learning log and evaluations:</p> <ul style="list-style-type: none"> Organisations' preparation for several reviews has not been ideal with information arriving with WMQRS late or incomplete. Preparation of evidence for reviewers has also been variable.
<p>Progress with 2015/16 actions:</p> <ul style="list-style-type: none"> Increase the amount of face to face and telephone support to organisations preparing for review: <i>Achieved in part but problems remain, partly due to rapid changes in personnel in some organisations.</i>
<p>Ways of better meeting 'customer' expectations or improving WMQRS products:</p> <ul style="list-style-type: none"> 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'.
<p>External influences and opportunities:</p> <ul style="list-style-type: none"> No specific issues identified.
<p>Plan for 2016/17:</p> <ul style="list-style-type: none"> Improve the documentation available: <ul style="list-style-type: none"> Revise and update the WMQRS 'Preparing for Review' document, including making it shorter and simpler. Ask Trust staff who are involved in organising reviews to comment on the draft document. Implement a 'preparing for review' section of the WMQRS website with all materials available to

<p>download easily.</p> <ul style="list-style-type: none"> ○ Include the preparation checklist in the notes of scoping meetings <ul style="list-style-type: none"> ● Continue to offer new WMQRS lead the opportunity to take part in a review visit. ● Increase the amount of face to face and telephone support to organisations preparing for review.
<p>Implications for WMQRS team and core budget:</p> <ul style="list-style-type: none"> ● Possible restructuring the responsibilities of WMQRS team members to provide more support for Trusts preparing for review visits.

REVIEW VISITS

<p>Learning from audits, the learning log and evaluations:</p> <ul style="list-style-type: none"> ● Several of the 'review preparation' issues impacted on the review visits.
<p>Progress with 2015/16 actions:</p> <ul style="list-style-type: none"> ● The 2015/16 review visit plan will be developed through agreement of work programmes with each health economy: <i>Achieved and agreed programme delivered.</i>
<p>Ways of better meeting 'customer' expectations or improving WMQRS products:</p> <ul style="list-style-type: none"> ● 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'.
<p>External influences and opportunities:</p> <ul style="list-style-type: none"> ● No specific issues identified.
<p>Plan for 2016/17:</p> <ul style="list-style-type: none"> ● No specific actions identified.
<p>Implications for WMQRS team and core budget:</p> <ul style="list-style-type: none"> ● No specific issues identified.

REPORTS (INCLUDING HANDLING OF IMMEDIATE RISKS)

<p>Learning from audits, the learning log and evaluations:</p> <ul style="list-style-type: none"> ● The quality of reports from the haemoglobin disorders programme has not been satisfactory. Reports have been finalised late, partly due to the need for extensive comments from Trusts to be included. In general, the level of detail and the consistency of the reports is not of an appropriate Standard. This has resulted in a significant amount of extra work when analysing the information and preparation of the Overview Report. This situation arose for several reasons: <ul style="list-style-type: none"> ○ The WMQRS Quality Manager had not adequately prepared some sites for their review visit. ○ The resignation of the WMQRS Quality Manager meant that management of the programme was outsourced to <i>KeyOpps</i>. The helped with the shortage of WMQRS capacity and <i>KeyOpps</i> staff had experience of running the 2012/13 adult haemoglobin disorders review programme. <i>KeyOpps</i> staff were given the WMQRS Quality Manual but additional training should have been provided on the new systems introduced since 2012/13. ○ The 2014-16 haemoglobin disorders review programme had four Clinical Leads, two of which went on each visit. A member of WMQRS (or <i>KeyOpps</i>) staff was therefore not present on the visit. <i>KeyOpps</i> found it more difficult to run the programme when they were not present on the visit. ○ The contract with <i>KeyOpps</i> ended in March 2016 and so WMQRS staff have had to pick up finalising some reports and the production of the Overview Report. ● Eight haemoglobin disorders review programme reports were not published within 85 days of the review

<p>visit.</p> <ul style="list-style-type: none"> Two appeals were received in 2015/16, one of which related to haemoglobin disorders, although both were resolved without an appeal hearing. Some revised reports had to be issued following late comments or late submission of information.
<p>Progress with 2015/16 actions:</p> <ul style="list-style-type: none"> Continue supporting Clinical Leads in improving their report-writing: <i>Done but reports continued to require significant WMQRS input.</i>
<p>Ways of better meeting 'customer' expectations or improving WMQRS products:</p> <ul style="list-style-type: none"> Some organisations clearly do not understand what reviewers are trying to say. Better links with WMQRS Leads in Trusts and CCGs could help to address this issue.
<p>External influences and opportunities:</p> <ul style="list-style-type: none"> No specific issues identified.
<p>Plan for 2016/17:</p> <ul style="list-style-type: none"> Improve links with WMQRS Leads in Trusts and CCGs, with specific follow-up when draft reports are issued to them
<p>Implications for WMQRS team and core budget:</p> <ul style="list-style-type: none"> Additional senior WMQRS capacity will be needed if more support is provided to organisations following their review visit.

EVALUATION

<p>Learning from audits, the learning log and evaluations:</p> <ul style="list-style-type: none"> Response rates for 'health economy' and 'product' evaluations continue to be low. The 2015/16 Evaluation Report identifies a worrying reduction in the percentage of immediate risks and concerns addressed. This dropped to 33% compared with 88% in 2014/15. This may be explained by the very low response rate. The proportion who considered the peer review process overall to be useful or very useful was, however, higher, rising from 73% in 2014/15 to 83% in 2015/16.
<p>Progress with 2015/16 actions:</p> <ul style="list-style-type: none"> Fully implement new ongoing evaluation arrangements: <i>Achieved.</i> Explore approaches to independent evaluation: <i>Achieved and external Customer Review undertaken.</i>
<p>Ways of better meeting 'customer' expectations or improving WMQRS products:</p> <ul style="list-style-type: none"> Some of the WMQRS evaluation forms are unchanged since 2009 and would benefit from review.
<p>External influences and opportunities:</p> <ul style="list-style-type: none"> No specific issues identified.
<p>Plan for 2016/17:</p> <ul style="list-style-type: none"> Better ongoing monitoring of issuing and return of health economy and product evaluations More rigorous follow up of requests for health economy and product evaluations, including follow up during meetings with WMQRS lead contacts (see below). Review of all WMQRS evaluation forms
<p>Implications for WMQRS team and core budget:</p> <ul style="list-style-type: none"> No specific issues identified.

WMQRS TEAM

<p>Learning from audits, the learning log and evaluations:</p>

- The organisational restructuring of the WMQRS team was completed in 2015/16. The new arrangements were a definite improvement with the two Administrators starting to take more responsibility. One of the administrators is on maternity leave until early 2017. This is resulting in increased pressure on senior 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.
- A culture of taking responsibility for achievement of expected work is not yet firmly embedded within more junior members of the WMQRS team.

Progress with 2015/16 actions:

- Continue arrangements introduced in 2014/15 for meetings, team briefs and monitoring of objectives: *Achieved*
- 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: *New work planning and capacity management system introduced but not maintained.*
- Decide and implement decision in relation to contacts database / customer relations system: *Considered but not pursued. Improved systems are still required.*
- Introduce standardised WMQRS Word templates: *Templates developed but not yet implemented.*
- Complete implementation of changes proposed in the Establishment Review: *Implemented but resignation of Quality Manager and difficulty finding a replacement, plus maternity of leave of one administrator have reduced the progress that was being made.*
- 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: *Partially achieved although significant problems remain.*
- Identify and implement programme of work to improve WMQRS 'customer service': *Not achieved.*

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 although improving WMQRS efficiency and customer service would contribute positively to many of the other sections of this report.

Plan for 2016/17:

- Complete transfer to Midlands and Lancashire CSU.
- Refresh and re-introduce work planning and capacity management system.
- Review 'credit' charging structure with the aim of increasing the proportion of non-product-related time for senior WMQRS staff.
- Implement improved systems for contacts management.
- Introduce standardised WMQRS Word templates.
- Implement more rigorous performance management of WMQRS administrative processes.
- Identify and implement programme of work to improve WMQRS 'customer service'.
- Further develop the use of WMQRS Associates in order to supplement WMQRS senior capacity.
- Review WMQRS team responsibilities in order to:
 - Align WMQRS Standards development and updating with similar work undertaken by Midlands & Lancashire CSU
 - Release additional time to support organisations preparing for review and for booking reviewers
 - Provide additional senior capacity for networking and engaging with WMQRS leads

Implications for WMQRS team and core budget:

- The plan for 2016/17 should further improve the efficiency and quality of WMQRS outputs.

APPENDIX 1 QUALITY STANDARDS PLAN 2016/17

Quality Standards due for revision	Version	Revision due	Revision planned	Notes
Services for People with Stroke (Acute Phase) & Transient Ischaemic Attack	Version 1.4	2015 June (extended from Apr 2015)	Dec 2016	Front cover updated to include statement that QS beyond review date and should be used with caution. Draft Version 2 used for Isle of Man review visit in March 2016. Planned to issue revised draft for consultation in summer 2016 and finalise by December 2016
Urgent Care Services	Version 2	2015 Apr	Sept 2016	All sections except ambulance services have been revised and circulated for comment. These sections will be finalised by the end of September 2016. Further discussions need to take place with the ambulance service before this section can be updated.
Services for People with Vascular Disease	Version 1.4	2015 June (extended from Apr 2015)	March 2016	Front cover updated to include statement that QS beyond review date and should be used with caution. Literature review undertaken. Planned to issue revised draft for consultation in autumn 2016 and finalise by March 2016
Theatres and Anaesthetic Services	Version 1.3	2015 Oct (extended from May 2015)	(Dec 2016)	Front cover updated to include statement that QS beyond review date and should be used with caution. Originally approved only for one year. Subsequent use has shown need for minor revisions only. Revision date extended to October 2015 to allow for revisions following planned review visits. Quality Assurance Group recommended to extend revision date to December 2016.
Dementia Services	Version 1.3	2015 Dec	TBC	Front cover updated to include statement that QS beyond review date and should be used with caution. Dementia Steering Group formed to review Quality Standards. As Care of People Living with Dementia QS will need a substantial rewrite following latest published guidance, a planned first draft to be completed in the Autumn 2016. Review date for mental health and health services for people with learning disabilities Standards will depend on outcome of discussions with Midlands and Lancashire CSU.
Mental Health Services	Version 1.3	2015 Dec	TBC	
Health Services for PWLD	Version 1.3	2015 Dec	TBC	

Quality Standards due for revision	Version	Revision due	Revision planned	Notes
Care of Vulnerable Adults in Acute Hospitals	Version 1.3	2015 Dec	?	Front cover updated to include statement that QS beyond review date and should be used with caution. Further work needed following development of QSs for Care of Older People Living with Frailty. Review date will depend on outcome of discussions with Midlands and Lancashire CSU.
Care of People with Chronic Pain	Version 1.1	2016 July	?	Front cover updated to include statement that QS beyond review date and should be used with caution. Literature review undertaken for chronic pain strategic review. Inclusion in long-term conditions Quality Standards is desirable, when these are updated.
Towards Children and Young People's Emotional Health and Well-being	Version 1.1	2016 October	?	Review date will depend on outcome of discussions with Midlands and Lancashire CSU.
Imaging Services	Version 1.2	2016 November	?	
Care of Children and Young People with Diabetes (& associated Interpretation Guidance)	Version 1.2	2016 December	?	
Care of People with Long-Term Conditions (& associated interpretation guidance)	Version 1.2	2016 December	?	
Quality Standards for Acute Medical Units (AMUs)	Version 2.1	2016 December	?	
Services for People with Progressive & Advanced Chronic Kidney disease	Version 2.2	2016 December	?	
Health Services Caring for People with Haemoglobin Disorders	Version 2.3	2017 June	?	
Care of Adults with Acquired Brain Injury	Version 1.1	2017 July	?	
Generic Patient Pathway	Version 1.2	2017 July	?	
Transition	Version 1.1	2017 July	?	

Quality Standards in development	Version	Expected completion	Notes
Gynaecological Patient Pathway	Version 1	September 2016	Regional consultation period closed 27 th May. Comments to be incorporated and final version issued.
Falls and Fragility Fractures Pathway	Version 1	September 2016	Regional consultation period closed 27 th May. Comments to be incorporated and final version issued.
Musculo-skeletal Patient Pathway	Version 1	September 2016	Regional consultation period closed 27 th May. Comments to be incorporated and final version issued.
Eye care	Version 1	September 2016	Regional consultation period closes 31 st July 2016. Comments from this and the Eye Care Quality Standards Workshop which took place on 8 th July 2016 to then be incorporated and a final version considered by the Eye Care Steering Group on 13 th September.