WEST MIDLANDS QUALITY REVIEW SERVICE 2015-16 EVALUATION REPORT

INTRODUCTION

1   This report summarises the findings of the evaluations of West Midlands Quality Review Service's 2015/16 main work programme and commissioned reviews in the West Midlands. Separate Evaluation Reports will be issued for the Haemoglobin Disorders, London Renal and Isle of Man Review Programmes. Some reviewers from these programmes attended training sessions in the West Midlands and so are included in the training evaluations below.

2   WMQRS evaluations for 2012/13 and 2013/14 were externally analysed and reported in order to increase the objectivity of the findings and recommendations. This 2014/15 and 2015/16 Evaluation Reports have been internally produced and so represent the WMQRS team's conclusions and recommendations. An external Customer Review was undertaken in 2015/16 and is available on the WMQRS website www.wmqrs.nhs.uk

TYPES OF EVALUATION

3   Several different types of evaluation are undertaken:

   a.   **Training**:   Evaluation forms are completed on the day of the training or shortly afterwards.

   b.   **Visit**:

      i.   Reviewers:

      Reviewers complete evaluation forms on the day of the visit or shortly after. Paper evaluation forms are included in reviewers' packs. If the visit is very busy or runs late then these are sometimes not completed on the day. Reviewers should be asked to complete an online evaluation form when draft reports are sent to them, but this facility is not often used.

      ii.   Health economy / hospital:

      This evaluation aims to capture whether there were any problems on the day of the visit. A booked telephone call with the lead for the visit takes place a day or two later. This has sometimes not been achieved because the lead was not available. The response rate has not increased but the depth of information gathered is better.

   c.   '**Product'**:   These evaluations are undertaken when the work commissioned has been completed. An evaluation questionnaire is sent to each organisation involved approximately three months after publication of the final report.

4   The results of each type of evaluation are given in Appendices 1 to 3. Comments made have been summarised with the number in brackets indicating the number of times each comment was made.

RESPONSE RATES

5   Response rates are fairly low for all types of evaluation, except training.

Type of Evaluation	2015/16 Response Rates
Training	71% of those attending training sessions
Visit (Reviewers)	34% of reviewer days 50% of reviewers
Visit (Health economy / Hospital)	21 responses from 27 visits, each of which involved at least two organisations and sometimes several more. The response rate is therefore well below 50%.
Product	Eight responses relating to seven visits out of 21 'product' evaluations issued (the other six are not yet three months since publication of the final report). Each visit involved at least two organisations and sometimes several more. The response rate is therefore below 15%.

6   **Actions:**

    a.   Better ongoing monitoring of issuing and return of health economy and product evaluations

    b.   More rigorous follow up of requests for health economy and product evaluations, including follow up during meetings with WMQRS lead contacts (see below).

TRAINING EVALUATIONS (APPENDIX 1)

7   **Summary of findings:**

    a.   Evaluations of most aspects of reviewer training sessions improved in 2015/16. In particular, only three people commented that there was insufficient time compared with 23 in 2014/15 and allocating more time to the practice sessions worked well. Evaluation of the adequacy of the venue improved with 98% rating the Medical Education Centre at Sandwell Hospital as 'good' or 'very good'.

8   **Actions**:

    a.   Find a new training venue for training sessions from September 2016.

    b.   Include presentation and possibly other videos in reviewer training sessions.

VISIT EVALUATIONS (APPENDIX 2)

9   **Summary of findings:**

    a.   Many visits went well with reviewers and health economies positive about the experience.

    b.   As in 2014/15, some Trusts and CCGs were not well-prepared for the visits, despite WMQRS offering additional pre-visit support. This was evident in documentary evidence, people and rooms not being available or staff appearing not to be engaged. This finding is reflected in feedback from both reviewers and health economies / hospitals. Turnover of staff in some Trusts contributed to difficulties in the organisation of reviews.

    c.   Actions planned for 2015/16 included additional pre-visit support, including providing paper copies of the WMQRS 'Guide for Staff' and WMQRS staff continuing to work with all organisations to improve awareness of 'how to get the best' from WMQRS. In practice, this was not always possible due to pressure on WMQRS capacity.

10 **Actions:**

    a.   Improve the documentation available:

            i.   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.

           ii.   Implement a 'preparing for review' section of the WMQRS website with all materials available to download easily.

         iii.   Include the preparation checklist in the notes of scoping meetings

    b.   Always copy the Scoping Meeting notes to WMQRS leads with confirmation of the number of credits being used.

    c.   Consider restructuring the responsibilities of WMQRS team members to provide more support for Trusts preparing for review visits.

'PRODUCT' EVALUATIONS (APPENDIX 3)

11 **Summary of findings**:

NB. The response to 'product' evaluations is so low that these findings should be treated with caution.

    a.   Preparations for review visits led to improvements in 43%, which was a slight increase on 2014/15. This percentage is still low, possibly linked to the finding (above) that some health economies are not well prepared or well engaged with the review process.

    b.   In 2015/16 the visit itself was considered to be helpful or very helpful by 86% respondents and the report was considered fair by 71%. Both of these are similar to the 2014/15 findings.

    c.   As in 2014/15, all the respondents who had also acted as reviewers said that the experience of being a reviewer was useful or very useful in developing their own services.

    d.   The proportion of respondents who reported that 'immediate risks' and 'concerns' had been addressed dropped to 33% compared with 88% in 2014/15. This percentage is lower than any previous West Midlands programme, with only reviews of services for people with haemoglobin disorders previously achieving this level. The reasons for this drop are not clear although it may be that reviews covered more complex pathways, for example, emotional health and well-being of children and young people, or services with significant staffing problems, such as theatres.

    e.   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.
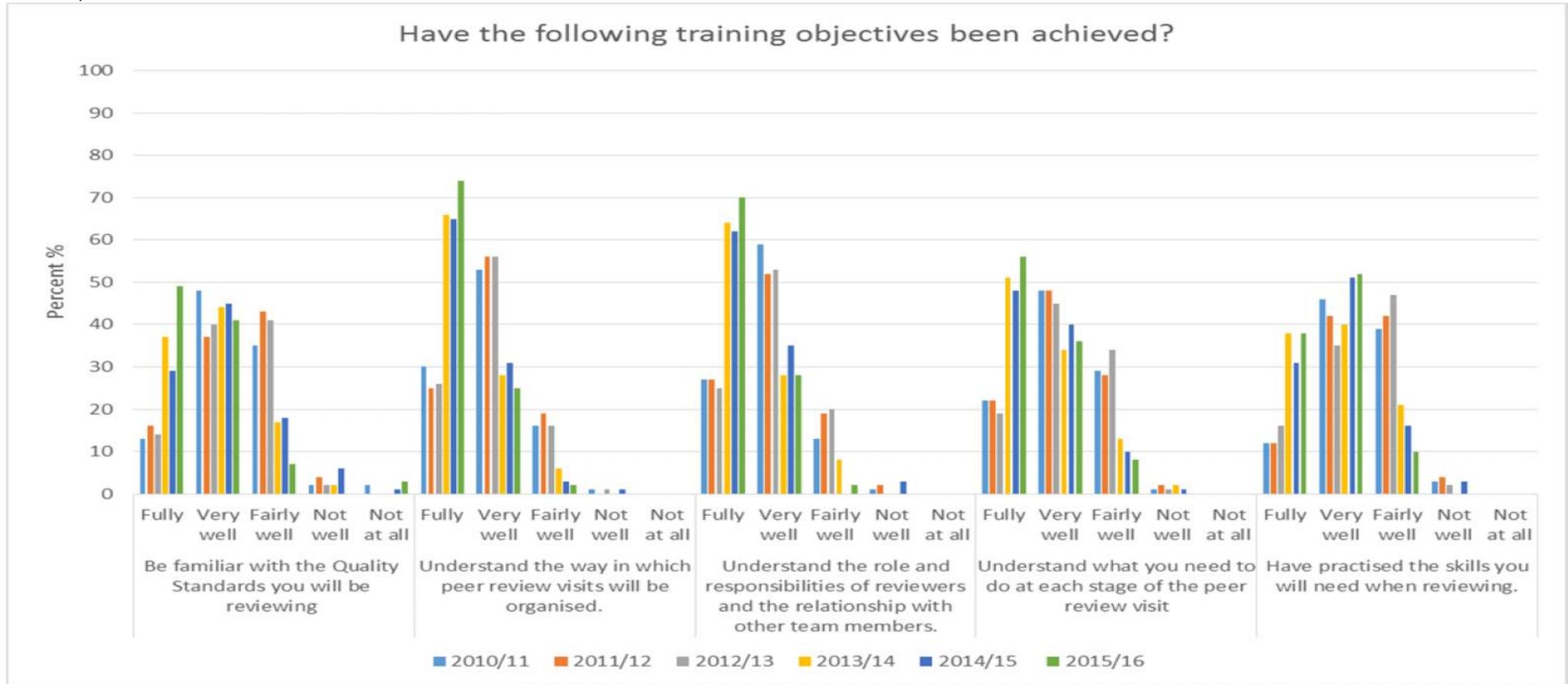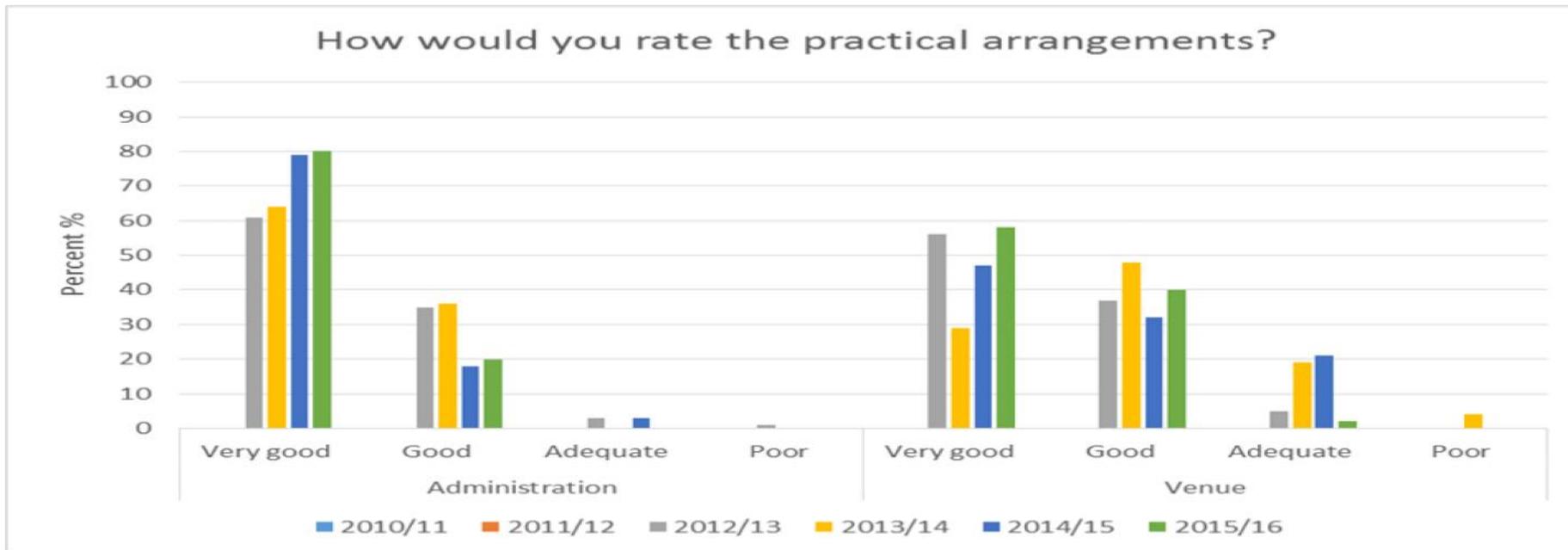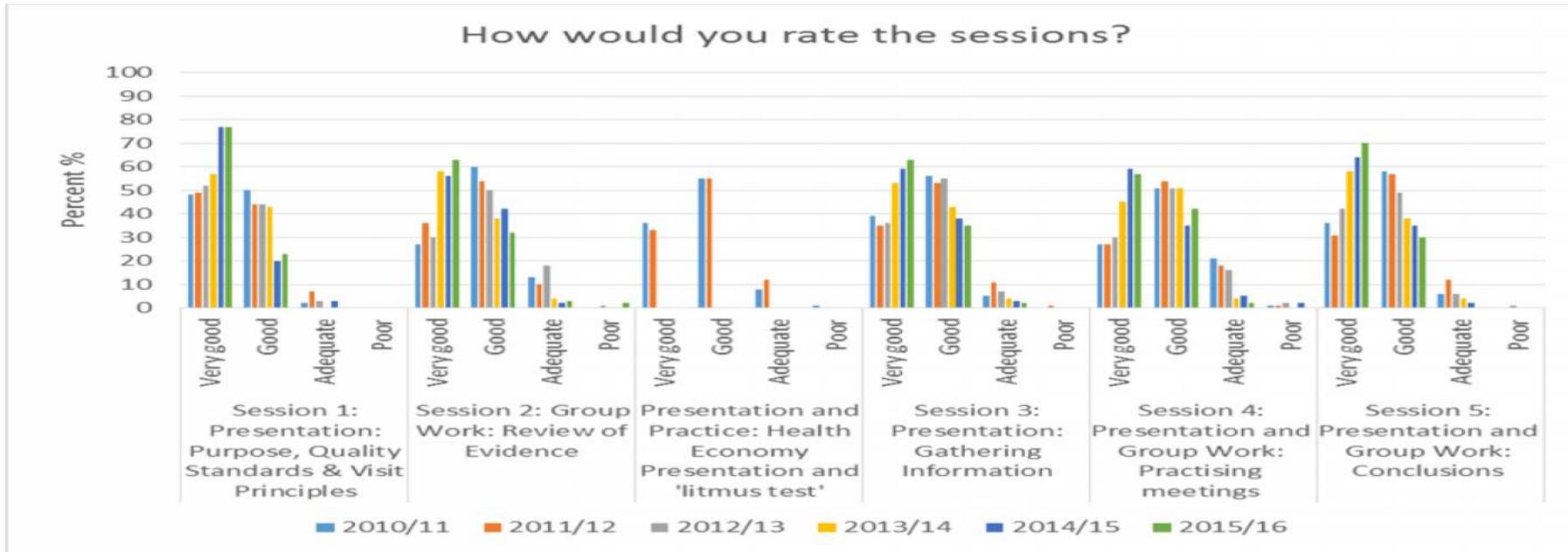
12 **Actions:**

    a.   No specific actions are proposed.

APPENDIX 1   TRAINING EVALUATIONS

Response Rates:

Year	Evaluation forms returned (= 100% on graphs)	Respondents as % of those attending training sessions	Notes
2010/11	181	97	Data do not include reviewers trained individually rather than in group sessions.
2011/12	225	77	
2012/13	197	67	
2013/14	53	51	
2014/15	67	73	
2015/16	61	71	Include 6 HD reviewers trained in West Midlands sessions

How would you rate the sessions?

How would you rate the practical arrangements?

SUMMARY OF COMMENTS

Went well:

- Presented well/explained clearly (10)
- Group work useful (4)
- Good scenarios (2)
- Good venue (4)
- Informative/helpful/interesting (11)
- Enjoyed/great session (3)
- Good overview (2)
- Well understood (5)
- Well structured (1)
- Good pre-training information/communication/instructions (4)
- Contribution from colleagues present (1)
- Opportunity to network (1)

Suggested improvements:

- More time (3)
- Proper/longer break (2)
- More examples (mock video) (3)
- Clearer self-assessment form (1)
- Presentation: Gathering information – more organised (1)
- Provision of sample policies (1)
- More context (1)
- More reflective practice (2)
- Working projector (2)

Other:

- Will feel better when experienced a review and put the training into practice (14)
- Already familiar with techniques experienced (1)
- Need further reading/research (2)
- Lots of unfamiliar acronyms in evidence (1)
- Hard to recreate real life situation (won't be 1:1 meetings) (2)
- WMQRS appears to have a robust system of organisation (1)

Appendix 2   Visit Evaluations

Reviewers

Response Rate:

Reviewers	No. reviewers	Responses	Response rate (%)	Notes
2010/11		102	44	
2011/12		51		
2012/13		89	25	
2013/14	128	57	41	Response rate is % of reviewer days rather than reviewers. The response rate may therefore be underestimated as some reviewers reviewed for more than one day.
2014/15	164	68	30	
2015/16	222	111	34	

WMQRS Visit Evaluation – Reviewer Responses
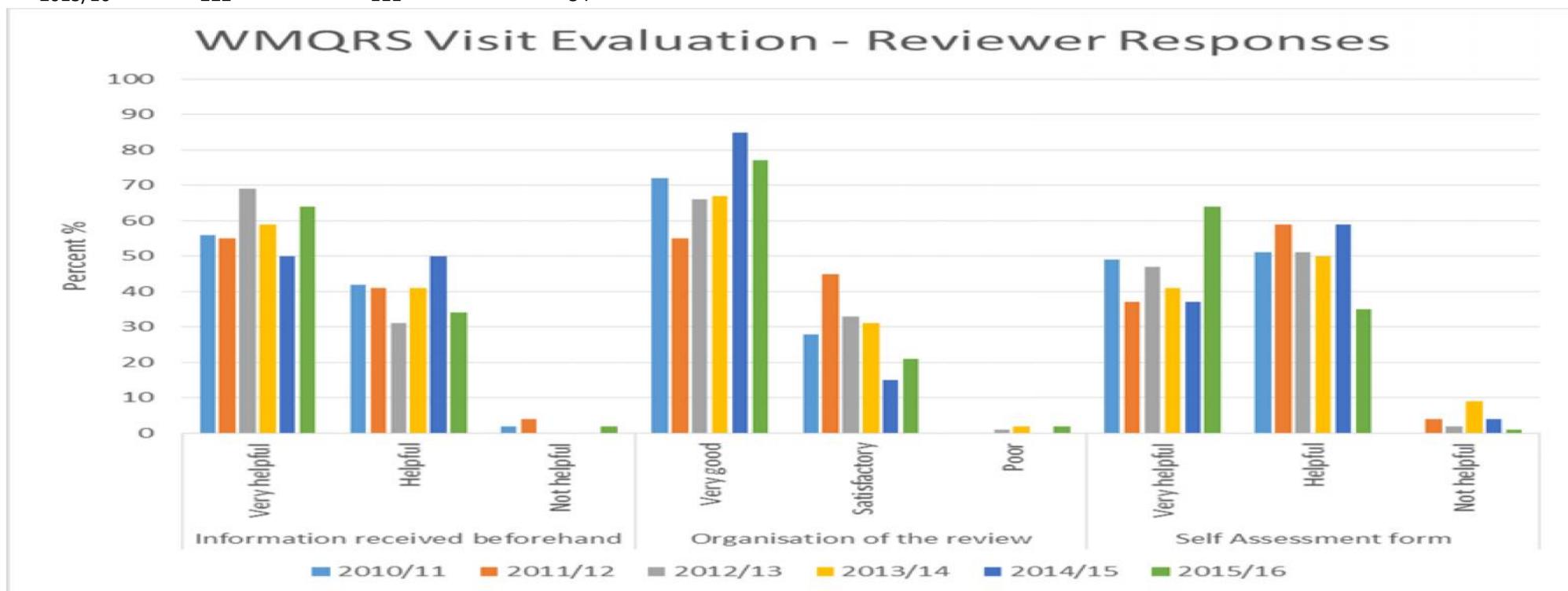
INFORMATION RECEIVED BEFORE THE VISIT

Positive:
- Gave working insight (5)
- Background info (3)
- Logistical info (9)
- Good documentation (12)
- Training received beforehand (2)
- Info received in good time (4)
- Communication (1)

Negative:
- No background report from Trust (2)
- Information missing/incomplete/late (not WMQRS) (5)
- Information did not show well on computer (1)
- Too much information (1)
- Map not detailed enough (2)

Suggested improvements:
- Background report from Trust (5)
- See all evidence (1)
- A list explaining the documents sent (1)
- Send hard copy before the visit (1)
- See strategy before visit (1)
- Information sent sooner (2)

ORGANISATION OF THE VISIT

Positive:
- Well organised (13)
- Timekeeping (2)
- WMQRS organisation (7)
- Trust organisation (2)
- Clear instructions (5)
- Feedback (1)
- Facilities (2)
- Staff (3)
- Welcome (2)
- Networking opportunities (2)
- Parking arranged (1)

Negative:
- Room changes (3)
- Lots of moving around (2)
- Not enough time (8)
- Hard to find venue (1)
- Refreshments (1)
- Minor mix-up with service user meet (1)
- Staff on wards not prepared (2)
- Limited attendance at meetings (2)
- Trust organisation (7)
- Timekeeping (2)
- Lack of evidence (2)
- Confusion over meeting point (4)

RECORDING FORM

Positive:
- Well structured (2)
- Helpful (2)
- Good indications of questions to ask (2)
- Links to documents on intranet to reduce printing (1)
- Feedback well recorded (1)

Negative:
- Repetitive with subtle changes (1)
- Busy (1)
- A3 not manageable during visit (1)
- Used own notepad (2)

Suggested improvements:
- Use notepads (1)
- Bigger boxes (1)
- Somewhere to write notes (1)
- Smaller format so easier to use (1)
- Trust set out SA comments so cross-referencing quicker (1)

VISIT OVERALL

Went well:
- Whole day (enjoyable/informative) (27)
- Organisation (18)
- Timekeeping (7)
- Presentation (2)
- Staff helpful/friendly/honest (16)
- Staff prepared and knowledgeable (12)
- WMQRS support (15)
- Productive meetings (2)
- Feedback (3)
- Teamwork/coordination (9)
- Trust hospitality (5)
- Mix of review team members (6)
- Parking (2)
- Venue (1)
- Seeing evidence first (4)
- Documentation (1)
- Meetings with (and range of) stakeholders (4)

Went less well/badly:
- Nothing (16)
- Need more/better organised evidence (14)
- Time constraints (10)
- Parking (3)
- Too hot (2)
- Trust organisation (8)
- Venue/travel (6)
- Some people unaware of visit (3)
- People missing meetings (5)
- Not enough users/staff seen (GPs particularly) (5)
- Norovirus so not whole picture (1)
- Large trust – lots of info to take in (3)

Suggested improvements:
- Have pathway presentation before evidence (1)
- More notice of visit (1)
- Minibus between sites (1)
- Designate 'leader' from reviewers for each meeting (2)
- Names of staff on timetable (1)
- Knowing lead contact at Trust on each day (1)
- Summary at end of day 1 to identify lines of enquiry for day 2 (1)
- Map of the geographical area covered in day 1 (1)
- Explanation of where teams cover and who owns them (1)
- Longer presentation (1)
- More time to reflect (1)
- Have KPI information (1)

HEALTH ECONOMIES / HOSPITALS

Response Rates: Response rates cannot be calculated as there is more than one response per review and per organisation involved.

Year	No. of reviews	Responses	Notes
2010/11	15	39	
2011/12	10	15	
2012/13	14	29	
2013/14	15	15	Responses include West Midlands core programme (2013/14: 14; 2014/15: 17) plus 'one off' commissioned
2014/15	20	14	reviews (ie. **excluding** haemoglobin disorders and Isle of Man review programmes).
2015/16	27	21	

WMQRS Visit Evaluation - HE Responses
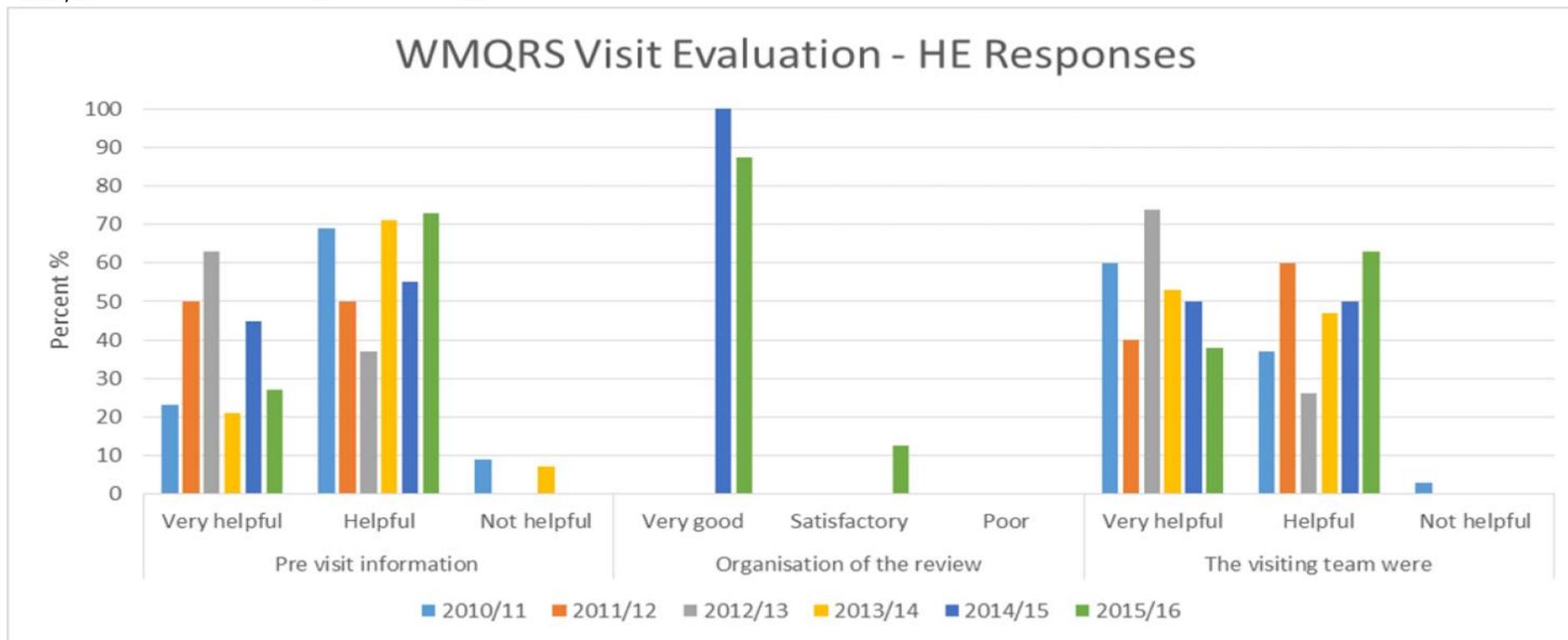
INFORMATION RECEIVED BEFORE VISIT

Positive:
- Logistical info (2)
- Training received beforehand (2)
- Self-assessment (1)
- Useful (2)

Negative:
- Unclear (2)
- Some of the information requested was vague (1)
- Did not receive information (1)

ORGANISATION OF THE VISIT

Positive:
- Well organised (10)

Negative:
- Unclear (1)
- Not well organised (on the day) (1)
- No self-assessment (from Trust and Commissioners) (1)
- Commissioners meeting not arranged (1)
- Some went to the wrong place or were unsure where to report to (4)
- Should have been differently organised (1)
- WMQRS should book rooms and food (1)

Suggested improvements:
- Should print information as well as available electronically (1)

VISITING TEAM

Positive:
- Helpful (4)
- Pleasant (1)

Negative:
- Not helpful (1)

VISIT OVERALL

Went well:
- Whole day (9) and whole process (2)

- Timekeeping (7)
- WMQRS support (3)
- Everyone helpful, friendly (1)
- One day not two (3)
- Feedback (2)
- Not stressful (1)
- Meetings with staff (useful for clarification) (1)
- Communication during feedback session (1)
- Communication between staff, reviewers and leads (1)
- Good networking opportunities (1)

Went less well or badly:
- Nothing (6)
- Time constraints (4)
- Long day (2)
- Lack of contact details for review team (1)
- One-off incident occurred (Norovirus) (2), felt treated firmly because of it (1)
- Felt reviewers did not see the whole system picture (1)
- Split between two sites was hard (2)
- Could not see many clients as they were in school (1)
- If not present for the feedback session could not give/receive feedback (2)
- Timetable confusion (1)
- Staff were not following uniform policy (1)
- Some reviewers felt feedback was more negative than they had seen on the review (1)
- Some standards were not applicable (1)

Suggested improvements:
- More time (a day and a half or two days) (2)
- Receive names of other reviewers sooner (1)
- Meet more patients (2)
- Send questionnaires to children beforehand (1)
- Have an overview of the system at the beginning of the day (by SWBH) (1)
- Brief reviewers on asking questions in a neutral way (1)
- Feedback could be clearer (1)
- Provide information about reviewers' level of expertise and knowledge of the service (1)
- Coordination between WMQRS and reviewers (1)

APPENDIX 3   'PRODUCT' EVALUATIONS

Response Rate: Twenty-seven peer review visits were undertaken. Evaluations for twenty-one visits were issued. Eight responses were received, relating to seven visits.

Overall Product Evaluation
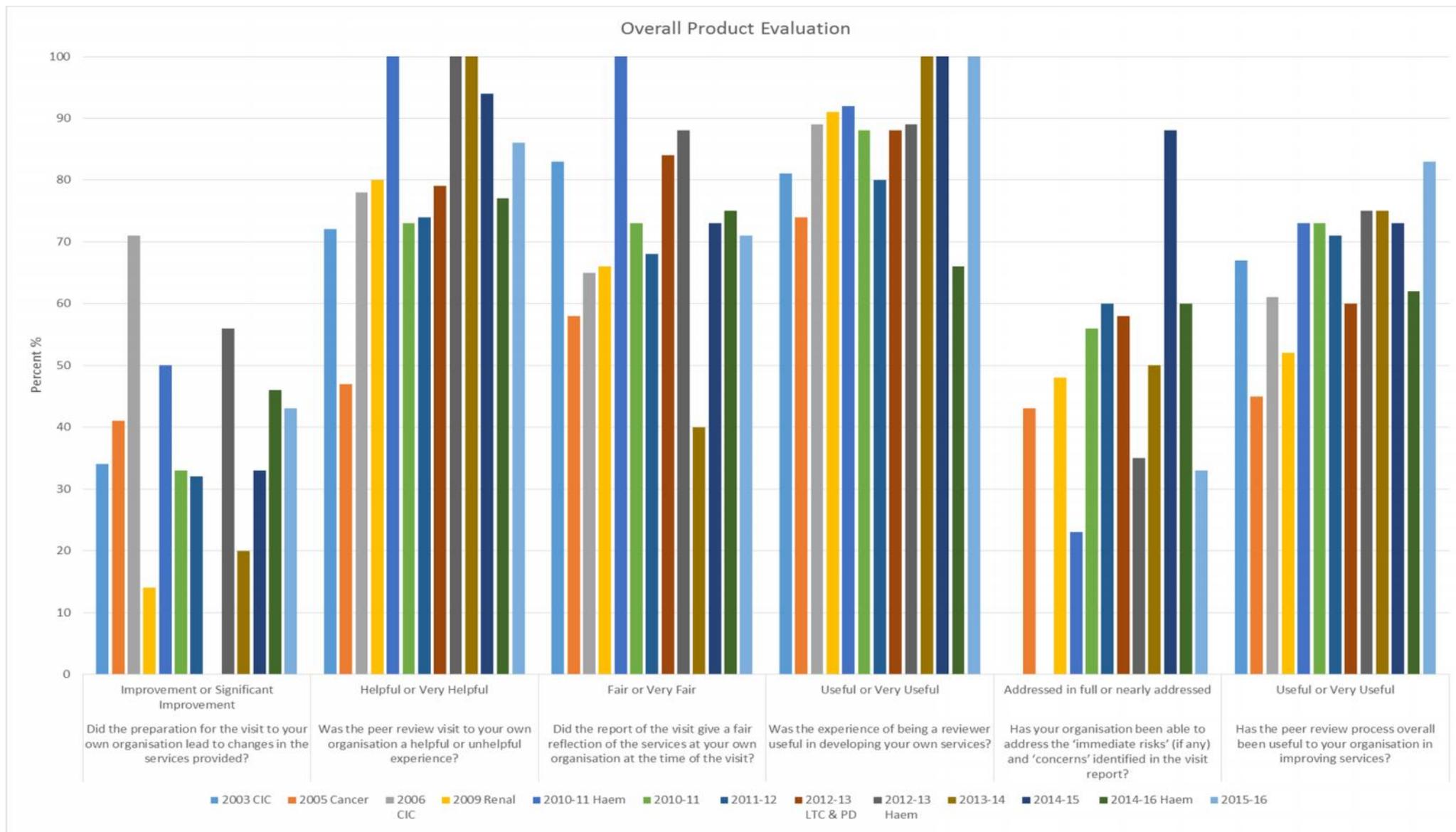
PRE-VISIT SUPPORT FROM WMQRS

Positive:
- Good information about visit/expectations (2)
- Provided contacts with other Trusts (1)
- Responsive/timely (2)
- Plenty of notice (1)

Negative:
- Commissioners not involved in pre-visit planning or invited to attend on day but addressed (1)

DID THE PREPARATION FOR THE VISIT LEAD TO CHANGES IN THE SERVICES PROVIDED BY THE TRUST/HEALTH ECONOMY?

- Self-assessment offered opportunity to improve some areas of work (1)
- Subsequent review undertaken and a discharge to Assess Pathway being mobilised (1)

WAS THE ACTUAL VISIT A HELPFUL OR UNHELPFUL EXPERIENCE FOR STAFF WITHIN THE TRUST/HEALTH ECONOMY?

- Very useful/helpful (2)
- Visiting team friendly/professional (2)
- Feedback open and honest/constructive (3)
- Long day (1)
- Informative (1)
- Confirmed what already aware of (2)
- Enabled commissioner and provider to explore most feasible option for improvement (1)
- Helped objectivity (1)

DOES THE REPORT OF THE VISIT GIVE A FAIR REFLECTION OF YOUR SERVICES AT THE TIME?

- Feedback praised elements of good clinical practice but not reflected in how many standards met (1)
- Not initially but change made (1)

HAVE YOU BEEN ABLE TO ADDRESS THE 'IMMEDIATE RISKS' (IF ANY) AND 'CONCERNS' IDENTIFIED IN THE REPORT OF THE VISIT TO YOUR SERVICES?

Examples of changes made as a result of the visit:
- Child/young people friendly patient information leaflets (1)
- Policies further developed (1)
- Audit of night working (1)
- Increased training for EPLS and APLS (1)
- Children's commissioner working with Trust to address issues (1)

Areas that have proved very difficult to address:
- Staffing/cover (3)
- IT issues (1)

HAS THE INVOLVEMENT OF REVIEWERS FROM YOUR ORGANISATION IN VISITS TO OTHER PLACES BEEN HELPFUL IN IMPROVING YOUR OWN SERVICES?

- Invaluable (1)
- Most informative and beneficial (1)
- Implemented improvements (1)
- Particularly around practice, policies and innovation (1)
- Not to date (1)

HAS THE PEER REVIEW PROCESS OVERALL BEEN USEFUL IN IMPROVING SERVICES IN YOUR LOCALITY?

- Addressed staff training (1)
- Updated guidelines (1)
- Improved service and information for patients (1)

ANY OTHER COMMENTS ABOUT THE QUALITY STANDARDS OR PEER REVIEW PROCESS?

Positive:
- Quality Standards – clear and fair (1)
- Very good for sharing good practice and comparing to own service (1)

Negative:
- Some peer reviewers were recommending non-evidence based practices (1)
- Commissioner section of report was unfairly represented (1)