QRS 2019/20 Evaluation Report

Introduction

1. This report summarises the findings of the evaluations of Quality Review Service's 2019/20 main work programme and commissioned reviews and looks at trends from the previous three years.

2. This 2019/20 Evaluation Report has been internally produced and so represent the QRS team's conclusions and recommendations.

3. Feedback is reviewed monthly by the QRS team as a standing agenda item. Where appropriate, actions are implemented immediately.

Types of Evaluation

4. Several different types of evaluation are undertaken:

    a. **Training**

        i. **Reviewer Training:**

            - **Face to Face:** Evaluation forms are completed and returned on the day of the training.
            - **Online:** Evaluation forms are returned electronically following training.

        ii. **Commissioned Training**: The following training programmes were also evaluated.

            - Self-Improving Teams
            - Perinatal Mortality Review Training (online and face to face)
            - British Society for Rheumatology.

            These training sessions have not been included in the comparison data (Appendix 1) as they are bespoke.

    b. **Visit**:

        i. **Reviewers:** Evaluation forms are included in reviewers' packs and they are asked to complete and return them on the day of the visit. If the visit is very busy or runs late and they are not completed on the day, reviewers are asked to complete an online evaluation form when draft reports are sent to them.

        ii. **Health economy / hospital:** This evaluation aims to capture whether there were any problems on the day of the visit. An email asking for structured feedback is sent within a week of the Review visit.

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

5. 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. A summary of the responses is included below.

Response Rates

6. Response rates were lower for training overall as the rate included those for online training sent out electronically. Response rates for training are higher where delivered face to face, which represents the ability to hand out and receive back a completed form. Face to face response rates are consistent with the 2018/19 response (92%).

    Response rates from reviewers on visits were very high representing the ability to hand out forms on the visit. The Trust response rate remained low.

    Product response rates had improved on previous years, with engagement from IABD and HD programmes and the use of the online evaluation.

Type of Evaluation	Response	Attendees	% Response	Notes
Training (Total)	**56**	**96**	**58%**	
• Face to face	13	15	87%	
• Online	13	38	34%	*4 online sessions were not evaluated*
• Commissioned Training BSR, PMRT, SIT	30	35	86%	*Not included in comparison data.*
Visit (Reviewers)	277	345	80	50 Reviews (53 visits days)
Visit (Health economy / Hospital)	26	50	52	26 responses relating to 22 Reviews
Product: Individual 'products'	20	37	54	Issued three months after publication of the final report. 20 responses from 37 issued.

Actions

7. The following actions were agreed at QRS team meetings in response to visit (reviewers) evaluations received.

    • Good feedback received on all responses including the online training.

    • A recurring theme of time available for a reviewer to read all information was noted. This has been reported in previous years and reflects a healthcare professional desire to absorb information rather than read to assess compliance with a standard. The review lead to reiterate message about not trying to read every word on every page.

    • Issue with Skype™ online training. Agreed that Skype invitations to be investigated to avoid future problems with presenting and sharing screens. Training now moved to MS Teams™ to resolve these issues.

    • Agreed to use some of the comments from reviewers on the website to show experiences of a review.

    • Poor comments on organisation of reviews have been seen when QRS is not responsible for organising visit or arranging logistics.

    • Some comments received on poor room space, refreshments provided, and access to rooms. To discuss with Trusts at planning stages.

Training Evaluations (Appendix 1)

8. **Summary of findings:**

    Less face to face training took place in 2019-20 with sessions moved to online. Response rates were lower for online so fewer comparative data are available to use in 2019-20; however, all evaluated very highly with all responses *Very Good* and *Good* for meeting training objectives, quality of the sessions and practical arrangements.

    Some participants struggled with IT connectivity, lack of mic and speakers on desktop PCs and Trust restrictive IT policies for Skype. In the early part of moving to on-line, this resulted in multiple sessions with fewer participants being run. Effective workarounds are now available in most cases.

    With some recognition of the limitations on-line with regard to sharing of evidence and face to face interactions; much of the QRS training will now be done online with MS Teams.

    Commissioned training programmes also took place: Please see Appendix 1A which all evaluated well. No evaluations were received for the online PMRT sessions that took place due to a technical glitch issue.

    Summary

    a. The Sessions evaluated very highly with all responses rating *Good* or *Very Good* for both achieving the training objectives and quality of the training session.

    b. All responses show an increase in satisfaction from the previous year with the only exception being evaluation of the session on drawing conclusions, where on-line participants appeared to rate this lower than face to face. Overall, this session however rated very well. Some focus in this area may be helpful with a view of how the on-line sessions may address this.

    c. Comments from participants were very positive.

    d. There appears little significant difference in the quality of the reviews undertaken between on-line trained reviewers and those trained face to face. Reviewers are equally well prepared, and the reviews are equally robust.

    e. QRS has now moved almost exclusively to an on-line training programme.

    When asked how the training sessions could be improved, participants answered:

    - Really good day - thank you
    - Very good - no improvement required
    - Overall really good day, very enjoyable, concise and contained all relevant info!

    Others said

    - I enjoyed the afternoon, gained good knowledge and skill of peer reviewing. I look forward to putting the skills into practice

    QRS agreed to provide training for the British Society for Rheumatology (BSR) peer reviewers using their own process and standards as they developed their own accreditation review programme. It was clear that this was not a clear fit to the QRS process and some areas of the programme were still under development by BSR. This is evident in the feedback. The generic processes of holding meetings and reaching conclusions rated well, those that related to the review process and evidence rated less well; this is believed to reflect the embryonic nature of the BSR programme.

    QRS was commissioned by NHS England to deliver a training programme to colleagues from Maternity services in the West Midlands undertaking Perinatal Mortality Reviews. This was in three on-line training sessions and one face to face session. For technical reasons, QRS is unable to retrieve the on-line evaluations

however the programme was well received at the time. The face to face session was well rated by all participants.

QRS was asked to deliver a programme of peer review training to integrated community healthcare teams. These were undertaken in Herefordshire and Worcestershire. With the exception of the question 'have you practiced the skills you will need for reviewing' all participants rated these sessions very highly. It is not possible to identify the individual, however one person became ill during the session and was unable to continue.

Visit Evaluations (Appendix 2)

QRS Undertook an End of Life Care workshop. These were not peer review and the outcome was evaluated against different criteria, and so these have not been included in the overall summary below

Total: 277 responses

9. **Summary of findings:**

The evaluations have shown that visits have continued to evaluate positively from reviewers and Trusts.

Trust comments included:

"It is invaluable to have an independent review with robust standards to present to our division, trust and commissioners." - Inherited & Acquired Blood Disorders Review - 2019.'

'"The team were very pleasant, open and understanding to hearing how the service is delivered at our hospital." - Haemoglobin Disorder Review – 2019

Reviewer comments included:

"Very interesting review – as always very helpful lessons learnt and good networking opportunities." - July 2019

"Well organised day and successfully achieved a lot in a limited time." - Inherited & Acquired Blood Disorders Review December 2019

Reviewers

- The experience of being part of a review team was highly valued with the opportunity for team working, discussion and learning.
- A high number of comments were made praising Trusts for their welcome and engagement.
- The majority of reviewers thought the visits were professional and organised and commented on the leadership from QRS and the clinical leads.
- Arrangements for arrival of reviewers, including signage, parking and directions were a frequent issue.
- There were some issues with the presentation of the evidence provided by Trusts.
- Although the majority felt the day kept to the programme, some reviewers commented on the limited time available with a lot to cover in one day.

Trusts

- The majority of comments praised the Review Team for their engagement and for being supportive, open and understanding.
- Trusts commented positively on the organisation of the reviews and felt the feedback sessions were constructive
- Several comments highlighted time restrictions and there were some issues with providing evidence.

Product Evaluations (Appendix 3)

Product refers to the completed review following the publication of the report.

10. **Summary of findings:**

    20 responses have so far been received for 2019/20 visits, a significant increase in response rate on the previous year.

    - The majority found the review process had been useful in improving services.

        "It is invaluable to have an independent review with robust standards to present to our division, trust and commissioners."

    - The majority found the report gave a fair reflection of the services

    - The majority found the visit a helpful experience.

        "For our centre, the feedback was extremely useful and will lead to improvements in the service."

    - The majority of responses found the experience of being a reviewer was useful in developing their own service.

        "It allows for a greater understanding of what needs to be improved for patients."

    - There were a range of responses for addressing the concerns and immediate risks (if any).

        "Our main issues are staffing. The peer review has prompted engagement with our commissioner for the first time in years. Also gained the support of our division in addressing staffing shortfalls. Although this is ongoing there are hopeful signs that we may be successful in improving our staffing in the next few months."

        "The fact that the report goes to Chief Executive makes it high profile and triggers action via governance structures."
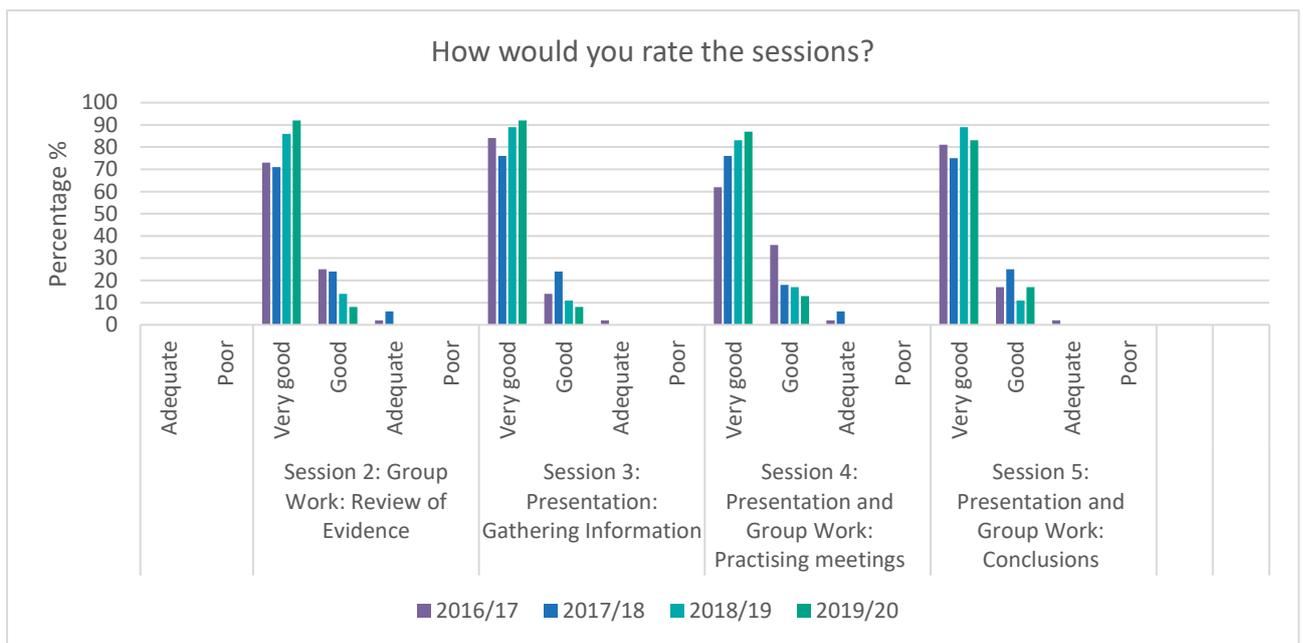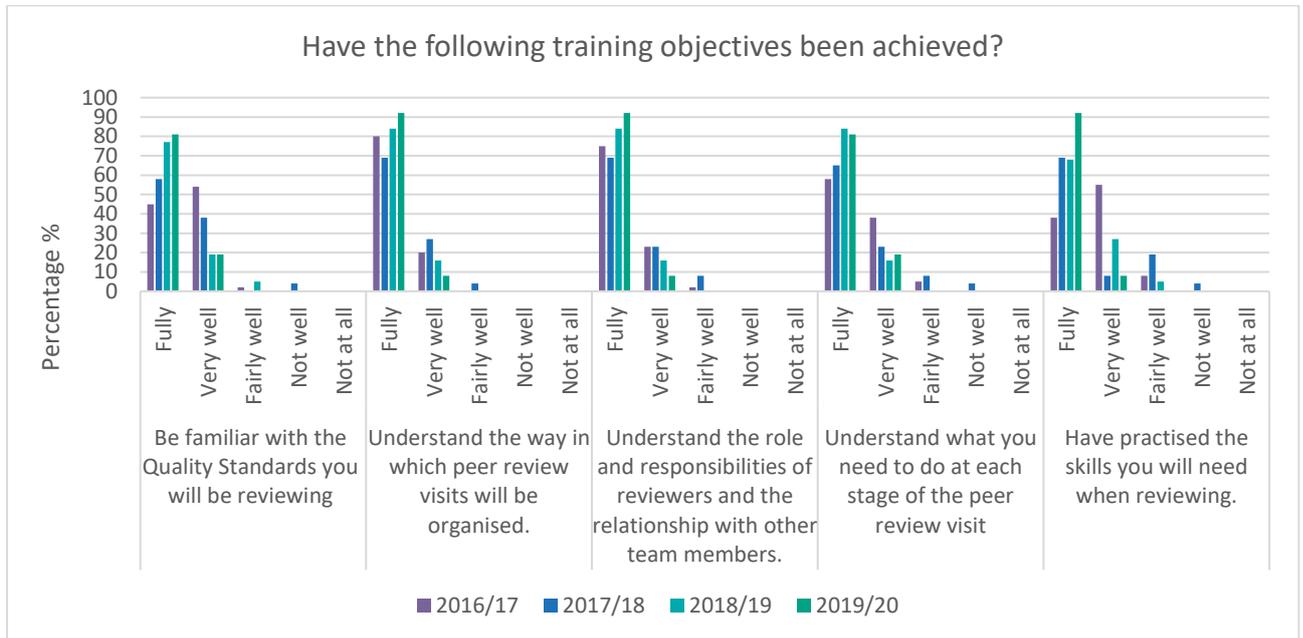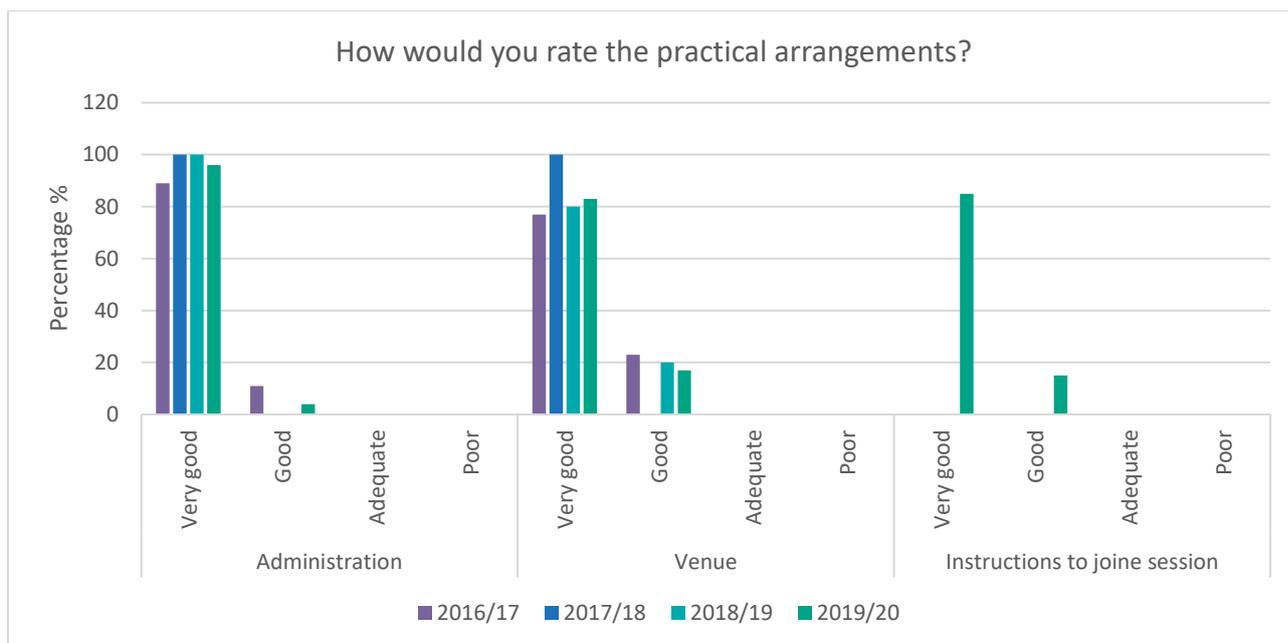
    Other comments:
    "The team were all very supportive and wanted to do their best to help develop the service, offered lots of advice and were understanding."

Conclusions

1. Response rates to evaluations from training, reviewers and Trusts remain high, and in many cases the highest response received over the past four years.

2. Overall both training and the review programme are well received by both reviewers and Trusts. Satisfaction with the programme is high.

3. Online training was introduced in 2018/19 for the IABD programme and had been used in 2019/20 for some reviewer training sessions including for the HD programme. Reviewers who had completed a visit were asked "If you attended online training do you feel that the session provided enough information about the review process and your responsibilities as a reviewer?". Out of 86 responses, 91% had responded 4 or 5 where 5 represented 'Addressed in Full'.
    On-line training is therefore deemed an effective method of training reviewers.

4. Responses from reviewers show that they value being part of a review team and find the visit a valuable experience. Reviewers also score the QRS leadership and organisation highly with many positive comments.

5. The response rate from Trusts had remained low at 52%, the online evaluation form would be used in 2020/21 to help improve response rates.

6. Responses from Trusts show that, although there is a lot of preparation involved in a review, the pre-visit information was very helpful and the organisation of the review by QRS very good.

7. A small number of organisations are still struggling to resolve the concerns and risks raised over three months after the review.

8. Trusts value the support from the review team and the visit is a highly valuable exercise in finding out more about their own service.

9. QRS will continue to review evaluations at monthly meetings and consider appropriate actions where necessary.

APPENDIX 1   Training Evaluations

Have the following training objectives been achieved?

How would you rate the sessions?

How would you rate the practical arrangements?

Year	Evaluation forms returned	Respondents as % of those attending training sessions
2016/17	65	94%
2017/18	26	84%
2018/19	44	92%
2019/20	26*	49%

*Does not include bespoke programmes, only reviewer training.

Training Evaluation Comments Summary 2019/20

General comments
- Very good (6)
- Enjoyable (2)
- Well delivered (5)
- Clear (5)
- Informative (9)
- Concise (2)
- Relevant (2)
- Good discussion & examples (5)
- Interesting (1)

Online
Effective delivery on-line (8)
Power-point slides (2)
On-line IT issues (5)

Other comments:
"Clear and convenient to have Training delivered this way."
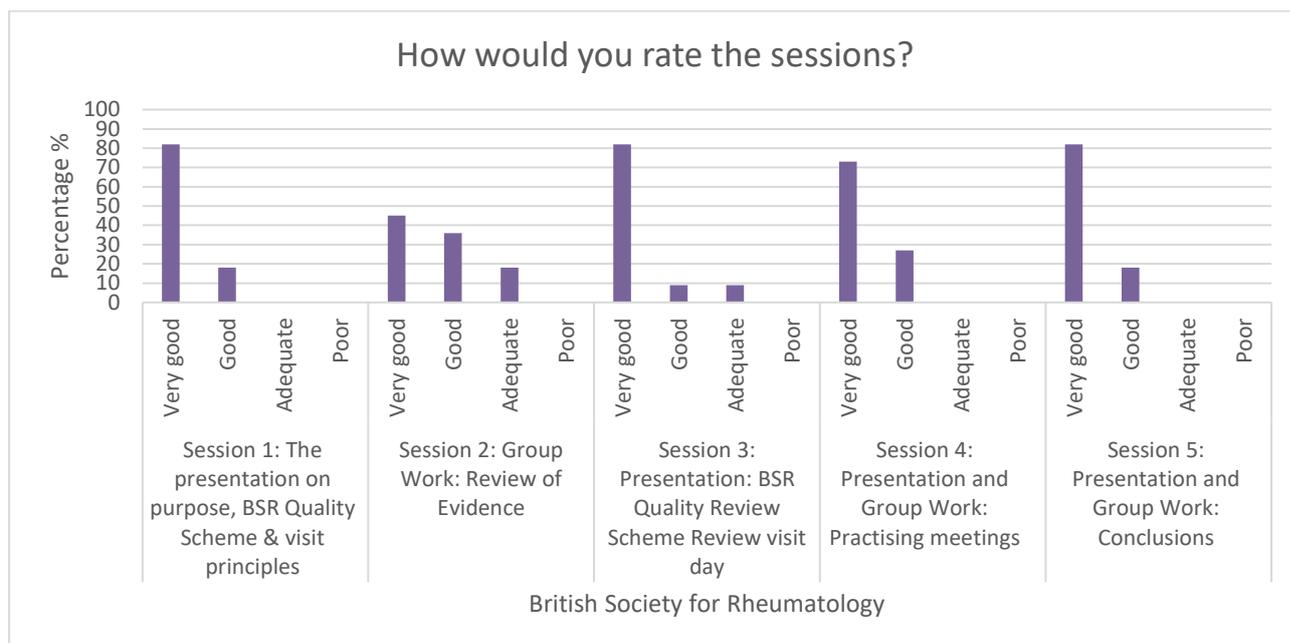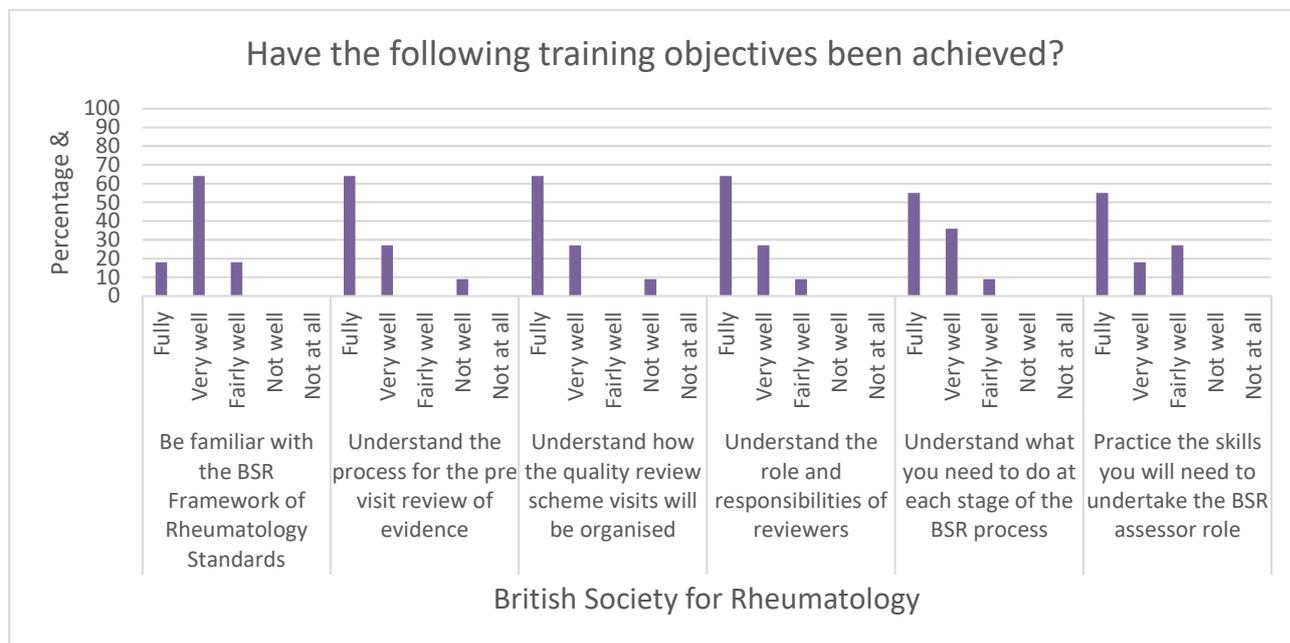
Improvements:
More Examples (3)

Other comments:
"In theory I feel that the objectives have been met - I feel that it is now imperative to put what has been learnt into practice!"
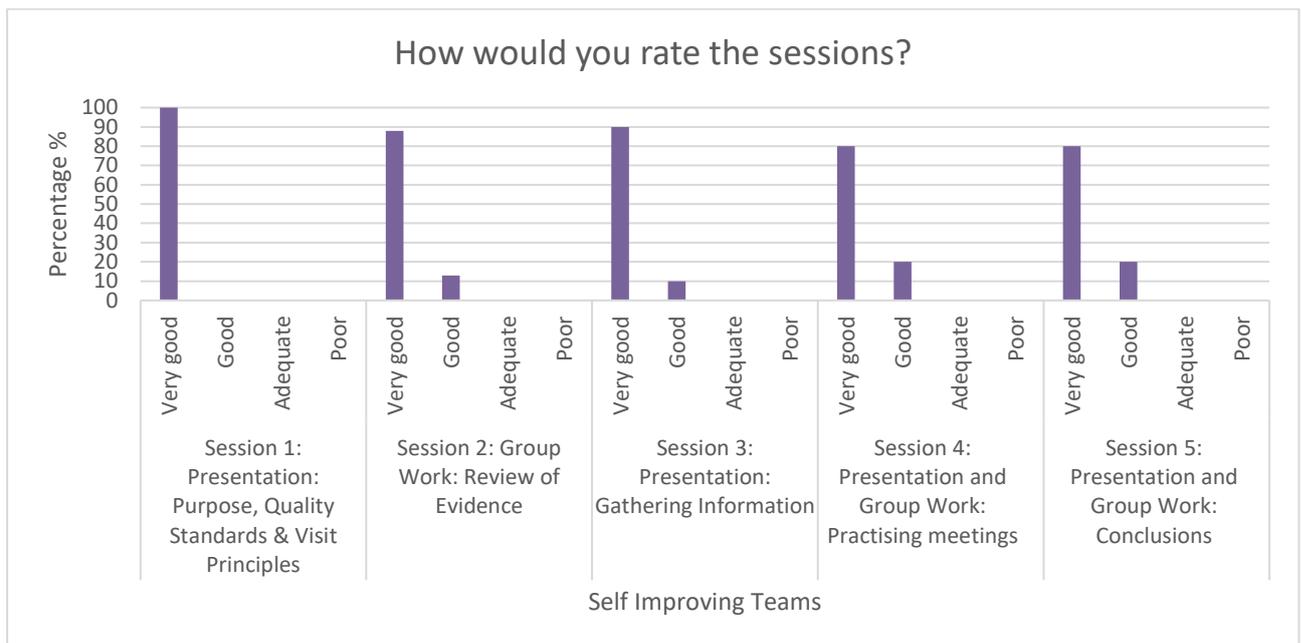
Feedback:
"The session helped enormously. It was precise and covered everything that we would need to have an awareness of. Every individual takes on new information differently and for me everything became clear when we actually put it into practise. On reflection, having completed a full day's review I would agree I was well prepared after the session. Many thanks."

British Society for Rheumatology

Have the following training objectives been achieved?

British Society for Rheumatology

How would you rate the sessions?

British Society for Rheumatology

Response rate : 92% N=12

Self-Improving Teams

Have the following training objectives been achieved?

Self Improving Teams

How would you rate the sessions?

Self Improving Teams

Perinatal Mortality Reviewer Training

Perinatal Mortality Reviewer Training
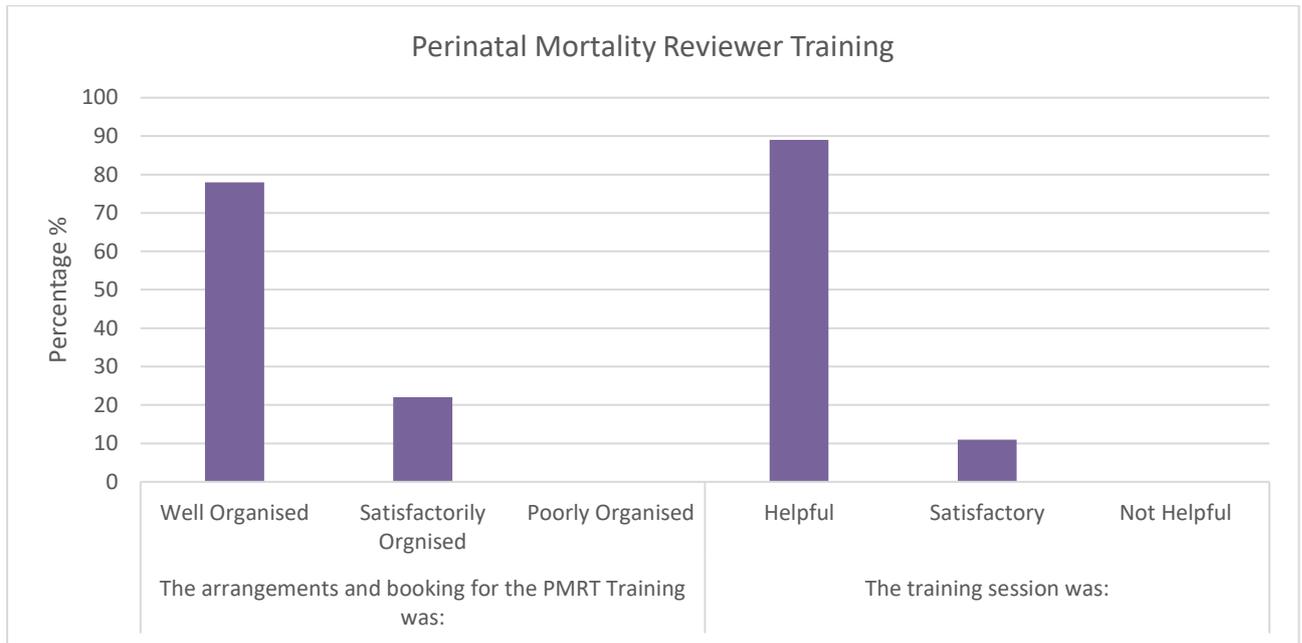
Response Rate: 100, N=9

Evaluation of online training post Review Visit

If you attended online training do you feel that the session provided enough information about the review process and your responsibilities as a reviewer?

N =86

APPENDIX 2 Visit Evaluations

Reviewers

Response Rate:			
Reviewers	**No. reviewers**	**Responses**	**Response rate (%)**
2016/17	160	62	34
2017/18	119	70	59
2018/19	180	109	61
2019/20	345	277	80

QRS Visit Evaluation - Reviewer Responses
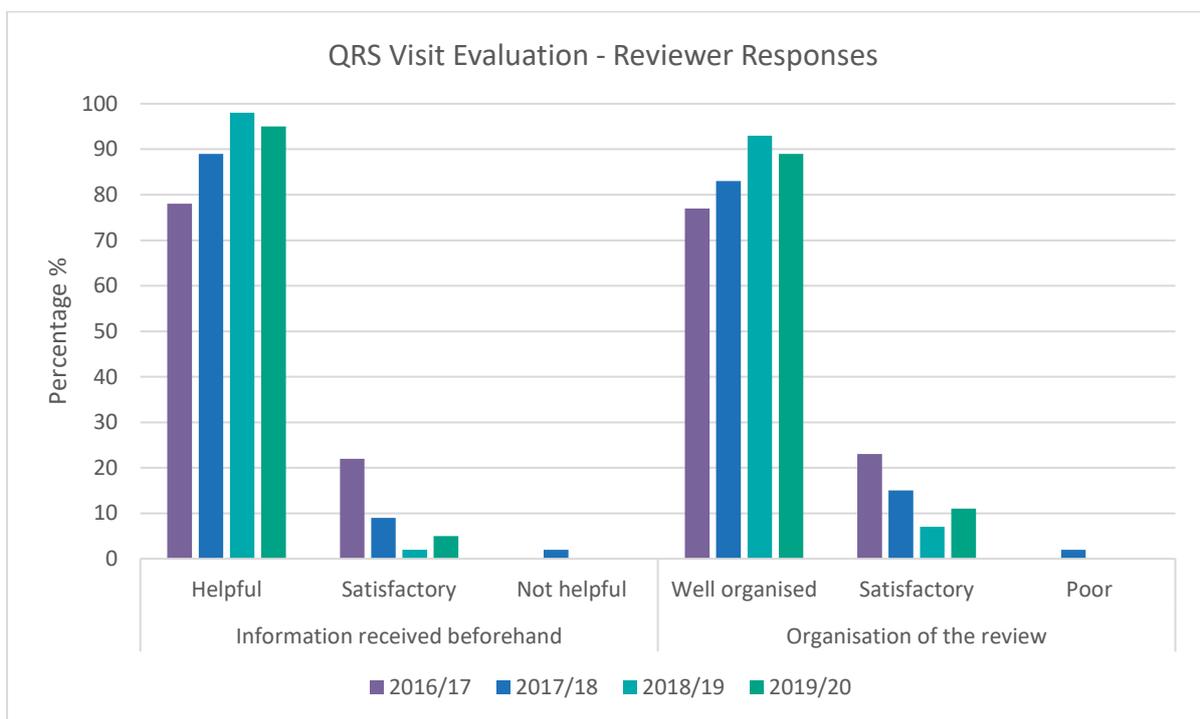
Visit Evaluation - Reviewers Comments Summary 2019-20

What went well
- Good pre-visit information and travel/accommodation provided (32)
- Good overall leadership and coordination of the reviewing team (49)
- Timing - kept to programme (51)
- Flow of the day (19)
- Good breakdown of the day with clear instructions and guidance (12)
- Team very welcoming, informative (78)
- Evidence - Well organised (20)
- Organised & professional (84)
- Walkabout of facilities (14)
- Teamwork of review team (60)
- Networking opportunities (4)
- Very interesting to learn from another centre and meet others working in the area (9)
- Meeting patients and carers (23)
- Good, positive process (17)
- Fantastic opportunity (5)
- Online training (2)

What didn't go so well
- Arrival arrangements (10)
- Time available (12)
- Time management (8)
- Information provided by site (24)
- Site including signage, traffic and parking (10)
- Base room (11)
- Tour of the facilities (6)
- Visiting review team (1)
- Availability of host staff (4)
- Organisation of service (4)
- Catering (2)
- Complex meetings (3)

**Any suggestions/comments you feel would help improve the process**
1. Visit timings (6)
2. Host Staff being more informed so that they are available and know what is expected (3)
3. Time to speak to peer on 1-1 basis would have been good (2)
4. Guidelines/recommendations provided for review centres on how to provide evidence (3)
5. More access to patient notes on site / documents / guidelines beforehand / paper copies (6)
6. Walk around service should have come before evidence review (1)
7. Examples of patient flow (1)
8. Meeting more patients (1)
9. Having done it once has prepared me how to do it better next time (2)
10. Interesting / helpful lessons learnt (3)
11. Good networking opportunities (2)
12. Good accommodation/transport arrangements (1)
13. Well organised/ planned (12)
14. Good visit / Enjoyable / rewarding process (19)
15. Venue / catering (2)
16. Interpretation, understanding and repetitiveness of some Standards (8)
17. Take note paper (1)
18. Perhaps patient representative to shadow review team prior to first review (1)
19. Ideally would have done my training closer to review (1)
20. Make it mandatory that a member of the management team is interviewed (2)

Feedback

"Good multidisciplinary learning experience, positive review with learning for own centre."- Clatterbridge Cancer Review January 2020

"Well organised/good discussion of peer review group, taking in all team opinions."- Haemoglobin Disorder Review January 2020

Trusts

QRS Visit Evaluation - Trust Responses
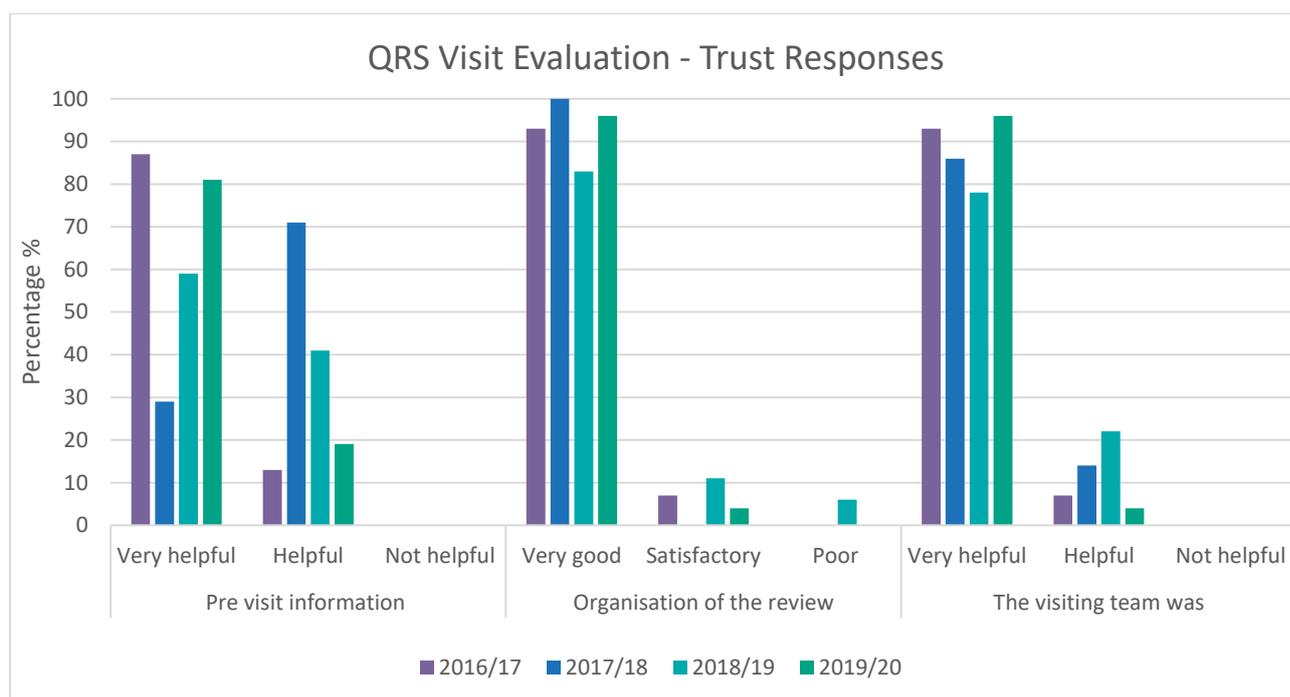
Year	No. of reviews	Responses
2016/17	22	14
2017/18	12	7
2018/19	32	17
2019/20	50	26

Visit Evaluation - Trust Comments Summary 2019-20

What went well
- Review Team – supportive, open, understanding (14)
- QRS/Clinical Lead (6)
- Organisation (12)
- Timetable (6)
- Timekeeping (8)
- Feedback (9)
- Communication (2)

Other comments: *"The planning for the visit by QRS was excellent – everyone knew what they were supposed to be doing and when."*
Inherited & Acquired Blood Disorders Review – 2019

What didn't go so well
- Arrival confusion (3)
- Base Rooms/Refreshments (2)
- Evidence available (3)
- Time constraints (6)
- Timetable changes (1)
- Organising meetings with Senior Management (1)

Suggested Improvements
1. A phone call the day before the review as a last minute check
2. More information on evidence required and how to complete the self-assessment
3. Pre-review training or mock review
4. Timetable a management meeting to help engage management early in the review process
5. Highlight applicable Standards
6. Smaller meetings

Feedback
"Friendly, helpful and supportive team, very useful comments and advice. I was particularly grateful to the Team for reinforcing the size and importance of the service to the Trust."
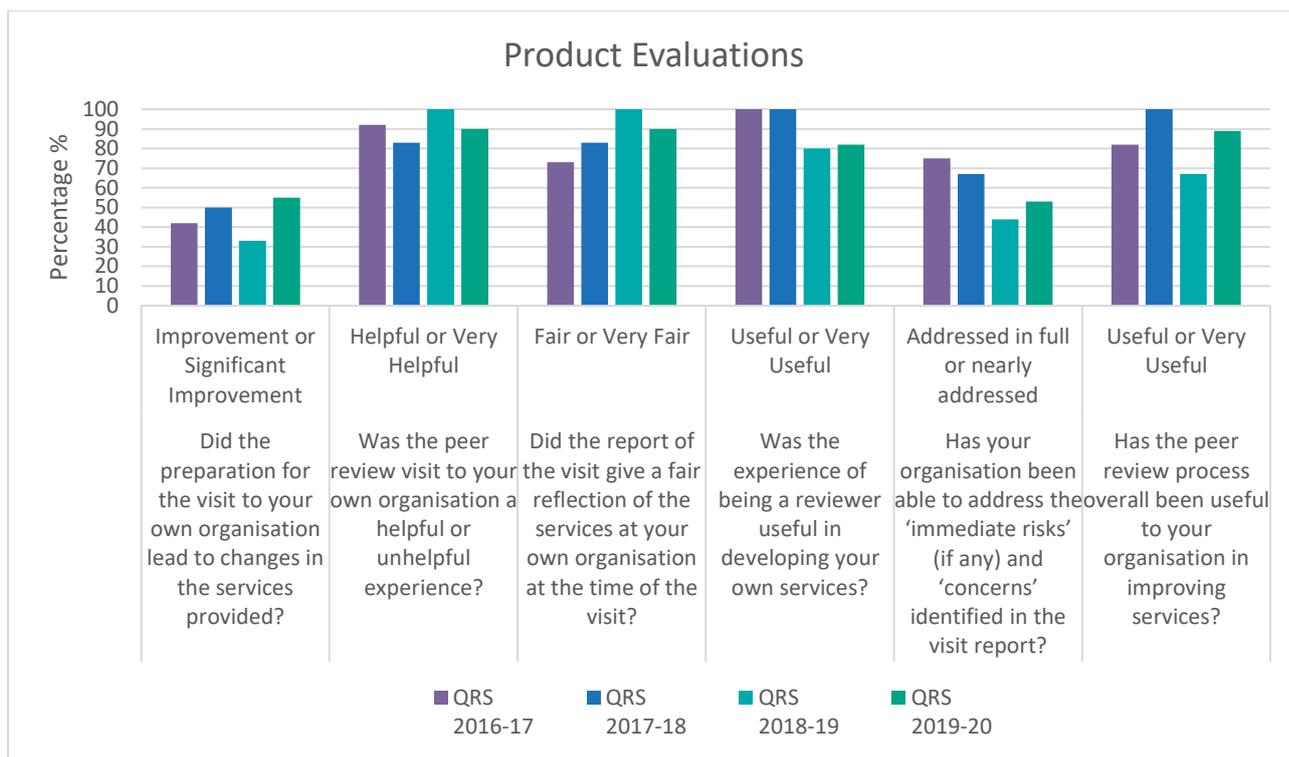Haemoglobin Disorder Review – 2019

"I just wanted to thank you and your team for today. Whilst having your service reviewed is a stressful process the team made this much more enjoyable and relaxed than anticipated."
Haemoglobin Disorder Review – 2019

APPENDIX 3 Product Evaluations

Evaluations 2019-20 (N = 20)

1. Pre-visit support available from QRS was — Very helpful / Unhelpful
2. Did the preparation for the visit lead to changes in the services provided by the service? — Significant improvement / No Change
3. Was the actual visit a helpful or unhelpful experience for staff within the service? — Very helpful / Unhelpful
4. Does the report of the visit give a fair reflection of your services at the time? — Very fair / Unfair

Evaluations 2019-20 (N = 20)

5. Have you been able to address the 'immediate risks' (if any) and 'concerns' identified in the report of the visit to your services? — Addressed in full / Not addressed at all
6. Has the involvement of reviewers from your organisation in visits to other places been helpful in improving your own services? — Very hefpful / Unhelpful
7. If you also acted as a reviewer: Was the experience of being a reviewer useful in developing your own services? — Very useful / Not useful
8. Has the peer review process overall been useful in improving services in your locality? — Very useful / Not useful

Product Evaluations

Year	Responses
2016/17	16
2017/18	6
2018/19	9
2019/20	20