

QIS Retrospect

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Retrospect Details

15th and 23rd October, London

Attending: Holly Case-Wyatt, Clare Edwards, Linda Ferguson, Dominic Gilroy, Stuart Glover, Emily Hopkins (facilitating), Donald McKay, Carol-Ann Regan, Lucy Reid, Sue Robertson, Janet Sampson, Suzanne Wilson

1. Objective

The programme of work is to develop new quality standards for NHS Library and Knowledge Services.

The subject of the Retrospect was a pilot project to test out the fitness for purpose of the draft QIS standards (as of April 2018); and also to test the process for the completion and submission.

Specifically, the pilot was to test out:

- Level description
- Guidance
- Submission process

As this was a pilot, a key objective was to learn from the experience.

Was it achieved?

Yes, on the whole.

All LKS were able to complete, no one gave up/ dropped out – success!

Tested everything needed at this stage; knew more work was needed

Process was treated as a true process by participants, rather than pilot or practice. It was apparent that a lot of work went in to the submissions.

Pre-survey carried out early: helped us stop & review quickly

Some participants felt it was better than LQAF. Comparison: LQAF is about describing services, QIS focuses on quality and impact

Good to shift from quality assurance to improvement and impact - welcomed

Training and support were available

Assessment was based on evidence provided. HEE marked 'blind'/ marked return from other regions

HEE Project group and LKS managers reported similar learning around areas such as levels – still some questions here

Structure (A→G) useful but led to repetition and running out of steam by G. Listing the criteria in terms of what is required was very useful in terms of providing a structure

Standards not prescriptive, scope to interpret for local needs

What wasn't achieved, or only partially achieved?

Action planning- mentioned but not covered, so not tested. Some assumptions here about the order – still uncertain. Some confusion about who creates action plan and when

Process felt only half done, it didn't close the loop, as we haven't got the results yet – so don't know if we have fully understood the standards and guidance. Without results, difficult to say how successfully we tested

Some of the items in the criteria are not really measuring quality – they are looking at whether you *have* something or are *doing* something, but not necessarily well.

Guidance – possibly glossed over and was quite generic. Also easy to forget about this. No guidance in glossary. Sometimes hard to tell what things meant

Definition of appropriate evidence, and what is an excessive amount, still needs to be bottomed out. Apprehension from LKS about evidence needed to demonstrate standards in small number of pieces of evidence. A difficult balance. Some took it as guidance rather than the specific requirements/ expectation. "Must" means different things to different people – prompted some people to provide extra evidence

The word "standard" may be understood to imply compliance. Some felt it was the wrong word

Insufficient guidance around the levels. These were open to interpretation, sometimes hard to distinguish between one level and the next

Took longer than HEE thought to assess – not able to finalise levels and get back straight away

Instruction to not create anything new was useful, but did affect which of the criteria could be evaluated

Harder to complete than LQAF, and fatigue set in towards the end

Little mention of research in standards

Hard to answer whether it is fit for purpose, as nothing to compare to. It asks for you to have something, not "is it any good". Not comparing like with like, not all the same. How measurable is quality? Service not physical product, different ££ users, context etc

Disconnect between the 2 stages – filling in the table and then scoring/levels. Need more guidance, on how evidence is scored

Technical/SharePoint issues:

- Trust IT departments blocking it, both with trust email and e.g. Gmail/Yahoo too.
- Issues bookmarking SharePoint, needed to keep referring to email with link
- Found it could clash with own accounts in trusts already using Office 365
- HEE assumed all ok if no one reported problems

Observations on the QIS process

Easy to get distracted and look at pilot solely as way of testing the LKS against the standards, rather than testing the standards and process

Took a lot of work to complete, and this meant focus was on evidence gathering more than testing the process and standards

Handbook – came back to it to check definitions, but possibly a bit late in the process?

Some people felt they treated it as “new LQAF” rather than a new, separate process

Some services took the approach “Let’s get on with it” – just getting on with using the QIS – acting as if it was the “real deal”

Questionnaire – terminology in handbook puzzling. Context not clear, some word mixed up. Slightly problematic – asked about improvement plan, confusing and seemed OTT!

Having questionnaire in advance helped to go back and review submission

Need to rethink process & order of what happens when in timeframe, when to gather evidence

Finding relevant things required more thought although possible to reuse LQAF evidence

Danger it is seen as “new LQAF” and interpreted/ approached the same

Observations on communications

Issue with email list. Wasn’t working for part of the process. For those who didn’t receive emails – missed out on info but didn’t realise. Uncertainty about whether other people were getting on with it, or asking questions they weren’t seeing

Occasional flurry of questions on list. Some were straightforward or specific to one service and dealt with directly, some went on to FAQs

Some LKS managers speaking to each other, offering peer support – not much though, not much 1-2-1 discussion

HEE expected more interaction between pilot sites and discussions than there was – why was this? Possibly culture – LQAF “just get on with it” approach? People consciously avoiding confounding factors/ “groupthink”? People were concentrating on testing individually, not too much discussion!

Project group thought about influencing too much, and striking the balance offering guidance

Local vs national context – what is expected? Needed more contextual info and perhaps some “spoon feeding”

Not clear when documents on SharePoint were updated

Different reactions to general comments – difficult to get message across

Perhaps would have helped to send out “is everyone ok?”, “any questions?” nudges when the mailing list went quiet

Queries to resolve/ points to address

Once document uploaded to SharePoint, it is difficult to change, instead you have to upload an addendum. Is there a way around this? May need to adjust settings?

What happens if you don't do a particular service? Is that OK in context or will you be marked down? "I haven't got evidence because we don't do X" – either plan to do it, or will never be part of service offer Justifying why haven't got evidence – or a development for the future?

Pilot services will get individual feedback; how do we cascade learning to other LKS managers?

Terminology around "Levels" & "standards". Can imply/ be interpreted as "compliance"

- Lack of guidance made it unclear
- Glossary - some terms missing

Levels need more work – particularly in terms of guidance relating to standards

LKS is provider to multiple organisations, uncertain whether return is for LKS or organisation/ each organisation with an LDA. Wouldn't want to do more than 1 return, although 1 return per org may give leverage to argue for increased funding. In a pilot site, it led to discussions with a contracted trust (community/ mental health trust service).

No overall "score" at the end – people felt they wanted a %. Trust wanted to understand levels and compare with other QA processes; e.g. HEE Quality Framework

2. What were the successes? Why?

Enjoyable! It was hard work, but a good challenge – warn people about time to produce quality

Standards went well and made sense; collecting evidence was straightforward.

Confirmed standards work across a variety of organisations; wide range of services involved in the pilot help team to learn about whole range and informed their thinking.

Project group worked well together across regions

Timescales – broadly kept to by both pilot sites and HEE

Didn't take too long to complete – but August deadline was tricky. Could be completed on short notice (waiting for info e.g. from people on holiday) which was good

No surprises – had the evidence. Covered what you'd expect.

- Areas for development in future
- Brought up questions which made you reflect and evaluate/ identify areas for development

Outcomes and impact rather than process focused

Interpretation of standards/levels - assessors developing clarity on what level. Self-assessment helped pilot & project teams to develop thoughts on standards and levels, and highlight thoughts for action plans. Understanding *why* people thought they were at level X. Project team: assessment – differences/ variation in scores

Process was OK. Embedding docs was annoying/ fiddly, but better than uploading separately

Pilot has helped develop concepts around “impact” and what support we need to put in place

SharePoint access went ok – if you previously had access.

HEE team found review process went well in terms of looking at them separately and then drawing together combined comments

Interaction with Quality colleagues and other teams in trust was useful

Approach; use as a reflection tool

Value as reflection tool for LKS for own services and whether meeting needs of trust (better than LQAF). Highlighted areas for development in the LKS. Reflective process of writing up narratives.

Like the opportunity to “write it yourself” and find evidence that you think is relevant; and think about the service as you do.

Evidence, developing discourse around it – prompted lots of thinking

Reflection gave slightly different slant, especially to evidence interpretation

Explicit need to think about demonstrating impact made people think differently about evidence

Looking at a year and considering year-on-year achievements is good. Will force you to collect evidence in a different way and focus differently. Plan to collect evidence from outset of each activity, not create evidence to meet standards. Highlighted what was needed for next year

Process and template

Process and templates went well; embedding evidence worked well

SharePoint – everything in one place when it came to assessment, practical having the different sections. Worked quite well for managing the process

Template easy to use; information matched template

- But some 'document management' needed to slot in elsewhere
- It 'jumped around' for some people

Guidance documents

Some evidence guidance useful but needs to be clearer on what is a suggestion or example compared with a "must include". What does the evidence add? Make it more explicit. Invite e.g. innovations to HLG

Column "types of evidence" was helpful – pointers here – looked at that first

Scope – what is allowed from outside of 12 months? What can be carried over?

Referring to terminology/ glossary – is it possible to hyperlink this from the standard itself?

Handbook was useful throughout the process to some people, kept referring back to it throughout. Others read at beginning. Others concentrated just on the standards. But handbook still useful, even just as introductory document

Handbook: some parts really useful, in particular section/ appendix 2, Contents, and links to relevant information elsewhere

Standard 1 took the most time – raising awareness, checking the organisation is happy – but good to get engagement. A worked example might be useful for this standard.

Guidance

- useful to demystify evidence requirements
- however, we have freedom to look at other areas
- allowed innovation & differences – not too prescriptive or broad

Guidance useful – when remembered to use it! Need to stress to people to read the guidance. Could be more integrated/ linked to glossary?

Glossary was good – referred back to

QIS standards document – useful – could have been embedded in template

More guidance on what's expected for different levels. Possibly case studies? Without excluding fresh ideas

Involving the team

Whether a sole job for the library manager or team involvement- depended on team.

Pooling info from different people and producing coherent narrative could be challenge if lots of “voices” - one person oversight to produce narrative

Use of mailing list helped engage team members

Easy to describe, and prompt conversations about focus of efforts

Jointly with co-manager: getting 2 perspectives

Used in team discussions – gave them broader understanding. Statements for standards helpful to explain to team what’s needed and give overview to team of standards/purpose.

Training/workshop to encourage team involvement in producing it

Is there a way of promoting it as something the team produces, not just the library manager?

Message from HEE needs to be that it is for all LKS staff

Who owns it? LKS or trust? “The organisation must show...” – the organisation must own it

Communications to wider community, home departments (e.g. L&D/ Postgrad etc)

How to pass on learning? Need to involve:

- Newer project team members
- Regional groups
- Networks
- HEE Quality teams

HEE to support roll out; Some introduced standards to teams with help of regional LKS lead

Awareness raising

Need a session with LKS around what is expected, what evidence is needed, and that it is different to LQAF – well in advance, from March/April 2019 to give prep time

Webinars

- for all staff/ by staff group?
- One to focus on each standard?
- Can help to roll out to whole LKS community, and help capture whole LKS team involvement

Links to national Workforce/ CPD group? Start engaging now – never too early. Should it be included in the DNA?

Need to ensure organisational buy-in and support; HEE need to get message across to organisations to explain the change. How to get messages out in different regions? Does it need to go out sooner to explain the change? Winder conversation; links to LDA reporting? Stakeholder mapping?

Saw it differently to LQAF. Focus on impact, maybe a deeper focus? Message needs to be that it is different

Project group working well - support. Some questions raised they will discuss further, e.g. Sue & Holly's experiences – learning points for wider team

LKS need to adopt the mindset – start well in advance

Organisation/service context – the “pen picture”

Project group finding out about different services – need mechanism for understanding the services and trusts. Suggestion: need a glossary or pen picture of organisation/ service – to set the scene. Storytelling element would be useful here. Spelling out any acronyms. Giving explanation – who is assessing

Additional Guidance needed?

More case studies. Share good examples, maybe collated from several, to show expectations. People want a better idea about what's expected- comfortable, not doing the “wrong thing”

Guidance- allow time to write the submission, present it and give right amount of evidence. Reason for evidence is illustrating points and explaining *why* – might be more than narrative

Explanation around levels has been developed from assessment process

Some guidance in terms of how the criteria will be reviewed/scored would be helpful

Queries to resolve / points to address

Who are you writing the submission *for*? Is it for “the assessor”? Who is the process for? Are HEE just assessing or supporting?

Issue around accessibility, e.g. dyslexia – it is quite text-heavy. Are alternative formats possible?

More explanation in handbook of purpose of evidence – why are you asked to provide evidence

Messages received differently by different services – difficulty of generic messages. Need to think about *how* to do it

Peer review – will this be every year?

Narrative from people at the top could be an issue

Difficult to know what's “right” i.e. have you completed it well without going through full process (i.e. with action plan)

Would it work if you completed it over 12 months? Would give a balanced view, might replace things with other documents as time goes on. Would rely on form not changing

Narrative/ evidence might not agree?

Action plans – will be interesting to see & think about

Timescales around action plan – not clear – needed more clarity here

3. What were the disappointments? Why?

Levels and standards – demonstrating quality & equal to level; need to develop shared understanding of levels for the standards

Duplication and repetition across standards – confusion about where & how to best express e.g. partnership & collaboration, KfH. Confusion about what was expected. Partnership & Collaboration in particular repeated a lot

Standards vs compliance – not clear

Not supposed to be tick-box, but focus on levels meant it was hard for pilot sites to follow and judge (more HELICON than LQAF)

Worked example – didn't give a lot of confidence about what is needed

Some needed to create evidence from scratch

Mixed messages in guidance around evidence:

- "must" vs "can"
- providing limited evidence yet providing enough to support the level – tension
- "Provide as few pieces of evidence as possible" needs rewording
- Do you have to evidence everything?

Disappointing not yet getting feedback and not being able to do the action plan

Suggest HEE provide an action plan in terms of what detail is needed – standards linked, maybe a template or pointers

Action plan needs to be an active document, changing over the year. Organisations change, plans shift – may change over 12 months. Action plan should include: What we're going to do, priorities, why you're proposing these actions. Speed of getting comments/ action plans and putting it into action!

Time consuming to put it together; time taken away from doing things, making improvements.

Narratives are a lot of work especially if required annually

Toggling between documents (guidance/standards) awkward – could it be a single document/ embedded?

Survey was very repetitive. Trying to get to detail about standards but most of the comments were across all/multiple standards

Standards

Standard 1 was a particular challenge

Standard 3 & 4 (3 should be KM/ Evidence and knowledge, 4 should be User needs) – overlap here? Confusion. Perception of overlap and duplication from most participants – not intended as such. Needs more clarity.

Standard 4 – only place of PPI – turnaround from previous focus in LQAF. Should this be strengthened? Surprising lack of focus given recent high profile – explained long term focus of QIS, priorities may change

Standard 5 – didn't mention "library", few people cited use of evidence base around LKS. Interpreted as Trust developments and supporting research in the wider organisation rather than EBLIP.

Standard 6 – wording repeated from previous standards – "Everything already mentioned".

Standard 7 – impact is everywhere already! Already embedded/duplicated in standards 1-6; does it need to be separate?

Duplication of impact standard – currently its own standard, as well as embedded/ integrated within other standards. Agreed it should be there, either as its own standard, or in others – but not both!

Issues with terminology in 1 and 7 in particular

Standards need to be clearer about what is expected

Levels

Levels: main problem, didn't understand what was meant due to insufficient information. Need to know what they mean. Levels should be specific to each standard. Couldn't link to quality standards

Different thread in each standard – how to 'score' some areas better than others. Context/ training need here. Currently guessing!

What should level 5 be? 'Perfect' or OK?

Levels = snapshot in time. Seen as cycle rather than linear. You might never get to 5 because of constant change cycle, or should 5 actually be "we regularly review this is still fit for purpose"

Should we even have levels – focus on standards you do best at/ strengths?

Levels – wording is meaningless – need to rephrased or remove altogether

Levels hard to understand, and hard to equate the level to the standard; hard to understand the meaning behind the language. Need to explain differences between levels

Better guidance for levels – how apply to whole service, rather than individual standards. What makes difference between 4&5 for example. Project group also found this tricky

Levels might be better tailored to the standards, or using the same model as the Mobilising Knowledge and Evidence "Board tool" (i.e. with a clear progression/ maturity model)

HEE team acknowledge levels aren't right, need to look at

The indicators – taken as guidance in some cases while others took very specifically. Can be interpreted in lots of different ways. Need to be clearer about role of the indicators and whether required or not

Training needs identified

Training for LKS managers for quality improvement, PDSA, service development (or signpost QI training, benefits realisation, root cause analysis etc) – What does this mean for LKS?

Guidance needed

More guidance on what is expected at each level for each standard

Warn people about time needed and to start early

Hyperlinks in standards to appropriate guidance / definitions

Different ways of doing narrative – no better way; different ways are fine but need examples. Sometimes felt like shoehorning things in, or with integrated evidence, needing to ‘untangle’ things

How to set the scene – what is useful to HEE/ assessors

More clarity for services serving multiple organisations

Integrated service now but previously SLAs – pen portrait to identify

Handbook doesn't show “what then”/ what for – who will it be reported to, where discussed. Where does it go, who gets it? (internal & HEE LKS). Little emphasis in handbook on what happens to the information once it is sent in. Needs to be made clear in the handbook.

Must be explicit within trusts and other stakeholders about scoring/ levels, what it means (they are used to the LQAF % scores)

Messages to services about what's expected re “creation” of evidence

Terminology and nomenclature

Terminology – needed more explanation

Different understanding if different regions; cultural aspects and “starting from a different place” based on previous LQAF climate. Different assumptions

Interpretation of KM section. Some things open to interpretation. Adoption of innovation – is this wording correct: aware of developments, assess fitness for local context, implementation etc

Evidence

Evidence submitted vs minimal – mixed message? Evidence & narrative combined?

Evidence for services – might not be reviewing – might need help here

Quality Improvement

What is the model(s) for quality improvement or continuous improvement? In relation to LKS and the QIS process. Need to provide guidance and training LKS may need help in terms of review of services, continuous improvement cycles and so on if these are critical to process.

Manage the message – what is expected in terms of quality improvement and continuous improvement cycle

Tension – “full” Quality Improvement process as implemented at some trusts & what we’re looking at here. Need clarity, managed message about what we mean by QI, Benefits etc

How do trusts see quality improvement – can be piecemeal e.g. PPI, no money for post. All agree quality needs to improve – but no £

What are organisations’ understanding of quality improvement – can we mirror our organisation?

Does this contribute to QI in trusts?

How to apply to whole service including standards, and overall comment on service as a whole

Not just an academic exercise; identifying areas to do more – focus for improvement

Queries to resolve / points to address

How much of narrative needs to be directly supported by evidence?

Challenge of having an equivalent of 90% for LQAF benchmark – what will the minimum requirements be? Interpretation will be based on LQAF experiences. How do we know who needs HEE support?

Lack of clarity over the process for LKS which serve multiple orgs with LDA & how to avoid duplication. “Each org with LDA” could be several - complexity

STPs – expectations? ICOs, Health & Social Care etc. Partnership & collaboration – is it covered/ reflected? Does the process allow for it? Crossover with SAR?

Uncertainty how much non-NHS evidence can be used by HEI services – e.g. plans, gathering feedback, Library UX projects are for whole service, not just those provided to NHS staff. Need guidance on this/ explore with HEIs

Would this be annual? 3-year cycle?

Library service or organisation sign off?

Nobody made use of “other” option in the list – why?

Questions: who evaluates which region/ service? Assessors swapped regions. Role of peer review – how will this work? What’s the future of self- assessment, peer review, assessors? Regional vs national? Self-assessment vs peer review – balancing the importance of the two

How to make it 1 document but “hide” scores

Query about timing with stats return – can this be altered? Concerns – something to think about

Query HEE Quality Framework dates to tie in?

Possible portfolio approach, similar to Chartership – ongoing approach/ collection process

“Apply KfH principles...” what does it mean? Multiple mentions sounds like KfH being needy! Isn’t it all KfH criteria- does it need to be mentioned as separate driver? How to present it- context

Issues for one LKS serving multiple organisations. Would have hoped more progress on understanding the relationships between the LKS and organisations served – need to be responsive to needs of LKS managers... could the pen pictures be useful here? Picture of each trust served?

Possible issues around stats & QIS all due at same time- negative impact on smaller services. Also timing for HEE quality returns

Confusion about “must dos” – “could” vs “must” be included. “Few as possible” misleading – can’t have evidence for everything.

Separate templates for narrative & evidence, should have been one document – reasons for being separate but not explained. One short document would be better to combine standards & handbook and evidence template and levels

Issues around the purpose of the grading system for internal use, not external “scoring”

- What are the messages to trusts about what it is for?
- Need to communicate expectations and stop it being seen as a ranking
- Think about what is strongest area vs lowest/priorities

4. Marks out of 10; What would have made it a 10

7-8

Clarity around some aspects- especially scoring, standards

Glitches with template

Guidance and descriptors of levels

More context

Having action plan available

As a pilot – exposed some issues

Needs to work for us all

Daunting – must have positive impact for users

We are relying on things we can't influence

Communication about why it's important & why it has changed; change perceptions

Promote quality improvement process. Not just metrics

Expectations. Emphasis different in different years

Worked hard on LQAF bottom-up. QIS gives influence from top down (HEE) – link up the two. Needs buy-in

Similar to clinical peer reviews. Local trusts – Local L&D manager liked it

Difficulty fitting it in – timing! Other issues e.g. core content distracting, workload

What is time period covered/ when to start collecting evidence? Know timescale – need to fine-tune by March 2019. Sequencing know what collecting by March 2019

HEI/ multiple orgs issues (major concern for LKSS)

Tool etc can come later

As a process – fine, less work than LQAF

Problems – template dropping pages

Standards – need to be tidied and avoid duplication

Scoring process at end. Support was good – responses to questions

Understanding more about levels & differences – own context, new in post

Explanations, levels not perfect. Assessment/ evaluations took longer: 4-5 hours per submission
Underestimated time. What do we mean by QI? Do we all understand it the same way?

Levels and definitions need clarification and explanation, and a sense check of levels

“Good enough” & test it...

Assessment took longer than expected

What do we mean by quality improvement?

Had to fit around other time commitments, would be good to have more time

6

Lots of work – standard good. But – no clear decision about multiple organisations etc

Qs once feedback, action plan How will score be sent?

Sped up through process

6-7

More explanation, context etc. Questions answered

7

Better than LQAF, more useful, meaningful. Concerns – different submissions for each trust, big undertaking if we have to demo all aspects of each standard

Difficult to get consensus about levels in team

Different name – drop “quality”? It is interpreted as “how good we are”. “Library Improvement Standards”

Timing – high profile stuff also happening. Action plan.

What still puzzles us?

How to address HEIs

How to address multiple organisations served by single LKS

Responses to feedback when received

Sharing the action plan – when and how

More info needed about what it is changing, and “who is it for”. What the benefits are to LKS, trusts and to quality improvement. Not just a metric, must make a difference. Ground work needed to prepare