

WMQRS BOARD MEETING

Date: 30th March 2011
 Time: 1 pm - 3pm
 Location: Annex Room, St Chad's Court, 213 Hagley Road, Edgbaston, Birmingham B16 9RG

AGENDA

- | | | |
|-----|---|-----------------------|
| 1. | Apologies for Absence | |
| 2. | Chair of WMQRS Board | |
| 3. | Notes of the meeting held on 5 th January 2011 | Enclosure 1 |
| 4. | Actions from last meeting | Enclosure 2 |
| 5. | Acting Chair's decision | Enclosure 3 |
| 6. | West Midlands Overview Reports | Enclosure 4 |
| | a. Urgent Care Services | |
| | b. Critical Care Services | |
| | c. Services for People with Stroke (Acute Phase) and TIA | |
| | d. Services for People with Vascular Disease | |
| 7. | Risk Assessments | Enclosure 5 |
| 8. | Progress Report: Review Programmes | Enclosure 6 |
| 9. | 2012/13 Review Programme | Enclosure 7 |
| 10. | WMQRS Principles and Approach | Enclosure 8 |
| 11. | WMQRS Communication Strategy | Enclosure 9 to follow |
| 12. | WMQRS Other Business | Enclosure 10 |
| 13. | Any Other Business | |
| 14. | Date of 2011 Meetings: | |
| | Monday 27 th June 2 – 4 pm | |
| | Monday 12 th September 2 – 4 pm | |
| | Thursday 15 th December 2 – 4 pm | |

Separate documents for consideration with Enclosure 4:

- Urgent Care Services – West Midlands Overview Report (to follow)
- Critical Care Services – West Midlands Overview Report
- Services for People with Stroke (Acute Phase) and TIA – West Midlands Overview Report
- Services for People with Vascular Disease – West Midlands Overview Report

PRESENT		
Paul Jennings (Vice-chair)	PJ	Chief Executive, NHS Warwickshire
Jan Warren	JW	Nurse Director, NHS Stoke
Susan Hartley	SH	Head of Nursing, Walsall Hospitals NHS Trust (attending in place of Trish Rowson)
John Rostill	JR	Chief Executive, Worcestershire Acute Hospitals NHS Trust (attending in place of Julie Moore)
Donal O'Donoghue	DOD	Medical Director, Sandwell & West Birmingham Hospitals NHS Trust
Stan Silverman	SS	Medical Director, NHS West Midlands
Stephen Washbourne	SW	Assistant Director, Specialised Commissioning (West Midlands)
Richard Wilson	RW	Head of West Midlands QI
Jane Eminson	JE	Acting Director, WMQRS
IN ATTENDANCE		
Sarah Broomhead	SB	Quality Manager, WMQRS
Claire Lauanders	CL	Business Manager, WMQRS

		Action
1	Apologies Apologies were received from Julie Moore, Rob Courteney-Harris, Simon Mitchell, Steve Sharples, John Cope.	
2	Chair of WMQRS Board The Board discussed who should be its Chair. It was agreed that Paul Jennings would talk to Julie Moore about whether she would be interested in undertaking this role and how this related to UHB's approach to participation in WMQRS reviews. Action: <ul style="list-style-type: none"> Paul Jennings to discuss chairing with Julie Moore 	PJ
3	Membership Update The Board noted the changes to its membership. The Board agreed that formal deputies should be requested. The Establishment Agreement, that "deputies should be individuals of similar standing to the representative who is unable to attend but from a different PCT / Trust" should not be changed so that others of similar standing could attend if neither the member nor deputy was available. It was also agreed that, for quoracy, the Specialised Commissioning Team representative could be counted as a PCT representative. Action: <ul style="list-style-type: none"> Formal deputies for Trust and PCT Board members to be requested. 	CL
4	Notes of the meeting held on 9th August 2010 One inaccuracy was noted, that item 3 should read that John Cope was present (not Steve Sharples). The notes were otherwise agreed as a correct record of the meeting.	
5	Notes of the meeting held on 9th August 2010 The Board noted that all actions had been completed except the first two on the sheet. It was agreed that these should be removed from the action list.	
6	Progress Report – Review Programmes The Board noted the progress that had been made on the review programmes, including the	

	<p>revised timescale for the 2011 visit programme. The Board was concerned that Sandwell Mental Health Trust had not nominated reviewers and it was agreed that Jane Eminson should discuss the matter with Karen Dowman and inform Paul Jennings if there was no change in the Sandwell Mental Health Trust position.</p> <p>Action: Discuss reviewer nominations with Karen Dowman</p> <p>The Board received the updated immediate risk schedule. Sarah Broomhead reported that changes to the immediate risk letter had been made following representations from Dudley Group of Hospitals so that it was a 'health economy' letter. The lack of response from BEN / Solihull suggested that the result was not yet right as the letter is not clear enough about who is expected to respond. This will be amended again for the next review programme.</p> <p>The Board also discussed its initial views on the priorities for 2012 and 2013 reviews. The Board thought that the 2012 reviews must be particularly relevant to GP commissioners and the suggestion, discussed at the August meeting, of long term conditions pathways was given provisional support for 2012. The Board discussed what aspects could be included within this, including disease specific pathways, such as COPD, heart failure, diabetes and musculo-skeletal, and functional services, such as admission avoidance and early discharge services. It was agreed that these would be discussed further at the meeting with WMQRS leads from Trusts and PCTs (immediately after the Board meeting). Subject to their support, the proposal would be circulated to Trusts and PCTs for their comment and a formal proposal brought back to the March WMQRS Board. The Board's recommendation would be taken to CEOs meetings in April. The Board supported initial discussions with Long Term Conditions leads and clinical groups during January to March in order to establish whether there was clinical support for this programme. In principle, the Board supported a region-wide review programme with local variation to reflect the different configurations of services. Links with the QIPP programme would also need to be identified. The Board also discussed its initial views on the 2013 programme and gave provisional support to re-reviews of urgent care, including trauma services, and care of critically ill children. Further discussion would be needed on the scope of 2012 and 2013 programmes prior to approval.</p> <p>Action:</p> <ul style="list-style-type: none"> • Provisional 2012 and 2013 review programmes to be discussed with WMQRS leads from Trusts and PCTs, circulated to NHS organisations in the West Midlands for comment and a proposal brought to the March Board. 	<p>JE</p> <p>JE</p>
<p>7</p>	<p>Memorandum of Understanding with NHS West Midlands</p> <p>The Board discussed the draft Memorandum of Understanding with NHS West Midlands. The Board agreed that further work was needed on the definition of an immediate risk in order to bring this more in line with a potential 'serious incident'. Responsibility for follow up of immediate risks was then discussed. John Rostill said that he only wanted to respond on actions once rather than having to reply to several people. It was agreed that immediate risk letters should be copied to NHS West Midlands as well as lead commissioners. Trusts and PCTs should be asked to treat the issue as a potential serious incident and follow their normal procedures for informing their lead commissioner and NHS West Midlands of the action being taken to resolve the issue or action to reduce the associated risk if resolution is not possible, copying this response to WMQRS.</p> <p>The Board also agreed that draft reports should be shared with the SHA 'for the purpose of triangulation with other data' as soon as health economy comments had been incorporated. Any significant differences of opinion should be noted on the draft report. Performance management of any issues should await publication of the final report, by which time Trusts and PCTs will usually have agreed, and sometimes already implemented, their action plans. Donal O'Donoghue suggested that, prior to the review, organisations should be asked if there are any issues that they particularly want the review to look into. Donal also commented that the response to the Sandwell and West Birmingham report had been 'is that all we get for all that work'. This led to a</p>	

	<p>discussion about strengthening the comments in the reports when there were relatively few concerns. The Board also agreed that the Memorandum of Understanding should be reviewed in June 2011, in the light of emerging GP consortia and future responsibilities for managing quality.</p> <p>Action:</p> <ul style="list-style-type: none"> • Memorandum of Understanding to be revised to reflect the Board discussion. • Definition of Immediate Risk to be clarified and brought into line with a ‘potential Serious Incident’ • Organisations to be asked, prior to reviews, about any particular issues of concern. 	<p>JE SB JE/ SB</p>
8	<p>Evaluation Report: Response to Recommendations</p> <p>The Board approved the response to the recommendations of the WMQRS Formative Evaluation. No additional actions were identified.</p>	
9	<p>Legal Advice</p> <p>The Board received the legal advice on the work of WMQRS. The Board approved the actions already taken. No further actions were identified.</p>	
10	<p>White Paper: Implications for WMQRS</p> <p>The Board discussed the paper on the implications of organisational changes for the future of WMQRS. The Board agreed unanimously that the work of WMQRS should continue in the future and that a way needed to be found to secure funding for the core team. The Board supported continuation of the collaborative basis on which WMQRS was established. Funding of the core team by provider organisations was not considered a desirable option. The Board thought that there would be difficulty collecting subscriptions in this way, especially as the review programmes did not affect providers in the same way each year. Paul Jennings said that there would need to be transitional arrangements for many ‘regional’ functions and that WMQRS should be included within other PCT-SHA funding agreements. WMQRS should also be linked into future arrangements for managing quality. Paul thought it important that participation in WMQRS reviews was written into contracts by PCTs this year. It was agreed that proposals for governance and funding of WMQRS should be discussed again by the Board in June 2011.</p> <p>Action:</p> <ul style="list-style-type: none"> • Inform Peter Spilsbury and Ian Cumming of the Board’s views on the future of WMQRS. 	<p>JE</p>
11	<p>Any Other Business</p> <p>It was agreed that the appeals section of the WMQRS Principles and Approach document should be amended to include another step in the appeals process - the opportunity for an informal discussion with Board members before a formal appeal.</p> <p>Action:</p> <ul style="list-style-type: none"> • Bring a revised Principles and Approach paper to the next meeting. 	<p>JE</p>
12	<p>Future Agendas:</p> <p>30th March 2011, 1:00pm – 3:00pm:</p> <ul style="list-style-type: none"> • WMQRS Review Programme for 2012/13 • Communication Strategy • Revised WMQRS Principles and Approach <p>27th June 2011, 2:00pm – 4:00pm:</p> <ul style="list-style-type: none"> • Review Memorandum of Understanding with NHS West Midlands • Future governance and funding of WMQRS 	

ENCLOSURE 2**ACTIONS FROM LAST MEETING**

Mi n.	Action	Who	Progress
3	Discuss chairing with Julie Moore	PJ	On agenda. Update will be given to Board.
4	Formal deputies for Trust and PCT Board members to be requested.	CL	Deputies requested and identified for all except Jan Warren, Simon Mitchell and Julie Moore
7	Discuss reviewer nominations with Karen Dowman	JE	Meeting with Karen Dowman has taken place. The Trust is considering nominating more reviewers.
7	Provisional 2012 and 2013 review programmes to be discussed with WMQRS leads from Trusts and PCTs, circulated to NHS organisations in the West Midlands for comment and a proposal brought to the March Board.	JE	Done. Responses on agenda.
8	Memorandum of Understanding to be revised to reflect the Board discussion.	JE	Done and agreed with SHA.
8	Definition of Immediate Risk to be clarified and brought into line with a 'potential Serious Incident'	SB	Done. Revisions reflected in revised Principles and Approach paper (on agenda)
8	Organisations to be asked, prior to reviews, about any particular issues of concern.	JE/ SB	Included in Review Process for 2011.

ENCLOSURE 3 ACTING CHAIR'S DECISION

Purpose of Report:

This report informs the Board of a decision taken by the Acting Chair on CRB checking of user and carer reviewers.

Key Points:

- Previously WMQRS has not CRB checked user and carer reviewers. The mental health and learning disability steering groups raised the question with some people feeling strongly that this should take place.
- Relevant guidance was considered and WMQRS talked to Safeguarding Lead at the SHA, Public Involvement Lead at the SHA and Human Resources staff at Sandwell and West Birmingham Hospitals NHS Trust (S&WBH). The position is as follows:
- WMQRS does not **have** to vet user and carer reviewers because they are not normally engaged in a 'regulated activity'. However, there is the possibility that, for some, the frequency of their involvement with WMQRS and / or other organisations could reach the level where they should be vetted. User and carer reviewers are normally accompanied by a NHS member of staff (which reduces risk). There is, however, the possibility that user and carer reviewers may become separated. In combination, this suggests that WMQRS should vet user and carer reviewers.
- Some users and carers are nominated by voluntary or NHS organisations or local authorities who already vet for involvement in health and social care.
- S&WBH is happy to organise vetting of user and carer reviewers if WMQRS want this to happen.
- The proposed policy is:
 - WMQRS will only use user and carer reviewers who have been vetted.
 - Where the nominating voluntary or NHS organisation or local authority provides assurance that the individual has been vetted for their involvement in health and social care WMQRS will not re-vet the individual.
 - WMQRS (through S&WBH) will arrange for user and carer reviewers to be vetted if their nominating organisation has not vetted them for their involvement in health and social care.
- A decision at the Board meeting in March would be too late for checking with nominating organisations and arranging for vetting for the reviewers needed for May 2011.
- The Acting Chair agreed the policy as proposed on 11th February 2011.
- This is included in the revised WMQRS *Principles and Approach* later on the agenda.

Implications:

Financial, Human Resources and Legal

Human Resources advice was taken in developing the policy proposed.

Equality impact

User and carer reviewers will be treated in the same way as NHS staff, for whom a CRB check is expected.

Recommendations:

The Board is asked to endorse the decision of the Acting Chair.

Purpose of Report:

This report recommends the West Midlands Overview Reports for Urgent Care, Critical Care, Stroke (Acute Phase) & Transient Ischaemic Attack (TIA), and Vascular Services to the Board for approval.

Key Points:

- Reviews visits to urgent care, critical care, stroke (acute phase) and TIA, and vascular services took place during 2010. The West Midlands Overview Reports summarise the findings of these visits and identify region-wide issues.
- Four reports are presented for the Board's consideration:
 - Urgent Care Services – West Midlands Overview Report
 - Critical Care Services – West Midlands Overview Report
 - Services for People with Stroke (Acute Phase) & TIA – West Midlands Overview Report
 - Services for People with Vascular Disease – West Midlands Overview Report
- These reports have been agreed by the Steering Group for the each review programme.
- Each Overview Report has a 'key points' section at the start of the report.
- After Board approval, the reports will be circulated to Trusts, PCTs, SHA, West Midlands Specialised Commissioning Team and Steering Group members (which include relevant networks). Consideration will also be given to sending them to relevant national individuals and organisations.
- The reports will be placed on the WMQRS website as soon as all individual health economy reports have been placed in the public domain.

Implications:**Financial, Human Resources and Legal**

None

Equality impact

WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.

Recommendations / Action Required:

The Board is recommended to approve the West Midlands Overview Reports for Urgent Care, Critical Care, Stroke (Acute Phase) & Transient Ischaemic Attack (TIA), and Vascular Services.

Purpose of Report:

This report presents the overall Risk Assessments of services reviewed in 2010 for the Board's consideration.

Key Points:

- Overall risk assessments have previously been used in the cancer and critically ill children review programmes. The purpose of the risk assessment is, when combined with the percentage of standards met:
 - To give a high level summary of the quality of each service as found by the peer review programme
 - To support targeted follow up action – focussing Trusts' actions where the need for change is greatest.
- Risk scores for the services reviewed in 2010 have been developed in the following way:
 - Each immediate risk and concern identified at the 2010 review visits was allocated a risk score using the *National Patient Safety Agency* approach¹. This approach selects the relevant risk domain and calculates a consequence and likelihood score which are then multiplied to give an overall risk score.
 - The likelihood score is the likelihood of the adverse consequence (**not** the frequency of the activity). It can be scored considering **either** :
 - Frequency (how many times will the adverse consequence being assessed actually be realised), **or**
 - The probability (what is the chance the adverse consequence will occur in a given reference period)
 - Issues relating to each service were added to give a total risk score.
 - For critical care, these risk scores are based on the risk scoring of the individual Quality Standards², which have been modified to reflect the situation found at the visit.
- The scores relate to issues at the time of the visit and take no account of impending or planned actions.
- The risk scores were then added into a total risk score for the service. Total risk scores were grouped into bands:
 - 0-9 Green
 - 10-19 Yellow
 - 20-29 Orange
 - 30+ Red
- This methodology and the risk groupings are comparable with those used for other WMQRS programmes. The banded risk scores (green, yellow, amber, red) are **not** comparable with the descriptors in the *Risk Matrix for Managers* (NPSA, 2008). The WMQRS risk bands give an overall view of the service reviewed; the NPSA descriptors are for individual risks.
- Overall risk assessments have been circulated to all health economies reviewed in 2010. Comments by 28th March 2011 have been requested. Overall risk assessments, taking account of comments received, will be tabled at the Board meeting.

Implications:**Financial, Human Resources and Legal**

None

Equality impact

WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.

¹ NPSA 'A Risk Matrix for Risk Managers' (2008) [NPSA - Risk matrix for risk managers](#)

² Appendix 5 WMQRS Critical Care Standards V2 20100421 [Search - Publications - West Midlands Quality Review Service](#)

Recommendations / Action Required:

The Board is recommended to:

- Consider the overall Risk Assessments for the 2010 review programme
- Advise on the presentation and distribution of these Risk Assessments

Purpose of Report:

This report updates the Board on progress with the WMQRS review programmes. Board comments and guidance are invited. Board decisions required are specifically identified.

Key Points:

- Reviews visits to urgent care, critical care, stroke (acute phase) and TIA, and vascular services have been completed (except South Birmingham health economy). An urgent care 'good practice event' was held on 5th November.
- Preparation for the reviews of mental health services, health services for people with learning disabilities, care of vulnerable adults in acute hospitals and dementia services are proceeding. The dates for the review visits have been put back to May to October 2011. This will allow dementia services to be included.

Implications:

Financial, Human Resources and Legal	None
Equality impact	WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.

Recommendations / Action Required:

The Board is recommended to:

- Note the contents of this report.
- Record its thanks to Lisa Carroll for her leadership of the urgent care review programme.

PROGRESS REPORT: REVIEW PROGRAMMES

Urgent care, critical care, stroke (acute phase) & TIA, and vascular services

- 1 All planned health economy quality review visits have taken place and final reports have been issued.
- 2 The report of the visit to critical care services at the Royal Orthopaedic Hospital is nearly finalised. A review visit to University Hospitals of Leicester NHS Trust will take place in March 2011. Discussions continue with Robert Jones and Agnes Hunt (Orthopaedic) Hospital NHS Trust about a review of critical care services.
- 3 Overview Reports of these programmes have been agreed by the four Steering Groups and are included on this agenda for the Board's consideration.
- 4 West Midlands summary reports have also been produced which bring together the main text of the reports for each review programme. These will be circulated with the Overview Reports following Board approval. The reports will be placed on the WMQRS website as soon as all individual health economy reports have been placed in the public domain.
- 5 The findings of the Urgent Care Overview Report were presented to a regional 'Urgent Care Event' on 16th March 2011.
- 6 Evaluation of this review programme will take place in May / June 2011.
- 7 In addition to the interest in WMQRS Quality Standards reported to the last meeting, agreement has been reached with the Society for Emergency Medicine that relevant sections of the Urgent Care Standards will be jointly produced as national and West Midlands Quality Standards.
- 8 Lisa Carroll, WMQRS Urgent Care Lead finishes her work with WMQRS at the end of March 2011.

Mental health services, health services for people with learning disabilities, care of vulnerable adults in acute hospitals, and dementia services

- 9 A consultation event on the Quality Standard for Dementia Services took place on January 27th 2011. Final Quality Standard for Dementia Services and a final version of all sections of the Mental Health Services Quality Standards have now been produced. Self-assessment forms for all 2011 review programmes are now available.
- 10 Reviewer nominations

Organisation	Reviewers Nominated
Birmingham & Solihull Mental Health NHS Foundation Trust	11
Birmingham City Council	2
Birmingham Women's NHS Foundation Trust	1
Burton Hospitals NHS Foundation Trust	9
Coventry & Warwickshire Partnership Trust	17
Dudley & Walsall Mental Health Partnership NHS Trust	15
Dudley Group of Hospitals NHS Foundation Trust	3
Dudley Voices for Choices	3
George Eliot Hospital	3
Heart of England NHS Foundation Trust	6
Hereford Hospitals NHS Trust	2
JCU, Worcestershire County Council	6
Mencap, Birmingham	2
Mencap, Walsall	2

Organisation	Reviewers Nominated
Mental Health Steering Group	9
MH Action (Rethink) Worcester	1
Mid Staffordshire NHS Foundation Trust	2
NHS Birmingham East & North	2
NHS Coventry	5
NHS Dudley	3
NHS Herefordshire	3
NHS North Staffordshire	1
NHS Shropshire	1
NHS South Birmingham	8
NHS South Staffordshire	2
NHS Stoke on Trent	3
NHS Telford & Wrekin	2
NHS Walsall	5
NHS Warwickshire	2
NHS Wolverhampton	2
NHS Worcestershire	1
North Staffordshire Combined Healthcare NHS Trust	16
Royal Wolverhampton Hospital NHS Trust	8
Sandwell & West Birmingham Hospitals NHS Trust	2
Sandwell MBC/PCT - Unique People	3
Sandwell Mental Health & Social Care NHS Foundation Trust	1
Self Advocacy Group- PeopleFirst	3
Solihull Action through Advocacy	3
Solihull Care Trust	19
South Birmingham Community Trust	1
South Staffordshire & Shropshire Healthcare Foundation NHS Trust	11
Speakeasy Now Worcestershire	14
Staffordshire County Council	2
Staffordshire University	1
Taking Part, Telford	2
University Hospital of North Staffordshire NHS Trust	2
University Hospitals Coventry & Warwickshire NHS Trust	7
Walsall Hospitals NHS Trust	8
Wolverhampton PCT Mental Health Services	4
Worcestershire Acute Hospitals NHS Trust	2
Worcestershire Association of Carers	1
Worcestershire County Council	9
Worcestershire Mental Health Partnership NHS Trust	22
Other self nominated users / carers	2
Total	277

- 11 Reviewer training sessions were held on 25th January, 15th February and 10th March and a total of 175 reviewers have now been trained for the 2011 programme. Further reviewer training sessions are planned for 10th June and 19th June.

- 12 Briefing meetings have been held with Dudley & Walsall and Coventry & Warwickshire health economies. An initial meeting with the Birmingham health economy has been held. Meetings with other health economies are being arranged to plan the review programmes in detail.
- 13 Kevin Heffernan, WMQRS Lead for the Mental Health and Learning Disabilities Review Programmes was seconded to WMQRS for 2010/11. Kevin has decided not to continue this secondment into 2011/12. This places significant pressure on WMQRS staff, especially for the early visits in the 2011 programme. 1.4 wte Clinical Support Posts to support the 2011 review programmes have been advertised and an update on appointments will be given to the Board.

Other review programmes

- 14 Sixteen of nineteen reports of the red cell disorder review visits (national programme) have been finalised. An Overview Report of this programme will be presented to the next Board meeting.
- 15 University Hospitals Birmingham NHS Foundation Trust has agreed that the review of its renal services should take place but a date has not yet been agreed. It is also not yet clear whether University Hospitals Birmingham NHS Foundation Trust will be participating in the reviews of Care of Vulnerable Adults in Acute Hospitals.

Purpose of Report:

This report gives feedback from NHS organisations in the West Midlands on the proposed priorities for 2012 and 2013 review programmes.

Key Points:

- Since the discussion at the January WMQRS Board meeting, the suggested priorities for the 2012 and 2013 review programmes were discussed at a meeting for WMQRS leads from Trusts and PCTs and all NHS organisations in the West Midlands were invited to comment (letter sent on 25th January with responses requested by 8th March 2011).
- The criteria for consideration of pathways or services for review are:
 - Pathway or service not covered by an existing clinical quality assurance and review process
 - Pathway or service is an area of changing policy, strategy, clinical practice or service configuration.
 - Pathway or service has significant known variations in quality OR pathway or service has little or no information on service quality.
 - Pathway or service is a region-wide priority for improving quality or is chosen by the local health economy or Specialist Commissioning Team (West Midlands).
- The proposals on which views were sought were:

2012: Services for People with Long-Term Conditions

Further work is taking place to clarify the scope, including whether reviews covered particular long-term conditions (eg. diabetes, COPD, heart failure, frail elderly, musculo-skeletal) and / or generic teams, such as admission avoidance, 'virtual wards'. The possibility of generic Quality Standards with a health economy choice of which particular services should be reviewed is also being considered.

2013: Urgent Care and Care of Critically Ill Children Re-Reviews

Re-reviews of urgent care services, including the management of trauma, are proposed along-side re-reviews of the care of critically ill children. Further work on the scope will be needed, for example, whether neuro-surgery and the care of the deteriorating patient should be included.

- The feedback from the WMQRS leads meeting and responses from organisations are generally positive (Appendix 1). Responses were received from three PCTs, seven Trusts and one network. The Board will recall that a report '*Long term conditions quality reviews – feasibility assessment*' was considered at its August 2010 meeting. This was commissioned by the Long Term Conditions Care Pathway Group because of its interest in taking forward a quality review programme.
- A Long Term Conditions Steering Group has not yet been formed but nominations have been invited and contacts are being made.
- The Board should note that the proposed priorities have not been informed by the work of WMQI (as expected by the *WMQRS Principles and Approach*).
- A request for support for bariatric surgery designation visits was received from Berni Lee, on behalf of the West Midlands Specialised Commissioning Team (Appendix 2). This would, however, impact on the 2011 work programme rather than 2012 reviews.

Implications:**Financial, Human Resources & Legal**

This report assumes that funding for WMQRS will continue.

Equality impact

WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.

Recommendations:

The Board is recommended to:

- Recommend the priorities for 2012 and 2013 reviews to Trust and PCT Chief Executives for approval
- Agree to receive a Scoping Report on review of services for people with long term conditions at its next meeting.
- Consider the response to the request for support for bariatric surgery designation visits.

APPENDIX 1 RESPONSES TO CONSULTATION ON 2012 AND 2013 REVIEW PRIORITIES

The following questions were asked:

2012 Reviews	2013 Reviews
1 Do you support the proposal for reviews of services for people with Long-Term Conditions Yes / No	4 Do you support the proposal for re-reviews of urgent care and care of critically ill children? Yes / No
2 If no, do you have an alternative proposal?	5 If no, do you have an alternative proposal?
3 Any comments on the scope or organisation of the reviews that you would like taken into account:	6 Any comments on the scope or organisation of the reviews that you would like taken into account:

PCT Responses	
Organisation, Name & title of person who responded	Response
Dudley PCT Christine Badger Quality Analyst Christine.Badger@dudley.nhs.uk	1.Yes 3. A review of services for people with long term conditions would be useful as it could provide a framework to benchmark our local services and highlight areas where we need further service redesign. There is a concern however that this is potentially a huge piece of work for all long term conditions and question whether we have the resources to fully support it A few of our commissioners suggested a review of cystic fibrosis pathways. 4. Yes
South Birmingham PCT Mondel Mings Quality Standards Lead Mondel.mings@nhs.net	1.Yes 3. The review of services for people with LTC is an extremely wide remit. Attempting to review diabetes, COPD, heart failure, frail elderly and musculo-skeletal at the same time seems a huge ask, there is a need to be very clear as to which aspects of the service is being reviewed . Not sure if we have had any further consultation on proposed Vascular Review which would have a big impact on the Diabetes and Heart Failure LTCs, 4. Yes 5. This is a function for HOB Pct as the lead commissioner for Children's services 6. The review of Urgent care needs to ensure that it covers all the aspects of care as this has been a topical issue for a long time and many trusts continue to struggle to get it right the focus needs to be on the patient pathway, experience and not just out comes the key quality indicators around a variety of illnesses
Shropshire County PCT Linda Izquierdo Senior Commissioning Manager –Acute services and Quality Linda.Izquierdo@shropshirepct.nhs.uk	1.Yes 4.Yes

Trust Responses	
Organisation, Name & title of person who responded	Response
The Dudley Group of Hospitals Trudi Williams Clinical governance Manager Trudi.williams@dgoh.nhs.uk	1. Yes 3. The scope of the review should capture the elements of the virtual ward 4. Yes 6. To ensure that there is no duplication with planned CQC reviews
Hereford Hospital NHS Trust Siobhan Perkins Quality & Safety Manager siobhan.perkins@hhtr.nhs.uk	1. Yes 2. N/A 3. No comments 4. Yes 5. N/A 6. No comments
George Eliot Hospital NHS Trust Dawn Wardell Director of Nursing, Quality & Workforce Dawn.wardell@geh.nhs.uk	1. Yes 3. Ensure the links to primary care and secondary care pathways are included. 4. Yes
Walsall Manor Hospital NHS Trust Sue Hartley Director of Nursing and Governance sue.hartley@walsallhospitals.nhs.uk	1. Yes 3. It would be great if the review incorporated the whole pathway of long term conditions particularly those which are supported within a new integrated organisation including community provision. 4. Yes 6. As previous comments
The Royal Wolverhampton Hospitals NHS Trust Lesley Taff Performance Manager Lesley.taff@nhs.net	1. Yes 3. We would support these reviews taking place in line with the changes to the Health Service and the Economy, however, we would like the review to have clear expectations. We are concerned that there has been a change from the initial ethos of peer review and would not expect to see measured outcomes from these further reviews. Our understanding of the initial outcomes are:- <ul style="list-style-type: none"> • Improvements in quality, safety and outcomes of services reviewed. • Organisations will have better information about the quality of their clinical services which they can use as evidence to support regulatory processes. • Increased organisational competence and confidence in clinical quality assurance. 4. Yes

Shrewsbury and Telford Hospital NHS Trust Vicky Morris Director of Quality & Safety/Chief Nurse Vicky.morris@sath.nhs.uk	1.Yes 3. Clarity on the range of long term conditions that the review will cover. 4.Yes
West Midlands Ambulance Service NHS Trust Adele Pearson on behalf of the Clinical Team @ WMAS Regional Head Professional Standards & Quality adele.pearson@wmas.nhs.uk	3. <ul style="list-style-type: none"> • differentiating between the need for primary care and enhanced intervention as opposed to transport to an acute • staff training on LTC and general awareness • communication of patients clinical condition to ALL relevant staff so a correct treatment approach can be arranged • the need to ensure the GP is communicated on ALL interventions by other health care professionals 4.Yes 6. A trauma network has been proposed for the West Midlands and is in the early stages of planning. With regards paediatric trauma this could lead to improved outcomes as there are several key proposals including: Taking a paediatric trauma case directly to BCH as the regions paediatric major trauma centre 24/7 consultant level support via digital radio to ambulance crews Medical teams to attend scene and provide care for transfers between outlying hospitals and BCH Use of the helicopter services to assist with all of the above Integration of the paediatric retrieval service into the above Whilst implementation of the above will undoubtedly lead to improved outcomes it should be noted that it is entirely dependant on commissioning Paediatric trauma is rare and consequently paramedics are not experienced in this type of case therefore the vulnerable part of the pathway is the pre-hospital phase and perhaps any review could establish what measures are required to improve support for paramedics dealing with these cases Perhaps some link could be make with this work and the £20 million initiative for trauma research recently announced by the Government
Other Responses	
Organisation, Name & title of person who responded	Response
Black Country Cardiovascular Network (BCCN) Mark Walsh Director BCCN Mark.walsh2@nhs.net	1.Yes 3. From a network perspective I would support a review of long term conditions, but should like to see heart failure services within the review. Obviously the cardiac agenda is large and could be reviewed collectively as a single review, although emergency care has been done, and there is a fair amount of scrutiny of cardiac surgery and cardiac interventional care. Heart failure does have a national audit, although engagement with this is still somewhat patchy. The whole interface between hospital and community services, particularly in light of TCS is an important and developing area of health and social care and I believe lends itself to the process of the QRS service. 4. & 5. Unable to comment on the need to re-review this service 6. As above, I would like to see heart failure specifically incorporated into a LTCs review and would be interested in whether this could more generally include on-going cardiac care, including rehabilitation and secondary prevention.

APPENDIX 2 BARIATRIC SURGERY DESIGNATION VISITS

1. Introduction

A designation process for Bariatric Surgery providers within the West Midlands was undertaken during 2010. 'Final designation' of 5 providers was approved by WM Specialist Services Commissioning Group following the submission of self-assessments by the Trusts, against the standards agreed through the designation process (see attached).

2. Scope of Pathway

The pathway encompasses management in medical morbid obesity services, referral into surgical (Bariatric Surgery) providers, post-operative outpatient support, and discharge back to the referring service.

3. Other Services

A multi-disciplinary approach to service provision is required, including for example dedicated psychological and dietetic support. Relevant services in addition to those identified in the 'scope of the pathway' include radiology (for post-operative investigations).

4. WMQRS Criteria for Selection

The Bariatric Service pathway meets the following criteria for assessment:

- 1) Pathway/service not covered by an existing review process.
- 2) An area of changing service configuration.
- 3) It is a service selected by specialised services commissioners for development.

5. Quality Requirements

The standards to be achieved are set out in the specification framework (attached).

6. Best Approach

It is anticipated that a relatively small scale peer-review approach might be the most appropriate (i.e. one external Bariatric Surgeon, as a 'constant' in each review visit, possibly one other 'constant' (GP, Commissioner or Public Health Specialist) from one West Midlands PCT, together with a 'host commissioner' representative(s), plus a WMQRS representative if possible. In total a small visiting team of 4 people).

7. Clinical Staff

Clinical staff in the designated providers are expecting the process to happen early in 2011.

8. Service Users

Explicit plans have not yet been made. It is expected that each designated provider will have effective ways of engaging service users and as such could be asked to identify a representative.

9. WMQRS Resources

Assistance with planning the visits and a participant at each visit (which hopefully would be no more than 6 half days: - half-day planning, 5 half-day visits). WMSCT have identified a budget of £5,000 to be used in paying for external consultant time and expenses.

Berni Lee
Consultant in Public Health
NHS Coventry
March 2011

Purpose of Report:

This report proposes a revised version of the *WMQRS Principles and Approach* for the Board's consideration. The Board approved Version 1 of the *Principles and Approach* in January 2010 and changes need to be made to keep it up to date.

Key Points:

The proposed changes to the *WMQRS Principles and Approach* are as follows:

1. Minor changes of wording, including reflecting the increasing emphasis being given to health economy whole pathway reviews.
2. Changes to the definition of an immediate risk as discussed at the last Board meeting (section 6.2)
3. Addition of paragraph 6.6 covering Caldicott Guardian agreement. This happened in practice previously but was not reflected in the *Principles and Approach*.
4. The Memorandum of Understanding with NHS West Midlands is now incorporated (sections 6.8 and 6.10)
5. The offer of informal discussion prior to appeal if an organisation is unhappy with the content of report has been added as recommended by Sue James (section 6.12)
6. A paragraph has been added to allow the development of additional products within the overall WMQRS aim (section 6.19)
7. More details have been included on evaluation (section 8.1)
8. Reference to WMQRS Service User and Carer Involvement Policy and WMQRS Policy on Serious Personal and Professional Issues Identified during Review Visits has been added (section 12.1)
9. Monitoring of WMQRS Quality Standards is more specific (section 12.2)
10. A Sponsoring Network Agreement has been added (Appendix 2).

Further revisions to the *Principles and Approach* will be needed when PCTs and NHS West Midlands cease to exist but these changes cannot be made yet.

Implications:**Financial, Human Resources and Legal**

No specific implications

Equality impact

WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.

Recommendations:

The Board is asked to approve the revised *WMQRS Principles and Approach*.

WEST MIDLANDS QUALITY REVIEW SERVICE – PRINCIPLES AND APPROACH

1. INTRODUCTION

The West Midlands Quality Review Service (WMQRS) is a collaborative venture supported by West Midlands PCTs³, Trusts and SHA as described in the *WMQRS Establishment Agreement*. The service supports organisations in ensuring they have a robust framework of quality assurance across their portfolios of services. This paper outlines the principles and approach under which WMQRS works.

WMQRS is part of the West Midlands SHA Framework for Quality and Safety (NHS West Midlands Board, June 2009, Attachment A enc 3), alongside the West Midlands Quality Observatory (WMQI) and other collaborative work to improve the quality of health services. The work of WMQRS concentrates on the 'structure and process' aspects of quality, including the mechanisms for patient involvement and for auditing outcomes. This is one, important perspective on quality, with information on access and on clinical and patient outcomes being collected and summarised by WMQI.

1. AIMS

1.1 The aim of WMQRS is to support organisations in improving the quality of health services by undertaking reviews of the quality of clinical services. In particular, WMQRS aims to:

- Ensure care pathways are as safe as possible
- Improve the quality and effectiveness of care
- Improve the patient and carer experience
- Organise independent, fair reviews of services
- Provide development and learning for all involved
- Encourage and support dissemination of good practice
- Support and add value to organisations' own clinical quality assurance and review systems

1.2 For the agreed programme of service reviews, WMQRS will:

- develop evidence-based Quality Standards, derived from national guidance, which are in an easy-to-use format for peer review and for organisations' own use
- coordinate and facilitate developmental and supportive quality reviews
- produce comparative information on compliance with Quality Standards and related issues
- provide development and learning for all involved.

1.3 The expected outcomes of the work of WMQRS are:

- improvements in the quality, safety and outcomes of services reviewed
- organisations will have better information about the quality of their clinical services which they can use as evidence to support regulatory processes
- increased organisational competence and confidence in clinical quality assurance and review within West Midlands PCTs, Trusts and SHA.

³ All references to PCTs include Specialist Commissioning Team (West Midlands) which commissions specialised services on behalf of PCTs.

2. PRINCIPLES

2.1 The following core principles will govern the work of WMQRS:

- 1 The work of WMQRS will be clinically led and clinically credible.
- 2 There will be service user and carer input throughout the work of WMQRS.
- 3 The work of WMQRS will be evidence-based or, if no evidence is available, will be based on, a consensus of professional and service users' views and any current best practice guidance.
- 4 WMQRS will work in a developmental and supportive way which helps organisations to improve the quality of their services and their own capacity to undertake clinical quality assurance. When issues remain unresolved, WMQRS will communicate concerns about progress to the lead commissioner and other appropriate organisations.
- 5 WMQRS will seek to minimise disruption to clinical services resulting from reviewers' participation in training and reviews and from peer review visits and other clinical quality review approaches.
- 6 WMQRS will not duplicate the work of other clinical quality assurance and review systems.
- 7 WMQRS will work in partnership with other clinical quality assurance and review systems.
- 8 The work of WMQRS will be undertaken to the highest quality standards and WMQRS will seek continually to improve the quality of its work.

3. PROGRAMME MANAGEMENT

3.1 Initial scoping will be undertaken before a service and care pathway is considered for inclusion in the WMQRS programme of work. This scoping will cover:

- What benefits are expected from undertaking the quality reviews?
- What is the scope of the pathway or service to be reviewed?
- Are there important inter-relationships with other services or pathways that should be considered in designing the review programme?
- Does the pathway or service meet the criteria for selection into the WMQRS work programme?
- What national 'best practice' guidance is available?
- Are agreed Quality Standards suitable for use in quality reviews available or would these need to be developed?
- What is the best approach to quality review (eg. full peer review programme, self-assessment)?
- Do clinical staff agree with the need for strengthening quality review of the service and would they support the proposed approach?
- How will service users and carers be involved in the standards development and review process?
- How much of WMQRS resources will be needed to support review of the pathway?

3.2 Criteria for selection into the WMQRS work programme will include:

- Pathway or service not covered by an existing clinical quality assurance and review process
- Pathway or service is an area of changing policy, strategy, clinical practice or service configuration.
- Pathway or service has significant known variations in quality OR pathway or service has little or no information on service quality.
- Pathway or service is a region-wide priority for improving quality or is chosen by the local health economy or Specialist Commissioning Team (West Midlands).

3.3 The WMQRS work programme will comprise an annual programme and a two year 'forward look'. At the end of each year, progress will be reviewed and the next year's annual programme and two year 'forward look' will be

agreed. A rolling three year programme, reviewed annually, will therefore be maintained. The development of the work programme will be informed by West Midlands Quality Observatory (WMQI), as well as by the priorities of local organisations.

- 3.4 For West Midlands-wide programmes, once a service or care pathway is included within the WMQRS work programme, a Steering Group will normally be created with responsibility for oversight of the WMQRS work-stream. (A Steering Group may not be necessary for very small programmes, 'one off reviews' or pilot programmes.) Steering Groups will normally be jointly accountable to the WMQRS Board and to the sponsoring clinical network and care pathway group. Appendix 1 gives generic Steering Group terms of reference which may be tailored for individual programmes. Specific deliverables and timescales will be agreed as part of the WMQRS overall work programme. Appendix 2 gives a generic 'Sponsoring Group Agreement' which may be tailored for individual programmes.
- 3.5 Each Steering Group will develop the details of the approach to quality review that is appropriate for its service or care pathway. This approach must be consistent with the overall WMQRS principles and approach.

4. DEVELOPMENT OF QUALITY STANDARDS

- 4.1 Quality Standards, suitable for use in quality reviews are fundamental to the clinical review processes used by WMQRS. They are also useful for provider and commissioner organisations to monitor their own progress toward implementation of national guidance. Quality Standards are usually measures of structure and process quality (rather than outcomes) but include a) processes of collecting and using data on outcomes and b) processes for collecting information on patient and carer experience and for involving patients and carers in improving the service and care pathway.
- 4.2 Quality Standards will follow the patient pathway and will include a pathway summary. They will be based on the latest national guidance. They will help to answer the question "If I walk into a service today, how will I know that best-practice guidance has been implemented?" Higher priority will be given to NICE and other mandatory guidance than to other guidance. The Quality Standards will be in a format which is suitable for inclusion in service specifications. Where national guidance is not available, Quality Standards will be based on a consensus of professional and service users' and carers' views and best practice guidance.
- 4.3 Quality Standards will be publicly available. Their purpose is to support quality reviews and their language will be appropriate to clinicians and 'informed' service users. Quality Standards will be written in clear, unambiguous language and be measurable and achievable within five years by all appropriate service providers. If the Quality Standard cannot reasonably be achieved within five years then a risk-mitigating alternative will be included.
- 4.4 Quality Standards will go only to the level of detail needed to show that national guidance and consensus on best practice has been implemented and will allow for maximum flexibility in local implementation of this guidance and consensus.
- 4.5 Each of the following areas will be considered during the development of Quality Standards: support for patients and carers, staffing, support services, facilities and equipment, guidelines and protocols, service organisation, liaison with other services, governance and commissioning. Wherever possible, Quality Standards will be consistent across services and care pathways. Quality Standards will include a review date.
- 4.6 The illustrative 'Demonstration of Compliance' will be as easy as possible for services to achieve.
- 4.7 Quality Standards will require reviewers to see patient identifiable information only when there is no reasonable alternative method of demonstrating compliance. Patient identifiable information will only be reviewed during visits to the service concerned. Patient identifiable information will be looked at only by NHS staff and will not be removed from the review location.

- 4.8 Quality Standards will be cross-referenced to the Care Quality Commission (CQC) and other relevant national standards so that organisations can use the findings for their self-assessments and registration submissions.
- 4.9 Quality Standards will either include an appendix, or refer to, indicators of outcomes (clinical and patient-reported).
- 4.10 Service users, carers, providers and commissioners will have the chance to contribute to the development of the Quality Standards for their service or care pathway.
- 4.11 Interpretation guidance may be developed as Quality Standards are used for improving services and for reviews. Interpretation guidance will be used to ensure consistency of interpretation and will be made available to all service providers and commissioners.
- 4.12 Risk weighting of Quality Standards may be developed and used.

5. DEVELOPMENT AND LEARNING FOR ALL INVOLVED

- 5.1 WMQRS aims always to use reviewers who have appropriate expertise in the service or care pathway they will be reviewing. In particular, 'peers' will be used to undertake reviews wherever possible. 'Peers' are those trained and working in the same discipline as those being reviewed. Reviewers from outside the West Midlands will be used whenever appropriate 'peers' are not available within the region.
- 5.2 Reviewer person specifications will be developed for each review programme as part of its detailed approach. The generic specification for reviewers is:
- Are aware of, and committed to implementation of, the Quality Standards for the service they will be reviewing
 - Have good communication and inter-personal skills including:
 - Ability to listen and understand the views of others
 - Ability to probe and search for evidence on which to base conclusions
 - Ability to observe and draw conclusions from observation
 - Tact and diplomacy at all times, including when faced with difficult issues
 - Ability to work as a member of a team, respecting the contributions of others
 - Have the ability to prepare well and accurately record findings
 - Have the ability to analyse issues, evaluate information and draw conclusions from evidence received.
- 5.3 Professional reviewers will normally have at least two years' experience working in the role they will be undertaking during the visit or in a similar role.
- 5.4 The mechanism for identification and recruitment of service user and carer reviewers will be agreed as part of the approach for each service or care pathway.
- 5.5 WMQRS will normally invite provider and commissioner organisations from across the West Midlands to nominate reviewers who meet the person specification. Any volunteers who contact WMQRS will be used as reviewers only if their employing organisation supports them in undertaking this role.
- 5.6 Following nomination by their employing organisation, potential reviewers will be sent a personal invitation to attend reviewer training and become a reviewer
- 5.7 All reviewers will be trained for their work with WMQRS. If, following attendance at training, any potential reviewers are not considered suitable then they will be offered individual feedback.

- 5.8 Reviewers will receive certificates for inclusion in CPD portfolios after completing reviewer training and undertaking review visits. If possible, appropriate CPD accreditation (points) will be obtained.
- 5.9 WMQRS will work with sponsoring clinical networks and care pathway groups to ensure dissemination of good practice as part of each programme of reviews.

6. QUALITY REVIEWS

- 6.1 WMQRS's quality review work will normally comprise a review of compliance with the Quality Standards and identification of related issues. Quality Standards will be assessed as met and not met and not applicable on the day of the visit or other review activity. Reviews will also identify issues which are related to achievement of the Quality Standards. These will be categorised as:
- **General Comments and Achievements** made by the service reviewed
 - **Good practice** which should be shared with other organisations
 - **Further consideration** – areas which may benefit from further attention by the service
 - **Concerns** – related to the standards or prerequisites for their achievement. Some concerns may be categorised as 'serious'.
 - **Immediate risks** to clinical safety and clinical outcomes
- 6.2 Immediate risks are defined as potential Serious Incidents, that is, a situation where a Serious Incident could occur in the circumstances found by the reviewers.⁴
- 6.3 Clinical quality reviews may take several formats, including peer review visits. Peer review visits will usually include a review of written evidence of compliance with the Quality Standards, visiting facilities, meeting service users and carers and staff providing the service, and meeting other related services, managers and commissioners.
- 6.4 Peer review visits and other quality review approaches will always seek to understand the patient pathway and to establish what pathway is being followed in practice. Different approaches to understanding what happens in practice will be used, depending on the service concerned.
- 6.5 Every effort will be made to minimise the work involved in presenting evidence of compliance with Quality Standards to the review team. Guidance on presenting evidence will be included in the 'Review Process' documentation for each programme.
- 6.6 Prior to the review, the relevant Caldicott Guardian will be contacted for agreement to review patient identifiable information.
- 6.7 In formulating their reports, reviewers will seek to avoid single-source verbal information and will triangulate evidence as far as possible. Reviewers will not normally make recommendations. Reviewers' reports will

⁴ NHS West Midlands guidance defines a Serious Incident as: an incident that occurred in relation to NHS funded services and care resulting in:

- The **unexpected** or **avoidable** death of one or more patients, staff, visitors or members of the public
- **Permanent harm** to one or more patients, staff, visitors or members of the public or where the outcome requires life-saving intervention or **major** surgical / medical intervention or will shorten life expectancy (this includes incidents graded under the NPSA definition of severe harm)
- A scenario that prevents or threatens to prevent a provider organisation's ability to continue to deliver health care services, for example, actual or potential loss or damage to property, reputation or the environment
- A person suffering from **abuse**
- Adverse media coverage or public concern for the organisation or the wider NHS.
- 'Never Events'.

NHS West Midlands '*Serious Incidents (SI) Reporting Policy and Procedure*'. July 2011.

normally identify issues that need to be addressed, leaving the service or organisation/s concerned to identify the best solution.

- 6.8 Trusts and PCTs will be notified of any immediate risks or serious concerns at the end of the quality review and this will be confirmed in writing within one week. 'Immediate risk' letters will be copied to NHS West Midlands. Trusts and PCTs will be asked to treat the issue as a potential Serious Incident and follow their normal procedures for informing their lead commissioner and NHS West Midlands of the action being taken to resolve the issue, or action to reduce the associated risk if resolution is not possible, copying this response to WMQRS. WMQRS will review the response and, if necessary, provide advice to the Trust, PCT and NHS West Midlands.
- 6.9 Draft reports of quality reviews will be sent to reviewers and to the health economy (providers and commissioners) concerned to check for factual accuracy. Draft reports will normally be sent to reviewers within two weeks and to the reviewed health economy within four weeks of the visit. Health economies will normally be given three weeks to respond with any comments on factual accuracy. Draft reports, incorporating health economy comments, will be submitted to the relevant Steering Group for approval. Health economies will receive a copy of the version submitted to the Steering Group, and will be informed that further changes may be made by the Steering Group to ensure consistency.
- 6.10 Draft reports will be sent to NHS West Midlands when reviewer and health economy comments have been incorporated (including notes of any outstanding areas of clarification or disagreement), for the purpose of triangulation with other data only. Draft reports will be given to NHS West Midlands at an earlier stage only with the agreement of the local health economy. If, following triangulation with other data, NHS West Midlands considers that action should be taken, NHS West Midlands will contact WMQRS to agree a handling strategy. On the request of NHS West Midlands, WMQRS will give a verbal briefing on the findings of a review visit prior to the draft report being sent, for the purpose of triangulation with other data.
- 6.11 When agreed by the relevant Steering Group, reports of quality reviews will be disseminated to the health economy concerned who will be advised to place the report in the public domain and handle any associated publicity through their usual mechanisms. After allowing a reasonable time (approximately one month) for health economies to do this, WMQRS will place all reports on its website.
- 6.12 If a health economy has significant concerns about the factual accuracy of the report, they will be offered the opportunity for an informal meeting with an appropriate member of the WMQRS Board, agreed by the Chair. The aim of the meeting will be to achieve agreement on the content of the report which recognises both the health economy's concerns and the reviewers' findings.
- 6.13 Health economies will have the right to appeal on the factual accuracy of the report. Appeals will be considered by not less than three members of the WMQRS Board (at least one service user, one clinician and one other).
- 6.14 Risk weighting and other approaches to the presentation of review findings may be developed and used.
- 6.15 For West Midlands-wide programmes, depending on the extent of compliance with the Quality Standards and related issues, a second full round of peer review visits may be appropriate within two to three years. Thereafter, peer review visits to all services will not normally be undertaken more frequently than once every five years. Other approaches may be used in the intervening period including risk-based targeted visits, validated and supported self-assessment.

Health economy selected reviews

6.16 If WMQRS capacity allows, health economies⁵ will have the opportunity to choose one or two clinical services for review each year. The exact number of reviews will depend on the complexity of the service to be reviewed and the size of the health economy. This will allow reviews to be targeted at areas which are of particular interest to individual health economies. Where health economies choose the same service, these reviews would be organised together in order to maximise shared learning and minimise duplication.

'One off' reviews and other products

6.17 WMQRS may have the capacity to undertake a limited number of 'one off' reviews. These will normally be identified as part of the annual programme but may, if there is some urgency involved, be agreed by the WMQRS Board or by the Chair and reported back to the Board. The process and reviewers will be decided depending on the service to be reviewed. 'One off' reviews may be undertaken because of particular concerns or as part of the scoping and development work for a broader programme. 'One off' reviews will normally have some West Midlands-wide benefit.

6.18 Individual organisations may ask that WMQRS undertake a 'one off' review for the organisation's benefit. Each request will be considered on its own merits and organisations will normally be expected to fund the WMQRS core team costs involved in any such reviews. Such reviews will be undertaken only if they are not detrimental to the overall WMQRS work programme.

6.19 Other WMQRS products may be developed which support the WMQRS aim and make use of its expertise in Quality Standards and review programmes.

Out of region and non-NHS reviews and reviewers

6.20 Some clinical networks include organisations outside the West Midlands and non-NHS providers. Where there is an established clinical network then a review of the 'out of region' and non-NHS providers will be undertaken so long as the provider concerned agrees to participate and nominates reviewers to participate in the programme and their commissioner (or the provider themselves) contributes to the WMQRS core team costs. Reviews of services provided or commissioned by social care will be undertaken on the same basis. 'Out of region' providers will be expected to attend West Midlands communication and dissemination events and WMQRS will not normally organise specific communication and dissemination for 'out of region' providers.

6.21 Reviews of NHS activity in non-NHS providers may take place when agreed by the commissioners of the service concerned.

6.22 The inclusion of non-NHS staff as reviewers will be considered on a case by case basis. If non-NHS staff participate in reviews they will be expected to sign appropriate confidentiality agreements.

7. COMPARATIVE INFORMATION and COMMON THEMES

7.1 Comparative information will be produced on compliance with Quality Standards and overall risk weightings. An Overview Report at the end of each 'round' of West Midlands-wide quality reviews will identify common themes, strategic issues and good practice.

7.2 These 'Overview Reports' will be considered by the WMQRS Board and will then be disseminated within the West Midlands health community.

⁵ Specialist Commissioning Team (West Midlands) will be counted as a health economy.

8. EVALUATION

- 8.1 Evaluation will be built into all aspects of the work or WMQRS. Evaluation has a number of stages:
- a. Evaluation of consultation workshops, dissemination workshops and other events
 - b. Evaluation of training sessions
 - c. Immediate visit evaluation by reviewers and reviewed organisations
 - d. Evaluation at the end of each programme
 - e. Periodic overall WMQRS evaluation based on the Framework developed by the 2010 WMQRS Formative Evaluation.

9. ACTION AND FOLLOW UP

- 9.1 Most of the issues identified by quality reviews can be resolved by providers' and commissioners' own governance arrangements. Many can be tackled by the use of appropriate service improvement approaches. Some require commissioner input. Individual organisations are responsible for taking action and monitoring this through their usual governance mechanisms. Action planning should start as soon as possible after the review and should link closely with reviewed organisations' own management arrangements. The lead commissioner for the service concerned is responsible for ensuring action plans are in place (especially once review reports have been finalised), monitoring their implementation and working with provider organisations, through Clinical Quality Review Meetings, on any issues that cannot be resolved internally. WMQRS is not responsible for agreement of action plans or for monitoring their implementation. WMQRS will advise on action plans and support organisations in reviewing progress.
- 9.2 The aim is always to work together to achieve a solution. In the rare cases when a re-visit or other follow up identifies that appropriate progress has not been made, WMQRS Board will consider, with the provider and commissioner concerned, the need for further action.

10. LINKS WITH OTHER CLINICAL QUALITY ASSURANCE and REVIEW SYSTEMS

- 10.1 WMQRS will seek to liaise with other clinical quality assurance and review systems, including the West Midlands Deanery, to minimise duplication and maximise shared learning. Data on the quality of clinical services will be shared with WMQI and will be linked with other quality and outcome indicators.
- 10.2 WMQRS will seek always to cooperate with and support organisations' own capacity for undertaking clinical quality assurance and review.

11. DISSEMINATION OF FINDINGS AND SHARING OF GOOD PRACTICE

- 11.1 Dissemination of findings and sharing of good practice is primarily the responsibility of the sponsoring networks or clinical pathway group. WMQRS will, of course, input to and support this process.

12. WMQRS QUALITY STANDARDS and OTHER POLICIES

- 12.1 WMQRS works within the policies and procedures of its host organisation, Sandwell and West Birmingham NHS Trust. Additional policies governing the work of WMQRS are:
- a. WMQRS policy on service user and carer involvement.
 - b. WMQRS policy on handling serious personal and professional issues identified during review visits.
- 12.2 WMQRS will monitor and report to each Board meeting its achievement of:
- a. Immediate risk issues issued within one week of the end of the visit
 - b. Immediate risk responses received
 - c. Draft reports issued to reviewers within two weeks of the end of the visit
 - d. Draft reports issued to health economies within four weeks of the end of the visit

e. Time to release of final report

12.3 All WMQRS Board papers and other publications will be published on the WMQRS website.

12.4 WMQRS will seek to continue to improve its approach to quality reviews through:

- evaluation
- learning from other quality assurance and review systems
- work with service users and carers, service providers and commissioners to develop new and better approaches.

12.5 WMQRS will produce an annual report summarising its work over the previous year. Following approval by the WMQRS Board this will be submitted to West Midlands NHS Chief Executives.

APPENDIX 1 GENERIC STEERING GROUP TERMS OF REFERENCE

Terms of Reference

Working with the West Midlands Quality Review Service '*Principles and Approach*', the Steering Group will:

- Develop Quality Standards, suitable for use in quality reviews.
- Ensure service user and carer, service provider and commissioner involvement in the development of Quality Standards.
- Design and ensure implementation of a programme of quality reviews to review compliance with the agreed Quality Standards.
- Consider and approve reports of quality reviews.
- Ensure consistency of interpretation of the Quality Standards and identify any changes needed.
- Advise on action plans following quality review visits.
- Consider the need for further action if progress against action plans is found to be unsatisfactory.
- Identify and disseminate strategic issues arising from quality reviews.
- Ensure dissemination of good practice identified during quality reviews.
- Ensure communication about the Quality Standards and quality reviews with relevant organisations within the West Midlands and nationally.
- Ensure evaluation of the programme of development of Quality Standards and quality reviews.

Specific deliverables and timescales will be agreed as part of establishing the Steering Group.

Membership

Steering Group membership should include service users and carers. Membership should reflect the expected multidisciplinary visiting team and the different types of service to be reviewed. Membership should include representatives from commissioners and from the sponsoring clinical network or care pathway group. Professional members should normally be senior and respected figures within the relevant clinical community. Membership should be reviewed at the end of each review programme.

Accountability

The Steering Group is jointly accountable to the sponsoring clinical network or care pathway group and to the WMQRS Board.

Review

Terms of reference should always include a review date.

APPENDIX 2 GENERIC SPONSORING GROUP AGREEMENT

WMQRS review programmes will normally be sponsored by a clinical network of clinical pathway group. Review programmes may also be sponsored by an individual with region-wide oversight of a clinical pathway.

Review programmes will be successful if there is good collaboration between the sponsoring group and WMQRS. Regular communication and liaison are therefore essential. The aim of the 'Sponsoring Group Agreement' is to clarify responsibilities and ensure these are understood at the start of the review programme.

Sponsoring Group will:

- Identify Steering Group members and encourage their involvement with the Steering Group on an ongoing basis
- Identify appropriate Steering Group chair
- Actively participate in scoping of review programme (see WMQRS *Principles and Approach* Section 3.1)
- Ensure appropriate links are developed between Steering Group, WMQRS and clinical, commissioner and service user and carer groups
- Regularly update clinical, commissioner and service user and carer groups on the progress being made with the review programme
- Provide feedback to WMQRS on any concerns about the review programme which are raised by clinical, commissioner and service user and carer groups.
- Support Steering Group and WMQRS in resolving any problems which emerge during the course of the review programme, including encouraging reviewer nominations.
- Organise consultation events for providers, commissioners and service users and carers during the development of Quality Standards
- Organise events or other approaches to sharing good practice identified through the reviews.

WMQRS and the Sponsoring Group will agree:

- Responsibility for organising and servicing the Steering Group for the programme.
- Whether users and carers should receive an honorarium in recognition of the time and expertise contributed and, if so, identify funding for this. NB. The WMQRS Service User and Carer Involvement Policy provides more detail on the circumstances under which honoraria will and will not be paid.

WMQRS will:

- Deliver Quality Standards, review programme, comparative information and evaluation as described in the WMQRS *'Principles and Approach'*.
- Fund user and carer expenses for participation in review programmes, including attendance by members of Steering Groups.

Report to follow

Purpose of Report:

This report updates the WMQRS Board on other issues relating to the work of WMQRS.

Key Points:

- A 'New Chief Executive' briefing has been developed and will be sent to any new Chief Executives (as appointed) with the offer of a verbal briefing on WMQRS review findings to date.
- On a pilot basis, WMQRS undertook an evaluation of the recent Shropshire health economy's consultation 'Keeping *it in County*'. WMQRS compared the consultation proposals with WMQRS Quality Standards (or national standards produced in a similar format) and identified whether the proposals brought services closer to achieving the expected Standards or made compliance more difficult.
- At the request of the SHA, Jane Eminson, Acting Director of WMQRS has submitted a Statement to the Francis Inquiry.
- Vidushy Auchoybur, WMQRS Lead Administrator, will go on maternity leave in May 2011. Maternity leave cover has been advertised. The band 3 (0.5 wte) administrator post has also been advertised. An update on these appointments will be given to the Board.

Implications:

Financial, Human Resources and Legal	No specific implications
Equality impact	WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.

Recommendations:

The Board is recommended to note the contents of this report.