WMQRS BOARD MEETING

Date: 27th June 2011
Time: 2 pm – 4 pm
Location: Conference Room No 4, St Chads Court, 213 Hagley Road, Edgbaston, Birmingham B16 9RG

AGENDA

1.	Apologies for Absence	
2.	Notes of the meeting held on 30th March 2011	Enclosure 1
3.	Actions from last meeting	Enclosure 2
4.	Board Membership	Enclosure 3
5.	Review Programmes – Progress Report	Enclosure 4
6.	WMQRS Policies: a. WMQRS Guidance on Handling Serious Personal and Professional Issues identified during Review Visits b. WMQRS Service User and Carer Involvement Policy	Enclosure 5
7.	Overall Assessment	Enclosure 6
8.	Report to Chief Executives	Enclosure 7
9.	WMQRS 2010/11 Annual Report	Enclosure 8
10.	Scoping report on review of services for people with long term conditions	Verbal Update
11.	Overview Report – Services for Children and Young People with Haemoglobin Disorders	Enclosure 9 (Overview Report to follow)
12.	Pilot of GP practice reviews	
13.	Any other business	
14.	Date of 2011 Meetings: Monday 12th September 2 – 4 pm Thursday 15th December 2 – 4 pm	
15.	Agenda for next meeting (in addition to standing items): a. 2010 review programme evaluation report b. Scoping report – review of services for people with long term conditions c. Future of WMQRS (ongoing discussion)	

ENCLOSURE 1 NOTES OF THE MEETING HELD ON 30TH MARCH 2011

PRESENT		
Eamonn Kelly (Acting Chair)	EK	Chief Executive, NHS Worcestershire
Susan Fairlie	SF	Director of Service Development and Executive Nurse, Worcestershire Mental Health Partnership NHS Trust
Simon Mitchell	SM	Medical Director, Sandwell PCT
Donal O'Donoghue	DOD	Medical Director, Sandwell & West Birmingham Hospitals NHS Trust
Steve Sharples	SS	Patient Member
Stephen Washbourne	SW	Assistant Director, Specialised Commissioning (West Midlands)
Jane Eminson	JE	Acting Director, WMQRS
IN ATTENDANCE		
Sarah Broomhead	SB	Quality Manager, WMQRS
Claire Launders	CL	Business Manager, WMQRS
Tony Whitehouse	TW	Chair, Critical Care Standards and Peer Review Steering Group

		Action
1	**Apologies** Apologies for absence were received from Julie Moore, Rob Courteney-Harris, Paul Jennings, Jan Warren, Stan Silverman, John Cope and Richard Wilson.	
2	Eamonn Kelly welcomed Susan Fairlie to her first meeting of the WMQRS Board and Dr Tony Whitehouse, Chair of the Critical Care Standards and Peer Review Steering Group.	
3	**Chair of Board** Jane Eminson reported that Paul Jennings had contacted Julie Moore and outlined the Board's position on Chairing (as discussed at the meeting on 5th January 2011). Jane had also met Julie to brief her on the work on WMQRS and Julie had been keen to have a further meeting with Ian Cumming and Paul Jennings. The Board agreed that: • Julie should be contacted again about her interest in chairing WMQRS as the Trust CEO representative, if UHB is actively participating in WMQRS review programmes. • If this is not possible, Trust CEO's should be asked to re-nominate a representative to the Board and deputy. The Board also discussed the potential for an alternative UHB member of the Board, for example, the Medical Director. Jane said that, subject to agreement by all Trusts, the UHB Medical Director could be either the main Board member (as Rob Courtenay-Harris has expressed a desire to step down at some point) or a deputy. **Action: Contact Julie Moore about WMQRS Board membership and chairing**	**JE**
4	**Notes of the meeting held on 5th January 2011** The notes of the meeting held on 5th January 2011 were agreed as a correct record.	
5	**Actions from the last meeting** Deputies for Jan Warren and Simon Mitchell were still outstanding (as well as for Julie Moore). It was agreed that this would be considered again at the next meeting. **Action: Include on the agenda for the next Board meeting**	**CL**
6	**Acting Chair's Decision** The Board endorsed the Acting Chair's decision in relation to CRB checking user and carer reviewers.	
7	**West Midlands Overview Reports** The Board received the West Midlands Overview Reports for urgent care, critical care, stroke (acute phase) & TIA and vascular services. Dr Tony Whitehouse, chair of the Critical Care Steering Group,	

	gave a short introduction to the critical care report. He said that the critical care networks had been trying to undertake a peer review process for several years and the collaboration with WMQRS had been vital to achieving this. He said that the exercise had yielded valuable information about the quality of services as well as about the Quality Standards and review process. The Standards will need to be revised slightly as a result. The Board discussed several issues relating to the Overview Reports including a) the presentation of graphs of compliance and how these could be made more meaningful, b) how to preserve the developmental nature of the review process, c) the relationship between assurance and improvement, d) the need to support productivity improvement as well as quality improvement and e) the messages which should be given to the public about the reports. The Board agreed that all health economies should be reminded that the Overview Reports represent one stage on a journey of improvement. Eamonn Kelly also stated that the reports should be presented to the 'All CEOs' meeting. Steve Sharples asked about responsibility for follow up. Board members said that the primary responsibility is with the provider's Board and governance arrangements. Commissioners of services also have responsibility to ensure issues have been addressed, through Clinical Quality Review meetings. Following discussion of the Overall Assessment (see below), the Board agreed that the Overview Reports should include the final Overall Assessment for each service and the graphs of percentage compliance should be set in the context of the Overall Assessment. The Board approved the Overview Reports subject to inclusion of the overall assessment for each service (and minor changes to the wording of the introduction to the graphs). The Board also agreed that, following distribution to West Midlands NHS organisations, the Overview Reports should be placed on the WMQRS website with a commentary appropriate for an interested member of the public. **Actions:** • **Include Overall Assessments (when finalised) in Overview Reports with an appropriate introduction and related minor changes to the wording** • **Place Overview Reports on the WMQRS website after circulation to NHS organisations in the West Midlands, along with an appropriate commentary**	**WMQRS** **WMQRS**
8	**Risk Assessments** Sarah Broomhead reported that the overall assessments had been circulated to Trusts and PCTs following sign-off by Steering Groups. The responses showed disquiet about the overall assessments from several organisations. The Board discussed the impact for services and organisations themselves and for WMQRS. The Board considered whether the methodology was robust, whether the presentation was appropriate, and whether there was any way of reflecting the risk mitigation or changes which had been put in place since the visit. Susan Fairlie suggested that the CQC approach of QRP profiles should be considered. The Board agreed to support the development of a risk-based system of overall assessment because it provides a clear focus for organisations of areas which need improvement. Board support was subject to: **Actions:** • **The methodology used in the Overall Assessments should be reviewed, including seeking advice from WMQI and NHS West Midlands** • **The presentation of the Overall Assessments should be reviewed** • **Support from key stakeholders should be sought** • **Overall assessments should then be re-circulated to the Board for approval, ideally by email or by telephone conference prior to the next full meeting.**	**SB/JE** **SB/JE** **SB/JE** **SB/JE**
9	**Progress Report: Review Programmes** The Board received the progress report on the Review Programmes and noted the progress which had been made. The Board recorded its thanks to Lisa Carroll for her leadership of the urgent care review programme.	

10	**2012 and 2013 Review Programmes** The Board received the responses to the proposed 2012 and 2013 review programmes. The Board discussed the inclusion of reviews of general practice within the long term conditions reviews. Simon Mitchell suggested that Keele University and the Information Centre could produce analyses of QuOF data for individual practices which may be useful in targeting visits to general practices. The Board noted that further scoping of the urgent care reviews would be needed to ensure a manageable programme of reviews. Donal O'Donoghue recommended that the 2013 reviews should include re-reviews of stroke, vascular and critical care services. The Board agreed: **Action:** • **Chief Executives of Trusts and PCTs should be asked to approve the review programmes for 2012 and 2013:** **2012 Long Term Conditions (subject to further scoping on the pathways and services to be included)** **2013 Re-reviews of urgent care, care of critically ill children, critical care, stroke and TIA, and vascular services (subject to further scoping including whether neuro-surgery and care of the deteriorating patient should be included)** • **A scoping report on review of services for people with long term conditions should be considered at the next Board meeting** • **WMQRS will give support and advice to the WMSCT reviews of bariatric surgery (but not attend review visits)**	**JE** **JE** **WMQRS**
11	**WMQRS Principles and Approach** The Board approved the revised Principles and Approach subject to a) checking of the definition of a Serious Incident compared with the latest NPSA definition and b) amendment of section 7.2 to include publication on the WMQRS website. The Board agreed to consider the *Guidance on Handling Serious Personal and Professional Issues Identified During Review Visits* and *WMQRS Service User and Carer Involvement Policy* at the next meeting. **Actions:** • **Revise the *Principles and Approach* paper** • **Include *Guidance on Handling Serious Personal and Professional Issues Identified During Review Visits* and *WMQRS Service User and Carer Involvement Policy* on the agenda for the next Board meeting**	**CL** **CL**
12	**WMQRS Communication Strategy** The Board approved the proposed WMQRS communication strategy.	
13	**WMQRS Other Business** The Board noted the issues raised in the 'WMQRS Other Business' report. The Board suggested that the Shropshire consultation evaluation should be shared with other CEOs. **Action: Circulate Shropshire consultation evaluation to all CEOs**	**JE**
14	**Any Other Business** The Board agreed to discuss membership of the WMQRS Board from PCT clusters and GP Commissioning Consortia at the next meeting. Steve Washbourne identified that the transition from WMSCT to the NHS Commissioning Board should also be discussed as this would affect some of the proposed 2013 reviews. **Action: Include on the agenda for the next meeting**	**CL**
15	**Date of 2011 meetings:** Monday 27th June 2 – 4 pm Monday 12th September 2 – 4 pm Thursday 15th December 2 – 4 pm	

ENCLOSURE 2 ACTIONS FROM LAST MEETING

NB. This list does not include adding items on the Agenda for this meeting.

Min.	Action	Who	Progress
3	Contact Julie Moore about WMQRS Board membership and chairing	JE	One phone call and two email messages have been made with no response from Julie Moore.
8	The methodology used in the Overall Assessments should be reviewed, including seeking advice from WMQI and NHS West Midlands	SB/JE	Methodology has been reviewed in terms of a) consistency between pathways and b) whether or not issues are scored in both Trust-wide and the individual service. The basic methodology has not been changed at this stage.
8	The presentation of the Overall Assessments should be reviewed	SB/JE	Revised draft Overall Assessments have been circulated to Steering Groups and health economies. This includes the question of whether organisations would like the presentation to be different.
8	Support from key stakeholders should be sought	SB/JE	An update on responses received will be given to the Board.
8	Overall assessments should then be re-circulated to the Board for approval, ideally by email or by telephone conference prior to the next full meeting.	SB/JE	An update will be available at the Board meeting.
7	Include Overall Assessments (when finalised) in Overview Reports with an appropriate introduction and related minor changes to the wording	WMQRS	Not yet applicable.
7	Place Overview Reports on the WMQRS website after circulation to NHS organisations in the West Midlands, along with an appropriate commentary	CL	Not yet applicable.
10	Chief Executives of Trusts and PCTs should be asked to approve the review programmes for 2012 and 2013:	JE	Now on agenda for July 15th all CEOs meeting.
10	A scoping report on review of services for people with long term conditions should be considered at the next Board meeting	JE	See agenda item 10
10	WMQRS will give support and advice to the WMSCT reviews of bariatric surgery (but not attend review visits)	WMQRS	Briefing meeting held. Further support will be given on request.
11	Revise the Principles and Approach paper	CL	Paper revised as agreed by the Board and placed on WMQRS website.
13	Circulate Shropshire consultation evaluation to all CEOs	JE	Shropshire health economy was uncertain about the evaluation being more widely circulated. A note about it was included in the June Bulletin instead.

ENCLOSURE 3 BOARD MEMBERSHIP

Purpose of Report:

This report asks the Board to review its membership and, if necessary, make a recommendation to Chief Executives for a change to the Establishment Agreement.

Key Points:

- The Board is asked to note the resignation from its membership of John Cope (Patient Member) due to family illness. Patient members were initially identified by circulating information on WMQRS to public and patient involvement leads in all NHS organisations in the West Midlands. This information specified:

  We are looking for patient representatives who:
  - *Have some knowledge and understanding of how the NHS works*
  - *Would like to help NHS organisations improve their services*
  - *Can contribute to Board level discussions – in a similar way to non-executives on PCT / Trust Boards*
  - *Ideally, have some experience of quality assurance (for example, in education or industry)*

  Interested individuals were asked to contact WMQRS for a discussion about the role. Three patient members were identified (for two places).
- The WMQRS Establishment Agreement signed in September 2009 contains a section on the membership and Chairing of the WMQRS Board (Appendix 1). The current membership is given in Appendix 2.
- Since 2009 the WMQRS Board has not had a substantive Chair and has had difficulty in achieving a quorum. The appointment of deputies improved the quorum problem but there are not yet identified deputies for each role. Recent organisational change has also affected the availability of members and deputies.
- The changes to PCT clusters, Clinical Commissioning Groups, NHS Commissioning Board and NHS West Midlands also impacts on the representation on the WMQRS Board.
- When Paul Jennings was Vice-Chair of the Board he considered that it would be helpful to include a Trust Head of Governance in the membership of the Board.
- Irrespective of the post-2013 arrangements for WMQRS (see agenda item 8), WMQRS needs a quorate Board to oversee its work for 2011/12 and 2012/13.
- A proposed revised section 3 of the Establishment Agreement is given in Appendix 3 for the Board's consideration. This does not have implications on other sections of the Establishment Agreement (available on the WMQRS website www.wmqi.westmidlands.nhs.uk/wmqrs). The Board's advice on commissioning representatives is sought.

Implications:	
Financial, Human Resources and Legal	The WMQRS Board is an essential to robust governance of the work of WMQRS.
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:

a. Consider the proposed revised Section 3 of the Establishment Agreement, in particular, commissioning representation on the WMQRS Board
b. Recommend the revised Section 3 of the Establishment Agreement to all West Midlands Chief Executives for approval.
c. Agree to seek expressions of interest for two new patient members from public and patient involvement leads in NHS Trusts and PCTs.
d. Ask Trust Chief Executives to nominate Trust WMQRS Board members and deputies for vacant roles.
e. Ask PCT Cluster Chief Executives to nominate commissioner WMQRS Board members and deputies for vacant roles.

APPENDIX 1 ESTABLISHMENT AGREEMENT (SEPTEMBER 2009) SECTION 3

3. WMQRS BOARD

3.1 The work of WMQRS will be overseen, on behalf of NHS organisations within the West Midlands, by a Board with responsibility for:

- Recommending the annual programme of clinical quality reviews to Chief Executives of West Midlands NHS organisations
- Oversight of delivery of the annual programme
- Ensuring evaluation of WMQRS.

3.2 The Board will have the following membership:

- Two patient members
- Three West Midlands PCT representatives: Chief Executive, Medical Director / DPH / PEC Chair and Nursing (or other healthcare professional) Director.
- Three West Midlands Trust representatives: Chief Executive, Medical Director / DPH / PEC Chair and Nursing (or other healthcare professional) Director.
- West Midlands SHA Medical Director
- West Midlands Specialised Commissioning Team Director
- WMQI representative
- Representative of the host organisation
- WMQRS Director

3.3 The Board is quorate when at least five Board members / deputies are present, including at least two representatives from both PCTs and Trusts. Board members will seek to ensure that they represent the views of the organisations they represent and that they communicate with the organisations they represent about the work of the Board.

3.4 Deputies will be allowed but should be individuals of similar standing to the representative who is unable to attend but from a different PCT / Trust.

3.5 The Board will elect a Chair and Vice-Chair from among its members and will agree a period of office.

3.6 The Board will meet at least three times a year although more frequent meetings will be required during the set-up period. Special meetings of the Board may be convened by at least seven days prior notice at any time and for any purpose.

3.7 The Board will aim to achieve collective decision-making in a collaborative way through consensus. If the Board needs to take a formal vote on any issue, each member / deputy will have a single vote. In the event of a tied decision, the Chair will have a second and casting vote.

3.8 If any member becomes aware of any conflict of interest which relates to the decisions of the Board, this will be declared to the Chair for them to take action as appropriate. Such a conflict of interest could exclude the Member from voting on the matter.

APPENDIX 2 WMQRS BOARD MEMBERSHIP (JUNE 2011)

BOARD MEMBERS

WMQRS Board Role	Name, Title & Organisation	Notes
Patient member	Steve Sharples	
Patient member	Vacant	
PCT Chief Executive	Paul Jennings	No longer working as a PCT CEO
PCT Medical Director / DPH / PEC Chair	Simon Mitchell, Medical Director, NHS Sandwell	
PCT Nurse Director	Jan Warren, Nurse Director, NHS Stoke	
Trust Chief Executive	Julie Moore, Chief Executive, University Hospital Birmingham NHS Foundation Trust	Has been unavailable for three Board meetings since her nomination
Trust Medical Director	Rob Courteney-Harris, Medical Director, University Hospital of North Staffordshire NHS Trust	
Trust Nurse Director	Susan Fairlie	No longer working as a Trust Nurse Director
West Midlands SHA Medical Director	Stan Silverman, Medical Director, NHS West Midlands	
West Midlands Specialised Commissioning Team Director	Steve Washbourne (representing Karen Helliwell), Assistant Director, Specialised Commissioning (West Midlands)	
WMQI representative	Richard Wilson, Director, WMQI	
Representative of the host organisation	Donal O'Donaghue, Medical Director, Sandwell and West Birmingham Hospitals NHS Trust	
WMQRS Director	Jane Eminson, Acting Director	

DEPUTIES

WMQRS Board Role	Name, Title & Organisation	Notes
PCT Chief Executive	Eamonn Kelly, Chief Executive, NHS Worcestershire	
PCT Medical Director / DPH / PEC Chair	No deputy identified	
PCT Nurse Director	No deputy identified	
Trust Chief Executive	No deputy identified	
Trust Medical Director	Donal O'Donaghue, Medical Director, Sandwell and West Birmingham Hospitals NHS Trust	
Trust Nurse Director	Richard Taylor, Director of Service Delivery, Sandwell Mental Health Social Care & NHS Foundation Trust	Retires November 2011

APPENDIX 3 PROPOSED REVISED ESTABLISHMENT AGREEMENT SECTION 3

3. WMQRS BOARD

3.1 The work of WMQRS will be overseen, on behalf of NHS organisations within the West Midlands, by a Board with responsibility for:

- Recommending the annual programme of clinical quality reviews to Chief Executives of West Midlands NHS organisations
- Oversight of delivery of the annual programme
- Ensuring evaluation of WMQRS.

3.2 The Board will have the following membership:

- Two patient members
- Four commissioner representatives: ***[Board to advise]***
- Four West Midlands Trust representatives: Chief Executive, Medical Director, Nursing (or other healthcare professional) Director, Head of Governance
- West Midlands SHA Medical Director
- WMQI representative
- Representative of the host organisation
- WMQRS Director

3.3 The Board is quorate when at least five Board members / deputies are present, including at least two representatives from both commissioners and Trusts. Board members will seek to ensure that they represent the views of the organisations they represent and that they communicate with the organisations they represent about the work of the Board.

3.4 Deputies will be allowed but should be individuals of similar standing to the representative who is unable to attend but from a different commissioning organisation or Trust.

3.5 The Board will elect a Chair and Vice-Chair from among its members and will agree a period of office.

3.6 The Board will meet at least three times a year. Special meetings of the Board may be convened by at least seven days prior notice at any time and for any purpose.

3.7 The Board will aim to achieve collective decision-making in a collaborative way through consensus. If the Board needs to take a formal vote on any issue, each member / deputy will have a single vote. In the event of a tied decision, the Chair will have a second and casting vote.

3.8 If any member becomes aware of any conflict of interest which relates to the decisions of the Board, this will be declared to the Chair for them to take action as appropriate. Such a conflict of interest could exclude the Member from voting on the matter.

ENCLOSURE 4 REVIEW PROGRAMMES – PROGRESS REPORT

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:

- 2010 reviews: Overview Reports are ready to be distributed when overall assessments have been agreed. All visit reports are now available on the WMQRS website (except for the late visits to critical care services at the Royal Orthopaedic Hospital and University Hospitals Leicester). Pathway summary reports (ie the text of each pathway section of all visit reports) have also been circulated and placed on the website. Evaluation questionnaires will be sent out to Trust and PCT lead contacts and to all reviewers in July. An evaluation report will be brought to the September Board meeting. A draft Version 2 of the urgent care standards is being prepared, incorporating learning from the review visits and latest guidance.
- 2011 reviews: At the end of March, John Levy (0.8wte) and Elaine Woodward (0.4wte) were appointed as WMQRS Clinical Support for the 2011/12 review programme (replacing Kevin Heffernan). Review visits to mental health services, health services for people with learning disabilities, care of vulnerable adults in acute hospitals and dementia services have started. By the time of the Board meeting, review visits to Dudley and Walsall, and Coventry and Warwickshire will have taken place. Reports of these visits are being produced and finalised. The Birmingham and Solihull review visit will take place in July, and other visits between September and November 2011. A reviewer training session took place on 10th June and a final training session will be held on 19th July. A total of 228 reviewers will then have been trained for the 2011 review programme.
- The review of renal services at University Hospital Birmingham NHS Foundation Trust will take place on 12th July 2011. This visit will pilot the draft Version 2 Quality Standards. UHB was not in a position to participate in the review programme in 2009 when other renal services were reviewed.
- Version 3 of the Standards for the Care of Critically Ill and Critically Injured Children in the West Midlands has not yet been circulated. These Standards are available as the Paediatric Intensive Care Society Standards (2010). A meeting is planned for September 2011 to consider changes needed in Version 4 of the West Midlands Standards.
- The Services for Children and Young People with Haemoglobin Disorders - Overview Report (agenda item 11) completes this programme of reviews.
- WMQRS Quality Monitoring (since last Board meeting – future reports will include trends):

Standard	Met	Not met	Comment
Immediate risk letter issued within one week of end of visit	N/A	N/A	
Copy of immediate risk response received	N/A	N/A	
Draft report issued to reviewers within two weeks of the end of the visit	1	0	
Draft report issued to health economy within four weeks of the end of the visit	0	1	Report was issued to health economy four weeks and two days after the end of the visit. This was the first visit and clarifying the interpretation of Quality Standards took longer than anticipated.
Time to release of final report	N/A	N/A	

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.

ENCLOSURE 5 WMQRS POLICIES

Purpose of Report: This report presents two WMQRS policies for the Board's approval

Key Points:

- The WMQRS Guidance on Handling Serious Personal and Professional Issues Identified during Review Visits and WMQRS Service User and Carer Involvement Policy were discussed briefly at the WMQRS Board meeting in March 2011. The Board agreed that both should be considered again.
- WMQRS Guidance on Handling Serious Personal and Professional Issues Identified during Review Visits is based on similar guidance used in cancer peer review visits.
- The WMQRS Service User and Carer Involvement Policy brings everything to do with service users' and carers' work with WMQRS into a single document.

Implications:	
Financial	The WMQRS Service User and Carer Involvement Policy covers payment of expenses and, when applicable, honoraria to service users and carers. Payments will only be made within the resources available to WMQRS.
Human Resources and Legal	Both policies have human resources 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 approve the WMQRS Guidance on Handling Serious Personal and Professional Issues Identified during Review Visits and WMQRS Service User and Carer Involvement Policy.

GUIDANCE ON HANDLING SERIOUS PERSONAL AND PROFESSIONAL ISSUES IDENTIFIED DURING REVIEW VISITS

INTRODUCTION

16 Peer review visits have been shown to be an effective method of improving the quality of services. Occasionally an issue will arise during a visit that relates to either personal or professional conduct or competence or to the well-being of an individual. This concern may be closely related to issues about the service within which the individual is working. Action may be necessary to address either the service issue or the individual-related issue or both. This guidance to Executive Leads and WMQRS staff gives a framework within which such issues should be handled. It supplements the arrangements for handling 'Immediate Risks' which are described in the *WMQRS Principles and Approach.*

17 Individual circumstances vary considerably and the visiting team's judgement of the circumstances should take precedence over rigid adherence to this guidance. Where there is doubt, or differences of opinion, about the action to be taken then the Medical Director, NHS West Midlands will be contacted for advice.

18 The National Clinical Assessment Service (NCAS) is also available for advice. In order to access the NCAS advice service, phone 020 7062 1655 and ask to speak to an Adviser.

19 Training for reviewers encourages reviewers to raise concerns about serious personal and professional issues with the Executive Lead for the visit or WMQRS staff. Training for Executive Leads will cover this guidance.

CONCERNS ABOUT INDIVIDUALS

20 Concerns about the personal or professional conduct, competence or well-being of an individual arise rarely and require sensitive handling. Sometimes these concerns are related to service issues – and may be the cause of, affected by, or caused by the service problem. Sometimes there is clear evidence for the concern – in others the 'formal' evidence is scanty but, in the judgement of the visiting team, there may be a problem. Sometimes the concern is about the potential for personal or professional issues to arise in the future.

21 The guidance on handling such issues has five steps. Step 1 applies only if the issue was identified before the visit. In general, visiting teams' responsibilities extend only to describing their perception of an issue. It is the responsibility of the Trust or organisation being reviewed to investigate fully and take action. Reviewers who are registered health care professionals will, however, have guidance from their professional body that they will need to take into account.

22 **Step 1 – Issues identified before a visit**

Issues about individuals may be raised with WMQRS before the visit takes place. If this happens then the WMQRS Director should:

a. Brief the Executive Lead for the visit and agree whether the visiting team should be informed.

b. If appropriate, brief the visiting team at the start of the visit.

c. If appropriate, ask the visiting team to explore the issue during the course of the visit. In particular, the reviewer who will talk to the individual concerned about the issue should be identified.

d. If appropriate, advise the Trust or employing organisation to contact NCAS for advice.

23 **Step 2 - During the visit**

a. Avoid single-source verbal information. If a concern is raised with the visiting team then seek to confirm this with written or verbal information from another source.

b. Involve the Executive Lead for the visit and / or WMQRS Director as soon a sensitive personal or professional issue is identified.

c. If possible, someone from the visiting team should talk to the individual concerned about the issue. The best person to do this should be agreed with the Executive Lead for the visit and / or WMQRS Director. This conversation should aim to cover a) whether the individual agrees that there is a problem and its nature and b) any action that is already being taken and c) any action the individual is proposing to take. Discussion with the individual concerned may not always be possible or appropriate.

d. If possible, speak to the Medical Director (or Chief Executive) about the issue.

e. Do not identify the issue in the verbal feedback. If necessary, verbal feedback can say that a sensitive personal or professional issue has been identified and will be followed up outside the main meeting.

24 **Step 3 – Post-visit action**

a. Advise the Medical Director, NHS West Midlands of the issue and action taken, and agree the next steps.

b. Contact the Medical Director (or Chief Executive) of the Trust or employing organisation to discuss the issue if this did not happen during the visit. (NB. If the concerns comprise a serious risk to patient safety then they should be brought to the Trust's attention immediately.) If discussion with the individual concerned did not take place during the visit, ensure that the Medical Director informs them of the concerns raised.

c. Confirm the concerns in writing to the Medical Director (or Chief Executive), copied to the individual concerned. Make a file note of any details not covered by this letter.

d. Very occasionally, the Trust Medical Director, Executive Lead for the visit, WMQRS Director and Medical Director, NHS West Midlands will agree that confirming the concerns in writing would be unhelpful / counterproductive. If so, a file note must be made of the concern, action taken and reasons for not confirming this in writing to the Trust and individual concerned.

e. These actions should normally be completed within two weeks of the end of the visit.

25 **Step 4 – Visit Report**

The Executive Lead for the visit and visiting team will need to make a judgement as to whether personal and professional issues should be included in the visit report. If inclusion in the report is considered appropriate and helpful, the individual should not be named.

26 **Step 5 – Follow up**

Follow up of personal and professional issues is the responsibility of the Trust or individual's employing organisation. It is **not** the responsibility of WMQRS. WMQRS and, if necessary, the Executive Lead for the visit should cooperate with follow-up action taken by the Trust or employing organisation. WMQRS should monitor whether the issue has been addressed by the Trust or employing organisation. If the Trust or employing organisation does not take action within an agreed, reasonable timescale, then the need for further action (including notification to relevant professional bodies) should be considered.

Approved: ***[To be completed]***

Review date: June 2013

WMQRS SERVICE USER AND CARER INVOLVEMENT POLICY

PROFILE	
REFERENCE NUMBER:	
VERSION:	D2
STATUS:	Draft awaiting WMQRS Board approval
ACCOUNTABLE DIRECTOR:	WMQRS Director
AUTHOR:	WMQRS Quality Manager
DATE OF LAST REVIEW/ORIGIN DATE:	March 2011
DATE OF THIS REVIEW:	N/A
APPROVED BY:	
DATE OF APPROVAL:	TBC
IMPLEMENTATION DATE:	1st July 2011
DATE NEXT REVIEW DUE:	30th June 2013
REVIEW BODY:	WMQRS Board
CATEGORISATION:	WMQRS
DATE OF EQUALITY IMPACT ASSESSMENT:	27th June 2011
APPLICATION:	WMQRS
PRINCIPAL TARGET AUDIENCE:	Service users and carers involved with the work of WMQRS and associated organisations
ASSOCIATED TRUST DOCUMENTS:	Criminal Records Bureau Policy Induction and Mandatory Training Policy Equal Opportunities Policy Health & Safety Policy Standing Financial Instructions Expenses Policy

WMQRS Service User and Carer Involvement Policy

Contents

INTRODUCTION

1 Service user, carer and public involvement within the NHS is key to developing and delivering responsive health services. For effective involvement, people need to feel supported and for their contribution to be valued, respected and have an impact. They should therefore be treated with courtesy and dignity, be offered clear information on what they are to be involved in, how they can participate, what expenses will be met and whether refreshments will be available.

2 West Midlands Quality Review Service (WMQRS) has been set up by the NHS organisations in the West Midlands to help improve the quality of clinical services. It undertakes reviews of clinical services using a team of professional (peers) and lay reviewers to establish whether services are meeting agreed Quality Standards.

3 User and carer involvement occurs at various stages of WMQRS' work: Board, programme Steering Groups, and through acting as reviewers. Service users and carers offer their skills, expertise, knowledge and experience on an unpaid basis, in their own time, and of their own volition. Service users and carers also meet reviewers in order to give their perspective on services being reviewed but this is not covered by this policy.

PURPOSE

4 This policy aims to:

a. Describe the opportunities for service user and carer involvement in the work of WMQRS.

b. Ensure service users and carers have the information they need in order to make an informed choice about becoming involved with WMQRS.

c. Ensure that people contributing to WMQRS work are not 'out of pocket' as a result of participation.

d. Ensure the necessary systems are in place appropriately to select, train and support service users and carers.

e. Make clear the circumstances under which service users and carers will receive an honorarium in recognition of their time and expertise and, in these circumstances, the arrangements for payments of honoraria.

GENERAL ISSUES

5 **Risk**

This policy and supporting procedures will ensure that WMQRS is able effectively to identify and manage any risks associated with voluntary activity, thereby safeguarding other NHS service users and carers, those involved with the work of WMQRS, and staff.

6 **Relationship of Employment**

WMQRS at no time wishes to create an employment relationship with a person who volunteers as defined in this policy.

7 **Other Trust Policies**

This policy should be read in conjunction with the Sandwell and West Birmingham NHS Trust Equal Opportunities Policy, Health & Safety Policy, Fire Policy, Harassment at Work Policy, Security Policy, Expenses Policy and Standing Financial Instructions.

8 **Equal Opportunities**

WMQRS welcomes the contributions that volunteers of different gender, culture and background can make to the organisation and promotes equality of opportunity regardless of race, ethnic or national origin, disability, colour, sex, sexual orientation, age, religious beliefs, creed and marital status. Equality is essentially about

creating a fairer society where everyone can participate and has the opportunity to fulfil their potential. It is backed by legislation designed to address unfair discrimination (past, present or potential) that is based on membership of a particular group.

9 **Diversity**

WMQRS is committed to diversity in all areas of its work believing that there is much to learn and profit from diverse cultures and perspectives. WMQRS wants to develop and maintain an organisation in which differing ideas, abilities, backgrounds and needs are fostered and valued, and where those with diverse backgrounds and experiences are able to participate and contribute.

Diversity is about the recognition and valuing of difference in its widest sense. It is about creating a working culture and practices that recognise, respect, value and harness 'difference' for the benefit of the WMQRS and the population of the West Midlands which it aims to serve.

Diversity includes recognising that the care pathways reviewed by WMQRS affect different groups of the population in different ways and this will be reflected through a variety of mechanisms for service user and carer involvement.

RECRUITMENT AND SELECTION

10 For each type of service user and carer engagement the WMQRS core team will seek advice from appropriate groups and individuals as to how best to contact possible service users and carers. Each programme Steering Group will identify how best to involve service users and carers for its particular review programme/s.

11 Information will be made available to service users and carers to support discussions about their involvement with WMQRS. This information will explain the purpose of the service, the type of people who WMQRS are seeking to involve (person specification), expected time and travel commitment, arrangements for payment of expenses (and, if applicable, honoraria), and support available. An example of this information is given in Appendix 1.

12 Service users and carers will be offered the opportunity to discuss involvement with a member of the WMQRS Core Team before committing themselves. Group briefings may be undertaken; this has the advantage that service users and carers have the opportunity to meet others who may also be involved, which may help to reduce anxieties.

13 All service users and carers should comply with the requirements of the person specification. The WMQRS generic person specification (Appendix 2) should be used as a basis and amended as necessary for individual programmes by the relevant programme Steering Group.

14 All service users and carers must agree to the WMQRS confidentiality agreement prior to starting their involvement with WMQRS.

15 A member of WMQRS staff will speak to all service users and carers prior to them starting any involvement with WMQRS activities.

16 Service user and carer reviewers will not normally be engaged in a 'regulated activity' as defined by national guidance[1]. There is the possibility that, for some, that the frequency of their involvement with WMQRS and / or other organisations could reach the level where they should be vetted. There is also the possibility that user and carer reviewers may become separated from the NHS staff who normally accompany them. WMQRS therefore:

a. Will only use as reviewers service users and carers who have been vetted (CRB checked).

[1] *Vetting and Barring Scheme Guidance*. HM Government. 2010

b. 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.

c. 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.

d. Expenses and honoraria (if) will not be paid unless a CRB check has been confirmed.

e. If the CRB check identifies issues which should be considered, WMQRS staff will take the advice of Sandwell and West Birmingham Hospitals NHS Trust on whether the individual should act as a reviewer.

The requirement for vetting (CRB checking) does not apply to service users or carers who are involved with the WMQRS Board or a programme Steering Group but who do not act as reviewers.

TRAINING AND SUPPORT

17 Following any briefing sessions WMQRS will maintain its philosophy of partnership working and therefore all reviewer training will include health professionals and lay reviewers. Each programme steering group will consider if service users and carers have any particular training needs in addition to briefings and the multi-professional reviewer training sessions.

18 Each review programme will identify any specific information needs for user and carers, for example, a glossary of terms or Interpretation advice.

19 It is likely that some users and carers will need additional support and time to understand the review process and Quality Standards. The WMQRS core team will also endeavour to address any other reasonable information needs identified by service users and carers at briefing or training sessions.

20 WMQRS will ensure that service users and carers know that they can ask for support in their work with WMQRS, for example meeting prior to formal meetings. Service users and carers will be given WMQRS contact details for queries. Reasonable guidance, support and supervision will be available.

RESPONSIBILITIES

21 Service users and carers will be expected to:

- Act on behalf of, and in the interests of, the West Midlands health community.
- Act in accordance with the expectations of the person specification for Board members, Steering Group members or reviewers (as applicable)
- Comply with the WMQRS Confidentiality Agreement at all times.
- Undertake reviewer training as required.
- Comply with appropriate standards of cleanliness, dress and behaviour.

EXPENSES

22 Service users and carers, are entitled to travel and subsistence expenses provided that these are not paid by another organisation. Agreement should be made in advance for them to do so in line with this policy. Wherever possible, public or car transport should be used.

23 Expenses to be reimbursed in accordance with the Sandwell and West Birmingham Hospitals NHS Trust Expenses Policy and Standing Financial Instructions. In particular:

a. People are requested to use public transport or the most cost effective, environmentally friendly form of transport where practical. Where this is not the case, due to disability or caring responsibilities or remoteness of the venue then people can claim a mileage rate as set by Sandwell and West Birmingham Hospitals NHS Trust.

b. Where required because of health needs or exceptional circumstances, the costs of a taxi can be met with prior agreement with WMQRS.

c. Special transport arrangements may be required by some people and should be discussed with WMQRS in advance.

d. Parking costs will be met for the duration of the meetings or reviews, but not parking fines. A receipt or ticket must be produced and attached to the claim form for reimbursement.

e. Subsistence covers meal and drink costs when these are not provided during the event. A guideline for these costs is: a maximum of £10 for lunch or breakfast and £15 for an evening meal. These will only be payable when the activity and travel time together exceed five hours and no provision is made at the venue/event. If costs are likely to exceed this guidance then this should be discussed with WMQRS in advance.

f. Replacement care or essential assistance costs can be met for registered child care or support costs from registered care providers, but should be discussed and agreed in advance with WMQRS. Payments for these costs will require a VAT registered invoice or a receipt. Agreement to fund such costs is dependent on sufficient budget being available.

g. If a service user or carer is to attend a review on behalf of WMQRS and the timings would mean that it was unreasonable to expect travel from home to the venue and back in one day, then accommodation will be arranged. WMQRS will aim to arrange accommodation and meals where possible to keep the 'out of pocket' expenses low for the individual(s). No accommodation costs can be covered without prior agreement with WMQRS. WMQRS will endeavour to reduce the need for overnight accommodation for service users and carers.

h. Incidental costs such as photocopying, mail or telephone costs will be kept to a minimum by WMQRS providing a 'free-post' address or arranging for stamped addressed envelopes, printing copies of documents and providing photocopying facilities. In exceptional circumstances, where this is not possible, reasonable costs must be agreed with WMQRS in advance. It may be easiest to provide replacement goods such as paper or printer cartridges, using internal stationery processes. Receipts must be produced to support any expenditure.

24 In order to claim expenses a form must be completed and authorised by the WMQRS. All expense claims must be submitted with receipts using the agreed WMQRS/SWBH claim form and expenses should be claimed within three months.

HONORARIA

25 The need for honoraria in recognition of service users' and carers' time and expertise should be considered at the time of scoping each review programme. Honoraria may be paid:

a. Where this is normal practice for the service or care pathway concerned and agreed by the programme Steering Group

b. If additional funding to meet this expense is identified by the sponsoring network or care pathway group. If additional funding is not available then alternative mechanisms of involving service users and carers should be considered.

26 Current honoraria rates (DH Reward and recognition 2006) are: £50 for a half day and £100 for a full day. Both the recipient and the nominating organisation should be aware of the implications for the individual in terms of tax liability and/or the potential impact on the individual's state benefits, together with the relevant employment law. Should an individual receive an honorarium they will be required to declare this to the Inland Revenue as a self employed person or have tax and national insurance contributions deducted. If the individual is in receipt of certain state benefits they will be responsible for declaring the payment appropriately. Where applicable, honoraria will be claimed on the agreed WMQRS / SWBH expenses form.

Complaints

27 If a complaint is made about a service user of carer or their work with WMQRS, it will be initially discussed between the service user or carer concerned by a member of the WMQRS team. This discussion will focus on the basis for the complaint and any changes that may be required, for example, additional support. If the matter is not resolved, WMQRS reserves the right to conclude the involvement of the service user or carer concerned with WMQRS work.

Review of Involvement

28 At the end of each review programme, service users and carers will be invited to review their involvement with WMQRS, in discussion with the WMQRS core team.

References

Achieving change through Patient Partnerships. Patient and Public Involvement Strategic Framework 2003-2010, Sandwell and West Birmingham Hospitals NHS Trust.

Making a Difference – Strengthening Volunteering in the NHS. Department of Health, 1996

Policy for the reimbursement of expenses of patients, service users, carers and members of the public engaged in improving health services. NHS West Midlands. August 2008

PALS Core National Standards and Evaluation Framework'. Department of Health, 2005

Patients, Our Driving Force - A Strategic Framework for Nurses, Midwives and Therapists Which Reflects Patient and Public Involvement 2003 – 2010. Sandwell and West Birmingham Hospitals NHS Trust, 2005. L&G Davis

Volunteers across the NHS: Improving the Patient Experience and Creating a Patient-Led Service. Sheila Hawkins and Mark Restall, Volunteering England, 2005

Vetting and Barring Scheme Guidance. HM Government. 2010

APPENDIX 1 EXAMPLE OF SERVICE USER AND CARER INFORMATION

This example was prepared for potential service user and carers for a Long Term Conditions Steering Group.

SERVICE USER AND CARER STEERING GROUP MEMBERS

WEST MIDLANDS QUALITY REVIEW SERVICE (WMQRS)

The West Midlands Quality Review Service (WMQRS) was set up by NHS organisations within the West Midlands as part of the drive to improve the quality of health services. It undertakes reviews of clinical services using a team of professional (peers) and lay reviewers to establish whether the services are meeting agreed Quality Standards. There is a long history of peer review within the West Midlands, especially of cancer services and care of critically ill children. These have been shown to lead to improvements in the quality of services.

The West Midlands Quality Review Service (WMQRS) has a Board that oversees its work on behalf of NHS organisations in the West Midlands. The Board recommends the annual programme of services to be reviewed, oversee delivery of the programme and ensure evaluation takes place.

WHAT WILL THE STEERING GROUP BE RESPONSIBLE FOR?

There is a Steering Group for each programme agreed by the WMQRS Board. The Steering Group develops the details of the approach to any quality reviews. All Steering Groups operate within the overall WMQRS Principles and Approach and are accountable to both the WMQRS Board and a sponsoring organisation such as a clinical network for long term conditions. It is important that the voice of service users and carers is at the heart of the work of the Steering Group and so the membership includes two service user and / or carer representatives.

The Steering Group will have responsibility for:-

- Ensuring there is appropriate engagement and consultation with relevant stakeholders at all stages of the programme.
- Contributing to the design of the peer review programme.
- Overseeing the development and maintenance of Quality Standards for the programme. Ensuring that any Quality Standards are based on the latest national guidance and fit for purpose.
- Defining the process for the review programme for those involved.
- Agreeing peer review visit reports.
- Ensuring dissemination of the findings of peer review visits.
- Supporting organisations in monitoring progress with action following review visits.
- Supporting action needed following, or in preparation for, peer review visits.
- Contributing to the evaluation of the programme.

WHY IS USER AND CARER INVOLVEMENT SO IMPORTANT?

User and carer involvement is crucial at all stages of the WMQRS programmes. It allows learning from the 'inside' about good practice and how services operate.

It is our philosophy that collaborative working between users, carers and health service professionals ensures that our focus remains on the quality of care across the whole patient pathway. We believe that this process is successful because it creates a genuine partnership between users and carers, who have experience of the whole patient journey and will focus on the impact of services for service users and carers, and health professionals, who have expertise on delivering specific parts of the service.

SERVICE USER OR CARER MEMBER EXPERIENCE

Service users or carers who want to be members of a Steering Group should:

- Have recent knowledge and understanding of the service/care pathway for long term conditions
- Have some knowledge and understanding of how the NHS works
- Have an interest in helping NHS organisations improve their services
- Be able to contribute to discussions – in a similar way to being part of other patient forums or group.
- Be able to act with sensitivity and discretion, and to respect confidentiality.

WHAT COMMITMENT IS EXPECTED?

Steering Groups will remain in operation for the length of the programme i.e. development, implementation, follow up and evaluation. How long this is for each group depends on the size of the programme and the number of services involved. A Steering Group will meet approximately six to eight times a year, more frequently when the review programme is being established and less frequently once the programme is in place. Meetings may take place anywhere in the West Midlands. Service user and carer members will need to prepare for Steering Group meetings. Once involved in the Steering Group service user and carer members may also wish to become user reviewers on the peer review visits (usually a day each).

WHAT SUPPORT WILL BE AVAILABLE?

Expenses will be paid for attendance at meetings and other events in line with the WMQRS Service User and Carer Involvement policy. The WMQRS core team will also be happy to advise and support service user and carer members, for example, by meeting before meetings in order to go through the papers.

HOW DO I BECOME INVOLVED?

If you are interested in being considered for one of these roles, or would like some more information, please contact Sarah Broomhead on sarahbroomhead@nhs.net or 07976499580.

APPENDIX 2 WMQRS SERVICE USER AND CARER REVIEWER PERSON SPECIFICATION

Specification	Essential Skills
Experience Have recent knowledge and understanding of the service/care pathway for XXXX **Knowledge, understanding** Have some knowledge and understanding of how the NHS works **Aptitude** Would like to help NHS organisations improve their services **In addition, nominees for peer review should be:** • Able to commit to and be available for any briefing sessions, reviewer training and undertake at least one quality review visit. (Minimum of 2 ½ days) • Willing and able to support (buddy) new service user orcarer team members as individuals become experienced.	**Good Listener and Communicator** • Can contribute to discussions • Ability and confidence to present own viewpoint clearly and concisely in meetings and working with other team members. • Ability to listen to others' viewpoint without interruption • Ability to understand and utilise others' contribution. • Tactful in communication and awareness to others' verbal / nonverbal reactions. **Good at working in teams** • Ability and confidence to ask for advice, guidance and the views of other team members where necessary. • Ability to demonstrate respect for others' points of view. • Able to adapt own approach/style to suit situation during the review day – between the different sessions of the day (the morning preparation, the review, and report writing sessions) • Able to demonstrate an ability to work within a team. • Ability and confidence to raise any concerns with the review team and ask for help if needed. **Ability to prepare for review** • Able to assimilate relatively large amounts of information both at the review and in preparation prior to the review. • Ability and confidence to ask probing questions sensitively during the review day. • Able to use the evidence available to base judgements at the review to ask questions and contribute to the writing of the report. • Ability to maintain and project enthusiasm during the review day

ENCLOSURE 6 OVERALL ASSESSMENT

Purpose of Report:

This report presents the Overall Assessment of services reviewed in 2010 for the Board's approval.

Key Points:

- In March 2011 the WMQRS discussed the responses received to the draft Overall Assessments which had been circulated to health economies. WMQRS was asked to review the methodology and the scores and re-circulate to health economies for comment. The purpose of this exercise was to reach overall assessments for inclusion in Overview Reports which were a) methodologically robust and b) fitted with the general tone and perception of the visit report.
- Revised overall assessments were sent to health economies and to Steering Group members on 15th June with the following summary of comments received and action taken:

	Comment	Action Taken / Response
1	Why is this being done now? It would have been helpful as part of the original report.	In future, WMQRS hopes that overall assessments can be done immediately after the visits. This was not undertaken in 2010 because of the speed with which the review programme was set up. The WMQRS Board considered that it was still worth producing the overall assessments as they give useful comparative information which is more meaningful than comparisons of percentage compliance (which take no account of the relative importance of Quality Standards). NB. The overall assessments are a way of summarising the immediate risks and concerns within the report – the identification of which is based on the review of compliance with agreed Quality Standards.
2	Individual risk scores should not be added together to give an overall assessment for a service.	The approach adopted is consistent with that developed for cancer and critically ill children peer review programmes. They have also been discussed extensively by the Steering Groups for each pathway. Alternative ways of summarising the visit reports into an overall assessment were considered at this time. For cancer and critically ill children programmes, there are several strong associations between a poor overall assessment and subsequent serious issues relating to patient care. The WMQRS Board therefore decided to continue with the development of a system of overall assessment and suggestions for alternative approaches will be welcomed. Until a better approach is identified, the previous approach has been used (Appendix 1). The presentation of the overall assessment could, however, be easily changed. For example, a system which used √√, √, x and xx could be used instead of green, yellow, amber and red. This would avoid confusion with the rating of individual risks. Comments on the presentation of the overall assessment would be welcomed.
3	Issues should not be scored in both Trust-wide and individual service areas	This has been reviewed and most issues are now scored either in Trust-wide or the particular service area. For example, access to endoscopy is now only scored in Trust-wide. Issues are scored in both only where this is relevant. For example, a lack of guidelines and protocols may be scored more than once where a particular service has not met relevant QSs and where there is a general issue – for example, difficulties accessing guidelines on the Trust intranet.
4	The overall assessment does not 'fit' with the overall tone of the report.	All risk scores have been reviewed. Consistency between the different pathways has also been checked. As indicated above, clarifying whether issues are scored in Trust-wide or a particular service has also reduced some overall assessments.
5	Some comments on individual risk scores	Individual responses have been sent on the changes made.

- Health economy responses by 23rd June have been requested and a verbal update will be given to the Board.

Implications:	
Financial, Human Resources and Legal	No implications were identified
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 consider the responses received on the revised Overall Assessments and decide on the inclusion of these in the Overview Reports.

APPENDIX 1 WMQRS 2010 QUALITY REVIEW PROGRAMME: URGENT CARE, VASCULAR, STROKE (ACUTE PHASE) & TIA AND CRITICAL CARE SERVICES

OVERALL ASSESSMENT

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.

Overall Assessments 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* approach[2]. 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 Standards[3], 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 overall assessments give an overall view of the service reviewed; the NPSA descriptors are for individual risks.

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

[3] Appendix 5 WMQRS Critical Care Standards V2 20100421 Search - Publications - West Midlands Quality Review Service

ENCLOSURE 7 REPORT TO CHIEF EXECUTIVES

Purpose of Report:

This paper contains a proposed report to all West Midlands NHS Chief Executives meeting on 15th July 2011.

Key Points:

- Appendix 1 gives the proposed report to all West Midlands NHS Chief Executives. The areas to be covered in this report have been discussed and agreed with Ian Cumming, Chief Executive, NHS West Midlands. This report has four main sections:
    - Short presentation of the Overview Reports which summarise the findings of the reviews of urgent care, critical care, stroke (acute phase) and TIA, and vascular services.
    - Proposed priorities for the 2012 and 2013 review programmes (recommendation agreed at the March 2011 WMQRS Board).
    - Proposed changes to the WMQRS Board membership for 2011/12 and 2012/13 and request for nominations for vacant Board member and deputy roles.
    - WMQRS April 2013 onwards.
- Board comments on this paper are invited, in particular:
    - (Assuming the Board has agreed a way forward on Overall Assessment), should the Overview Reports be circulated to all organisations before the meeting or be submitted to the meeting and then circulated more widely afterwards?
    - Comments on the section 'WMQRS April 2013 onwards'.

Implications:	
Financial, Human Resources and Legal	The paper has implications for the funding of WMQRS and the employment of WMQRS staff after April 2013.
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 comment on the draft report to all West Midlands NHS Chief Executives.

WEST MIDLANDS QUALITY REVIEW SERVICE

1 This report to all NHS Chief Executives in the West Midlands has five sections:

For information: A short presentation of the Overview Reports which summarise the findings of the 2010 reviews of urgent care, critical care, stroke (acute phase) and TIA, and vascular services.

For approval: Proposed priorities for the 2012 and 2013 for the approval of Chief Executives

For approval: Proposed changes to the WMQRS Board membership for 2011/12 and 2012/13

For action: Request for nominations for vacant Board member and deputy roles.

For discussion: WMQRS April 2013 onwards.

2 **Overview Reports: Presentation**

3 **Priorities for 2012 and 2013 review programmes**

During January to March 2011 NHS organisations in the West Midlands were invited to comment on the suggested priorities for the 2012 and 2013 review programmes. The suggested priorities were also discussed at a meeting for WMQRS leads from Trusts and PCTs. 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 West Midlands Specialist Commissioning Team.

The WMQRS Board meeting on 30th March 2011 considered the generally positive responses received and recommended the following review programme to Chief Executives for approval:

2012: Services for People with Long-Term Conditions

Further work is taking place to clarify the scope, including whether reviews should cover particular long-term conditions (for example, diabetes, COPD, heart failure, frail elderly, musculo-skeletal) and / or generic teams, such as admission avoidance and 'virtual wards'.

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

Re-reviews of urgent care services, including the management of trauma, plus re-reviews of the care of critically ill children, stroke, vascular and critical care services. Further work on the scope of these reviews will take place nearer the time.

4 WMQRS Board Membership

Appendix 1 proposes a revision to the WMQRS Establishment Agreement in relation to the WMQRS Board. The changes from the previous version are:

- Revised commissioner representation (previously PCT Chief Executive, Medical Director / DPH / PEC Chair, Nurse (or other healthcare professional) Director, and Director of the West Midlands Specialised Commissioning Team.
- Addition of a Trust Head of Governance representative.

Chief Executives are recommended to approve the change to the WMQRS Establishment Agreement.

5 WMQRS Board Nominations

Nominations are needed for the following roles on the WMQRS Board:

[To be added following discussion of agenda item 4]

6 WMQRS April 2013 onwards

Appendix 2 gives a short paper on WMQRS post-April 2013. The views of Chief Executives on this are sought, in particular on:

a. Whether Chief Executives consider the work of WMQRS should continue after April 2013?

b. If so, what is the best model for the organisation of WMQRS?

The WMQRS Board (which includes patient, Trust and PCT representatives) recommends that WMQRS should continue under the collaborative arrangements and that proposals are brought to a future Chief Executives meeting on a) changes needed to governance arrangements and b) how continuation of funding for the WMQRS core team can be secured. ***[Note to WMQRS Board: This is based on the discussion at the January WMQRS Board and does not pre-judge decisions at the June Board!]***

APPENDIX 1

[Proposed revision to section 3 of the Establishment Agreement will be added following approval by the WMQRS Board]

APPENDIX 2 WMQRS APRIL 2013 ONWARDS

CURRENT POSITION

1 WMQRS was set up to support NHS organisations in the West Midlands in improving the quality of clinical services. It delivers four 'products':

a. Quality Standards suitable for use in service specifications and for peer review.

b. Quality review visits and reports – with a particular emphasis on peer review

c. Comparative information and regional overviews

d. Development and learning for all involved – especially Continuing Professional Development (CPD) for reviewers.

Other products are being piloted and could be developed further including information about compliance with CQC Regulatory Requirements, evaluations of re-configuration proposals and local reviews.

2 WMQRS Business Case in 2008/09 considered four business models: non-NHS provider, NHS provider 'club', NHS commissioner 'owned' and collaborative. West Midlands NHS Chief Executives chose the collaborative model:

a. WMQRS core team is funded by 17 /18ths by PCTs on a capitation basis and 1/18th by the SHA.

b. All organisations fund reviewers' time and travel expenses. Reviewer training and attending review visits counts as CPD.

3 The WMQRS core team funding, unchanged since 2009/10, is £594,000 per annum. The main elements of the funding are WMQRS staff and associated costs, reviewer training sessions, travel expenses for service user and carer reviewers, and host organisation costs.

4 Advantages of the current model:

a. Input is directly related to benefit received. PCTs and the SHA get benefit from all programmes. Providers get benefit (ie. CPD, reports, comparative information) from programmes covering services they provide.

b. The expertise of peers is utilised well. Reviews are undertaken by peers who have up to date expertise in providing similar services but time out of clinical work is minimised.

c. WMQRS has continuity of funding. This allows one programme to be 'worked up' while another is reviewing and another being finalised. It also small reviews and re-reviews to be 'slotted in'. It also gives flexibility if a review is delayed for some reason.

d. Hosting by an NHS organisation emphasises local, NHS ownership and gives access to nhs.net for WMQRS staff.

SHOULD WMQRS CONTINUE?

5 In January 2011 the WMQRS Board recommended that WMQRS work should continue after April 2013, for the following reasons

a. Quality assurance of clinical services and comparative information about the quality of services is needed just as much now as when WMQRS was set up. Many services do not have alternative systems of clinical quality assurance. The drive which WMQRS review programmes give to quality improvement is also just as relevant now as in 2009.

b. The benefits of WMQRS to provider organisations are unchanged by the NHS reforms. These include Quality Standards which can be used as a basis for service specifications, self-assessment and peer review, external quality assurance, comparative information and development and learning – especially for staff participating as reviewers.

c. WMQRS is even more relevant to Clinical Commissioning Groups than to PCTs. Their smaller population and restricted management costs mean that commissioning expertise in individual services and pathways may be dispersed. Clinical Commissioning Groups will need Quality Standards which can be used as a basis for service specifications, self-assessment and peer review, external quality assurance, comparative information and development and learning – especially for staff participating as reviewers. WMQRS provides a mechanism whereby Clinical Commissioning Groups can access specialist clinical (and service user and carer) expertise in the services they are commissioning. This should also help Clinical Commissioning Groups through their assurance process.

d. WMQRS has an established track record, respected nationally as well as regionally, in developing Quality Standards and organising peer review visits. WMQRS is responsive to the priorities of the NHS organisations which it serves – although responsiveness can always be improved.

6 This is not to say that WMQRS cannot improve its support to NHS organisations in the West Midlands. Ongoing evaluation and changes are essential to making sure that WMQRS is responsive to the needs of the organisations it serves.

At What Level?

7 The strength of the WMQRS comes from the expertise of reviewers and also from their independence. WMQRS tries to avoid using reviewers from 'next door' and reviewing teams are made up of service users, carers, providers and commissioners from across the West Midlands. This requires a population of well over one million. The WMQRS core team has a small staff (4.5 wte substantive posts and 2 wte clinical support posts filled by secondments or short-term contracts of staff with expertise in the pathways / services being reviewed) which could not efficiently be divided up.

8 The other advantage of the current model is that service reviews usually last one day. Reviewers can usually travel from across the West Midlands. This minimises the impact on reviewers' clinical commitments and avoids the need for overnight stays for most reviewers. (Out of region reviewers are used for specialist services.)

Organisational Models

9 Business models for the future are similar to those considered in 2008/09. All models would have to secure funding agreement for the core team from **either** GP commissioners or the National Commissioning Board (models 1, 3 and 4) **or** from providers (model 2):

Business Model		Advantages	Disadvantages
1	**Non-NHS provider** (private company or social enterprise)	• May be seen to have greater independence • May be able to be aligned with other commissioning support functions that are non-NHS provided	• Loss of NHS ownership which may reduce organisations' commitment to participation. • Reviewers may be unwilling to participate, leading to loss of peer expertise • Potential disruption to staff, IT and review programmes
2	**NHS provider 'club'**	• Greater ownership by providers • Potential to be more responsive to providers' needs	• Loss of commissioner ownership and benefits • Loss of health economy focus • More difficult to review pathways which span different types of provider (eg acute, community, mental health) • Not supported by Trust representatives on WMQRS Board • May be difficult to secure ongoing funding as providers likely only to buy into programmes covering services they provide.
3	**NHS commissioner 'owned'**	• Greater ownership by commissioners	• Loss of provider ownership (input and commitment) • Potential loss of provider willingness to provide reviewers with resulting loss of peer expertise.
4	**Collaborative model**	• Commissioner **and** provider ownership • Continuity of provider input (ie reviewer time and travel expenses) and peer expertise • Continuity of hosting arrangements and no disruption to staff, IT, delivery of review programmes • Builds on existing reputation and 'track record' • Remains part of the NHS (confidentiality, nhs.net, governance)	• WMQRS work has to meet the needs of a variety of stakeholders (providers, commissioners)

ENCLOSURE 8 WMQRS 2010/11 ANNUAL REPORT

Purpose of Report:

This report presents the text of the WMQRS 2010/11 Annual Report for the Board's comments and approval.

Key Points:

- WMQRS is required annually to report on its progress and on plans for the next year. This report proposes the main text of the 2010/11 annual report. Some comments and images are still missing. It is proposed that the presentation will be similar to the 2009/10 report. (The 2009/10 report is available on the WMQRS website and copies will be brought to the meeting for any Board members who have not previously had one.)

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:

The Board is asked to comment on and approve the text of the 2010/11 Annual Report.

WEST MIDLANDS QUALITY REVIEW SERVICE

DRAFT ANNUAL REPORT 2010/11

Welcome to the second WMQRS Annual Report. WMQRS has now been in existence for two years and has completed its first major programme of review visits.

WHAT IS WMQRS?

The West Midlands Quality Review Service (WMQRS) was set up on 1st April 2009 as a collaborative venture by NHS organisations in the West Midlands to help improve the quality of health services by:

Developing evidence-based Quality Standards	**Carrying out developmental and supportive quality reviews – often through peer review visits**
Producing comparative information on the quality of services	**Providing development and learning for all involved**

Expected outcomes are:

- Improvements in the quality, safety and outcomes of services reviewed.
- Increased organisational confidence and competence in clinical quality assurance across the NHS in the West Midlands.
- Organisations with better information about the quality of clinical services.

QUALITY STANDARDS

Working with sponsoring clinical networks and Care Pathway Groups though Steering Groups and workshops for interested service users and carers, providers and commissioners:

Completed 2010/11	Planned for 2011/12
Mental health services Health care for people with learning disabilities Dementia services Care of vulnerable adults in acute hospitals	Care of Critically Ill and Critically Injured Children -Version 3 Services for People with Advanced and Progressive Renal Disease – Version 2 Urgent Care – Version 2 Care of People with Long-Term Conditions (subject to scoping)

"This is an unprecedented opportunity for clinicians to review dementia services against clinically-owned standards. This detailed suite of Quality Standards is freely available for all West Midlands services, and provides a real opportunity to inspire and support service re-design." Dr Karim Saad, Regional Clinical Lead for Dementia.

[Image here to illustrate Quality Standards]

QUALITY REVIEW VISITS

Working with sponsoring clinical networks and Care Pathway Groups (CPG):

Completed 2010/11	
Programme	**No. Visits**
Urgent Care	
Primary Care	45
Ambulance Service	1
Emergency Department *	20
Acute Medical Admissions	17
Acute Medical & Surgical Admissions (combined units)	2
Acute Surgical Admissions	16
Acute Trust-wide	14
Commissioning**	16
Total	**131**
Primary Care	
GP Out of Hours	8
Urgent Care Centre and GP Out of Hours combined	2
Subtotal	**10**
Walk-in Centre	13
Urgent Care Centres	5
Minor Injuries Units	16
Subtotal	**34**
NHS Direct	1
Total	**45**
Critical Care	
Trusts	14
Critical Care Units	23
Outreach Teams	19
Total	**56**

Stroke & TIA	
Primary Care	18
Acute Trust	19
Commissioning	17
Total	**54**
Vascular	
Total	**10**
Services for Children with Haemoglobin Disorders (National Programme)	
Total	**15**
Total Visits	**311**

In 2011/12 peer review visits across the West Midlands will be to:

- mental health services
- health services for people with learning disabilities
- dementia services
- care of vulnerable adults in acute hospitals

The number of services to be reviewed is still being clarified.

[Quote about the visits.]

[Images of reviewers in action on visits]

INFORMATION ABOUT THE QUALITY OF SERVICES

Completed 2010/11	**No.**	**Planned for 2011/12**
Visit Reports – covering many services	34	Finalise 2010/11 Overview Reports
Presentations	Many	Reports of all 2011/12 review visits Presentations – as requested
Started in 2010/11		
Overview Reports: • Urgent Care • Critical Care • Vascular Services • Stroke (acute phase) and TIA • Services for Children with Haemoglobin Disorders (national programme)		

[Quote about visits]

[Images of reviewers in action on visits]

DEVELOPMENT AND LEARNING

Completed 2010/11			
Reviewers	**Trained**	**Reviewers**	**Reviewer Days***
2010 Review Programme	**114**	**233**	**465**
User / carer reviewers	13	11	31
NHS reviewers	101	222	434
2011 Review Programme	**174**	**0**	**0**
User / carer reviewers	28	0	0
NHS reviewers	146	0	0
Services for Children with Haemoglobin Disorders (national programme)	**1**	**42**	**84**
User / carer reviewers	0	7	26
NHS reviewers	1	35	58

* Reviewer days are greater than the number of reviewers because some people took part in more than one visit.

Both training and participation in review visits contribute to Continuing Professional Development for NHS reviewers. Evaluations of previous review programmes show that over 70% of reviewers use the experience to improve their own services, often bring back innovative ideas to transform services within their own health economy.

[Quote about the value of reviewing[

[Images of training in action – or of sharing good practice event]

Other Work

Completed 2010/11	Planned for 2011/12
• Evaluation of renal peer review programme • Memorandum of Understanding with West Midlands SHA – covering communication and exchange of information. • Preparation of evidence on peer review for the Mid Staffordshire Public Inquiry • Pilot of evaluation of Shropshire consultation proposals compared with expected Quality Standards	• Evaluation of 2010 review programme. • Continuation of 'New Chief Executive Briefings'
Started in 2010/11	
• 'New Chief Executive Briefings' introduced	

WMQRS Core Team

Thanks to .... Lisa Carroll, WMQRS clinical support for the urgent care review programme. Lisa worked tirelessly on the development of Quality Standards for Urgent Care and supporting all the review visits. Lisa has now returned full-time to her work as a Nurse Consultant at University Hospital of North Staffordshire NHS Trust.

Kevin Heffernan, who supported the preparation for the review programmes for mental health services and health services for people with learning disabilities. Kevin's secondment from NHS West Midlands finished at the end of March 2011 and Kevin is now back full-time with the SHA.

Welcome to..... John Levy (0.8 wte) and Elaine Woodward (0.4 wte) who have taken over as WMQRS clinical support for the 2011 review programmes. Both have extensive experience working in mental health and learning disability services.

Vidushy Auchoybur, WMQRS Lead Administrator, had a baby girl in April and Vidushy is therefore now on maternity leave.

What could have gone better?

2010/11 was a challenging year for WMQRS. We managed our first large programme of reviews at the same time as developing Quality Standards for the 2011 reviews. Several aspects of WMQRS' work could have gone better:

- Reports were not produced as quickly as we would have liked. For the future we will be trying out different 'sign-off' arrangements to try and address this problem.

- Some of the Steering Groups did not achieve consistent membership and engagement, especially the groups for mental health services and care of vulnerable adults in acute hospitals. Suggestions for how we improve the Steering Groups will be welcomed.
- Communications and bulletins about WMQRS work did not happen as regularly and frequently as we would have liked.
- The initial version of the Overall Assessments of services reviewed in 2010 were not universally seen as a fair and helpful exercise. We have reviewed the scoring methodology and ***[finalise when responses received].***
- Commissioners' awareness, understanding and use of WMQRS products and services remains variable. We asked for expressions of interest in becoming a 'demonstrator site' but received no response. It will be particularly important that we improve this as the NHS moves into new commissioning arrangements.
- Proposals for research projects on a) link between the quality of structure and process and service outcomes, and b) reliability of review visits did not get beyond the 'good intentions' pile.
- The 2010/11 work programme was delivered despite vacancies in the WMQRS team – a workload which is not sustainable.

WHAT DID IT COST?

WMQRS recurring annual budget is £594,000. This is funded 17/18ths by West Midlands PCTs on a capitation basis and 1/18 by NHS West Midlands. Employing organisations fund reviewers' time and travel expenses. The recurring budget was under-spent in 2009/10 due to vacancies within the Core Team and PCT and SHA 2010/11 contributions were therefore reduced on a non-recurring basis.

ACKNOWLEDGEMENTS

Very many people contribute to the work of WMQRS, especially our Board Members, Steering Group members, reviewers and lead contacts within NHS organisations. This support is crucial to the success of WMQRS and is gratefully acknowledged.

MORE INFORMATION ABOUT THE WORK OF WMQRS IS AVAILABLE ON OUR WEBSITE:

WWW.WMQI.WESTMIDLANDS.NHS.UK/WMQRS

ENCLOSURE 10 OVERVIEW REPORT – SERVICES FOR CHILDREN AND YOUNG PEOPLE WITH HAEMOGLOBIN DISORDERS

Purpose of Report:

This report presents the Overview Report – Services for Children and Young People with Haemoglobin Disorders for the Board's approval.

Key Points:

- In 2009 it was agreed that WMQRS would support the national programme of reviews of services for children and young people with haemoglobin disorders. The sponsoring network for the programme was the UK Forum for Haemoglobin Disorders. Funding for the Clinical Lead and for the WMQRS input was provided by the NHS Sickle Cell and Thalassaemia Screening Programme. Dr Anne Yardumian, Consultant Paediatric Haematologist from North Middlesex University Hospital NHS Trust has led the programme, attended all visits and written the reports. WMQRS has undertaken the administration of programme, led the training sessions, provided guidance to the clinical lead and checked all the reports. The WMQRS Board provides the governance for the programme and, as such, has responsibility for approval of the Overview Report.
- The Overview Report identifies significant issues in relation to the current services for children and young people with haemoglobin disorders. As the programme has been run under WMQRS governance, the Board has some responsibility for ensuring these issues identified within it are addressed. It is therefore recommended that Stan Silverman, Medical Director, NHS West Midlands brings this report to the attention of all SHA Medical Directors. The Board may consider that other action is also required.

Implications:	
Financial, Human Resources and Legal	None
Equality impact	All WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care. Haemoglobin disorders disproportionately affect certain ethnic groups and this report therefore has particular equality implications.

Recommendations:

The Board is recommended to:

- Approve the Overview Report – Services for Children and Young People with Haemoglobin Disorders
- Ask Stan Silverman, Medical Director, NHS West Midlands to bring the report to the attention of all SHA Medical Directors.