

WMQRS BOARD MEETING

Date: 22nd March 2012
Time: 2 pm – 4 pm
Location: Conference Room No 4, St Chad's Court, 213 Hagley Road, Edgbaston, Birmingham B16 9RG

AGENDA

1.	Welcome to new members	
2.	Apologies for absence	
3.	Notes of the meeting held on 15 th December 2012	Enclosure 1
4.	Actions and matters arising from the last meeting	Enclosure 2
5.	Review Programmes: Progress Report	Enclosure 3
6.	2011/12 Review Programme Overview Report	Enclosure 4 & attached report (two volumes)
7.	Future of WMQRS	Enclosure 5
8.	Any other business	
9.	Dates of 2012 meetings: June 26th, 3-5pm Sept 26th, 1-3pm Dec 13th, 3.30-5.30pm	

Attached for information:

Chapter 13 of the Closing Statement of the Counsel to the Mid Staffordshire Public Inquiry: 'Peer Review in the West Midlands.'

PRESENT

Eamonn Kelly (Acting Chair)	Chief Executive, West Mercia PCT Cluster
Denise McLellan	Chief Executive, Birmingham and Solihull PCT Cluster
Dr James Shipman	Assistant Medical Director, Staffordshire PCT Cluster
Steve Washbourne	West Midlands Specialised Commissioning Team
Rob Courteney-Harris	Medical Director, University Hospitals of North Staffordshire NHS Trust
Donal O'Donoghue	Medical Director, Sandwell & West Birmingham Hospitals NHS Trust
Stan Silverman	Medical Director, NHS West Midlands
Sandy Brown	Nurse Director, West Midlands Ambulance Service NHS Trust
Richard Wilson	Head of West Midlands QI
Jane Eminson	Acting Director, WMQRS

IN ATTENDANCE

Sarah Broomhead	Quality Manager, WMQRS
Andrew Brown	Birmingham and Solihull PCT Cluster (shadowing Denise McLellan)

The meeting was chaired by Denise McLellan until the arrival of Eamonn Kelly.

1. Apologies

Apologies were received from Steve Sharples, Faye Bailey and Simon Mitchell

2. Notes of meeting held on 12th September 2011

The notes of the meeting held on 12th September 2011 were agreed as a correct record with the addition (no. 9) of the point made by Donal O'Donoghue and agreed by the Board, that further consideration should be given to including musculo-skeletal conditions in the 2012/13 reviews of services for people with long-term conditions.

3. Actions and matters arising from the last meeting

Progress with actions from the last meeting was noted. The only issue of concern was responsibility for recommendations in the 2010 Review Programme Overview Reports. These reports were written with the West Midlands SHA as the primary audience. Responsibility for the recommendations was to be discussed at a meeting with Peter Blythin but this is no longer appropriate. The Board agreed that Jane Eminson should summarise the recommendations and circulate these to PCT Cluster CEOs, with a suggestion that they may wish to involve their Clinical Senate in taking the reports forward.

Action: Jane Eminson to write to PCT Cluster CEOs about 2010 Review Programme Overview Reports

4. Review Programmes: Progress Report

The Board noted the progress report on review programmes including, with regret, the withdrawal of the Black Country Partnership NHS Foundation Trust from the reviews of mental health services and services for people with learning disabilities.

The Board discussed responsibility for follow-up of immediate risks identified during peer review visits. The Board confirmed that follow-up was not the responsibility of WMQRS. It was agreed that where a copy of the immediate risk response had not been received within the expected timescale, or where this response did not address the issue identified, this should be identified in writing to the responsible PCT Cluster. No further WMQRS action is then required.

Action: WMQRS to notify PCT Cluster CEOs of any outstanding / incomplete immediate risk responses.

The Board noted the forthcoming 'Good Practice Events' and the need to publicise these within their local organisations. Some delays with production of reports consequent on absences of key WMQRS staff were also noted.

Donal O'Donoghue suggested that Quality Standards should be 'copy left' so that they could be easily used by anyone interested.

Action: All Board Members to publicise forthcoming Good Practice Events to local organisations.

The Board agreed:

- The 2012/13 review visits to services for people with long-term conditions should be deferred to start in September 2012
- Paediatric diabetes services should be included in this review programme (on the basis described in the progress report)
- WMQRS should help the West Midlands paediatric palliative care network to develop Quality Standards for paediatric palliative care services.
- So long as the time commitment is not great, WMQRS may help with the development of national standards for cleft lip and palate services.

5. Future of WMQRS

The Board received the letter from Glen Burley of 25th October 2011. Eamonn Kelly added that he had since spoken to Wendy Farrington-Chad who now chaired the Trust Chief Executive Group. He had asked that a Trust Chief Executive attend the Board meeting and was sorry that no-one was present. Eamonn said he thought the letter represented the views discussed at the meeting in October and did not comprise a formal position from participating Trusts. Rob Courteney Harris confirmed that there had been no discussion at University Hospital of North Staffordshire NHS Trust about the future of WMQRS.

The Board discussed the new regulatory environment and possible national initiatives / responses to recommendations of the Mid Staffordshire Public Inquiry relating to peer review. It was agreed that a holding position was needed until any new national arrangements were clearer. The Board also discussed the most appropriate balance between improvement and assurance and how this could be achieved. The Board recognised the concerns of Trust Chief Executives but did not consider that this was the time to reduce quality assurance effort, especially as WMQRS focuses on areas which are not reviewed in detail through other mechanisms.

Following a wide-ranging discussion it was agreed that Eamonn would write to PCT Cluster CEOs, copied to Cluster Medical and Nurse Directors, asking them to talk with their local Trusts about views (positive and

negative) on WMQRS and, in particular, whether they wish to participate in the 2012/13 programme of reviews of services for people with long-term conditions. Meanwhile, WMQRS work on preparing for the 2012/13 programme should continue. Eamonn said that he would also talk again to Wendy Farrington-Chad about Trust representation at the WMQRS Board.

Action: Eamonn Kelly to write to PCT Cluster CEOs

Eamonn Kelly to contact Wendy Farrington-Chad about Trust representation on the WMQRS Board.

6. Any other business

There were no other items of business.

7. Date of next meeting

Meeting dates for 2012/13 were noted:

March 22nd, 2 – 4 pm

June 26th, 3 – 5 pm

September 26th, 1 – 3 pm

December 13th, 3.30 – 5.30pm

ENCLOSURE 2**ACTIONS AND MATTERS ARISING FROM LAST MEETING**

Min.	Action / Matter Arising	Who	Progress
3	Write to PCT Cluster CEOs about 2010 Review Programme Overview Reports.	Jane Eminson	Done
4	Notify PCT Cluster CEOs of any outstanding / incomplete immediate risk responses.	WMQRS	Done
4	Publicise forthcoming Good Practice Events to local organisations.	Board members	Done
5	Future of WMQRS: Write to PCT Cluster CEOs.	Eamonn Kelly	Discussed with PCT Cluster CEOs
5	Contact Wendy Farrington-Chad about Trust representation on the WMQRS Board.	Eamonn Kelly	Discussions with Wendy have taken place. A verbal update will be given at the Board meeting.

ENCLOSURE 3 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.

Key Points:

- Consideration of the Overview Report (agenda item 6) completes the 2011/12 review programme.
- Preparations for the 2012/13 programme of review of care of people with long-term conditions are now going well and draft Standards should be launched for comment on 28th March 2012.
- The first visit of the national programme of reviews of services for adults with haemoglobin disorders takes place on 20th March 2012.
- Most of the work on other programmes is developing or revising Quality Standards, with interest in national adoption of some Standards.
- Compliance with WMQRS Standards has improved in recent months.

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 recommended to note the contents of this report, including noting Chapter 13 of the Counsel to the Mid Staffordshire Public Inquiry's Closing Statement 'Peer Review in the West Midlands'.

REVIEW PROGRAMMES: PROGRESS REPORT

2011 /12 Review Programmes

- 1 Since the last Board meeting, review visits to dementia services in Sandwell, Wolverhampton and Dudley have taken place. The Dudley visit identified particular problems and the Dudley Memory Service was suspended for a time following the visit. Dudley Clinical Commissioning Group Lead for Quality and Safety was not happy with the action taken by WMQRS following the visit but these concerns were addressed through subsequent discussion with Dr Karim Saad, NHS West Midlands Dementia Clinical Lead
- 2 Two 'Good Practice Sharing Events' were held and were well attended.
- 3 The Overview Report, including the Evaluation Report, for this programme is on the agenda for this meeting.

2012 /13 Review Programme – Care of People with Long-Term Conditions

- 4 Meetings with interested clinicians and commissioners around the West Midlands have taken place to discuss the Quality Standards and review programme. These have been useful in publicising and increasing engagement with this programme. The Steering Group is considering the next draft Quality Standards on 20th March and invitations to reviewers and to workshops to discuss the draft Standards should have been sent out by the time of the Board meeting. Reviewer training sessions have been arranged. A verbal update on progress will be given at the Board meeting.
- 5 Sir John Oldham, national lead for Long-term Conditions and QIPP, has agreed to launch the draft Quality Standards for consultation at a West Midlands workshop on 28th March. This may require a change to the name as he is proscribed from using the term 'Quality Standards' other than for NICE Standards. Sir John has also commented positively on the draft Standards and asked permission to discuss their wider use with the National Quality Board and NICE.
- 6 Paediatric diabetes Quality Standards have been developed and will be launched for consultation at the paediatric diabetes network meeting on 28th March.
- 7 A one year appointment has been made to the Long-Term Conditions Programme Lead post.
- 8 Health economies have not yet been notified of visit dates but this is planned for April / May.

Other Review Programmes

- 9 **Urgent Care:** Quality Standards are being revised. Agreement has been reached with the Society for Acute Medicine on national adoption of the WMQRS acute medicine Quality Standards and these will be launched at the Society for Acute Medicine conference in May. The revision to the urgent care Standards is incorporating revised guidance on trauma services.
- 10 **Critical Care:** Overall assessment data have been submitted to ICNARC who have agreed to look at the relationship between the overall assessment and clinical outcomes. No response has been received on this yet. A programme of work with the Midlands Critical Care Networks to revise the Quality Standards has started.
- 11 **Stroke (acute phase) and TIA:** No action.

12 Critically ill and critically injured children:

The Steering Group has started developing Version 4 of the Standards which will include high dependency care and new guidance on trauma services. These should be ready for consultation across the West Midlands in June 2012. WMQRS attended a meeting with the Royal College of Paediatrics and Child Health and Paediatric Intensive Care Society (PICS) about similar work on the PICS Standards (which are the same as the West Midlands Version 3). The West Midlands and national work are not yet aligned but discussions continue.

The February Steering Group also considered the Closing Statement of the Counsel to the Mid Staffordshire Public Inquiry on Peer Review in the West Midlands. Chapter 13 of the Counsel's Closing Statement comments on the conduct of the critically ill and critically injured children peer review programme. The Counsel's conclusions are considered under agenda item 7 (Future of WMQRS). Chapter 13 is enclosed with the Board papers for information.

13 **Renal:** Version 2 Quality Standards for Services for People with Progressive and Advanced Chronic Kidney Disease were agreed by Renal Network Board in January 2012 apart from one detailed point. It is hoped that these will be finalised in the near future. The Royal College of Physicians Director of Accreditation is interested in using the WMQRS Standards as part of the national accreditation programme for haemodialysis services and will be visiting WMQRS in April.

14 **Vascular Services:** No action.

15 **Adults with Haemoglobin Disorders (national programme):** Quality Standards have been finalised, two reviewer training sessions have taken place. The first visit (Sheffield) takes place on 20th March 2012 and other visit dates are now scheduled. Temporary support has been brought in to cover the Programme Manager post.

16 **Children with Haemoglobin Disorders:** No action

17 **Paediatric Palliative Care:** Draft Quality Standards have been developed and should be agreed for consultation by the Steering Group on 30th March.

Other Work

18 No progress has taken place on the development of national Standards for cleft lip and palate services. Feedback from the national lead is awaited.

19 Discussions are taking place with the Department of Non-Communicable Disease Epidemiology at the London School of Hygiene and Tropical Medicine about a collaborative research project looking at the relationship between overall risk scores for cancer services and outcomes.

Compliance with WMQRS Standards

20 Table 1 shows compliance with WMQRS Standards. This shows the impact of the pressure on WMQRS staff during the autumn of 2011 on the production of reports.

Table 1 Compliance with WMQRS Standards

Visit	Visit date	Immediate risks				Reports			Notes
		IR letter within 7 days	IR response received	IR response addresses issue raised	Handover to PCT Cluster	Draft report to reviewers within 2 weeks	Draft report to health economy within 4 weeks	Final report issued (weeks)	
2011 / 12									
Dudley & Walsall	9 th - 13th May 11	N/A	N/A	N/A	-	Y	N	15	
Coventry & Warwickshire	14 th - 24th June 11	Y	Y	N	Y	Y	N	16	
Birmingham & Solihull	5 th - 14th July 11	Y	Y	N	Y	N	N	17	
Renal - UHB	12 th July 2011	Y	Y	Y	-	N	N	22	Report was delayed by delays in the Trust response to the draft report.
Herefordshire	13 th – 15 th Sept 11	N/A	N/A	N/A	-	N	N	13	
Worcestershire	20th - 23rd Sept 11	Y	Y	Y	-	N	Y	12	
Birmingham LD	26 th – 27 th Sept 11	N/A	N/A	N/A	-	N	Y	7	
South Staffordshire & Shropshire	4 th – 13 th Oct 11	Y	Y	N	Y	N	N	22	Comments were not received from the Health Economy by the initial deadline (apart from Mid Staffs NHS FT). Reminders sent to S&SSFT, SaTH and RJAH who requested an extension to 16 th January. Only comments from S&SSFT were received. Amendments made and further meetings were held with S&SSFT in order to agree the report.
North Staffordshire	18 th – 20 th Oct 11	N/A	N/A	N/A	-	Y	Y	17	Incomplete comments were received initially and North Staffs Combined NHS Trust requested an extension to the deadline for comments.
Mid Staffs Stroke	6 th Dec 11	N/A	N/A	N/A	-	Y	Y	10	

		Immediate risks				Reports			
Visit	Visit date	IR letter within 7 days	IR response received	IR response addresses issue raised	Handover to PCT Cluster	Draft report to reviewers within 2 weeks	Draft report to health economy within 4 weeks	Final report issued (weeks)	Notes
Sandwell and Wolverhampton	17 th – 19 th Jan 2012	N/A	N/A	N/A	-	Y	Y	7	
Dudley	20 th Jan 2012	Y	Y	Y	-	Y	Y	8	Steering Group agreement to change IR to a serious concern.
2011 / 12 % standards met									
	No. Yes	6	6	3		6	6		
	No. No	0	0	3		6	6		
	No. N/A	6	6	6		0	0		
	% YES	100	100	50		50	50		

ENCLOSURE 5 2011/12 REVIEW PROGRAMME OVERVIEW REPORT

Purpose of Report:

This report presents the Overview Report of the 2011/12 review programme for the Board's approval.

Key Points:

- Peer review visits to mental health services, health services for people with learning disability, dementia services and care of vulnerable adults in acute hospitals took place between May 2011 and January 2012 to the majority of services across the West Midlands.
- The Overview Report summarised the common themes across the West Midlands and makes some recommendations to PCT Clusters for further work to address these.
- A short presentation of the Overview Report will be given to the Board. The main finding was variability in the quality of services across the region with inspirational leadership being closely related to better quality of care.
- A verbal report on risk-based overall assessment of services reviewed will be given to the Board.
- The independently written Evaluation Report (Appendix 4) concludes that there is good evidence to show that the outcomes and impacts intended by the 2011/12 review programme have been achieved.

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 recommended to:

- a. Consider and approve the Overview Report of the 2011/12 Review Programme
- b. Agree the approach to the presentation and distribution of risk-based overall assessments.

ENCLOSURE 6 FUTURE OF WMQRS

Purpose of Report:

The purpose of this report is to update the Board on discussions about the future of WMQRS.

Key Points:

- 1 Funding for the WMQRS core team will cease in March 2013 with the formal demise of PCTs and SHAs.
- 2 Discussions about the future continue in a variety of forums:
 - a. Subsequent to discussions at the last Board meeting, PCT Cluster Chief Executives have had discussions with Trusts within their areas about the future of WMQRS.
 - b. Three of the five West Midlands Commissioning Support Services (CSS) Prospectuses mentioned WMQRS. CSSs are in the process of preparing their Outline Business Plans and WMQRS has offered to provide any further information needed for these.
 - c. NHS Midlands and East has asked Trisha Curran to write a report on the future of WMQRS.
 - d. The Closing Statement of the Counsel to the Mid Staffordshire Public Inquiry recommends that the Inquiry Chairman consider recommendations for the extension and embedding of the peer review model in the system of healthcare regulation in England. The conclusions of Chapter 13 'Peer Review in the West Midlands' are given below.

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 recommended to:

- a. Note the contents of this report
- b. Agree any actions needed in relation to the future of WMQRS.

Conclusions

81. The Inquiry may wish to consider the following possible conclusions and recommendations in respect of the evidence relating to peer review.
82. The evidence of the disappearance from view of the 2006 children's services report underlines more than any other evidence before the Inquiry the importance of a systematic handover at times of organisational upheaval. The Chairman will doubtless consider recommendations in this area.
83. The reports of the peer review team represented the clear views of senior clinicians arrived at after direct inspection of clinical areas. What might be thought striking is the relative unimportance that seems to have been accorded to those views in the Stafford context. This might be thought to be particularly surprising given the relative rarity in the NHS system of such direct inspection by clinical experts. This is partly explained by the strict division in the NHS between systems with a developmental intention and those intended to regulate or performance manage. It might be thought that the expert clinical perspective provided in peer review is too valuable to the regulatory process for this division to persist. The Chairman may consider making recommendations in this area.
84. What is also striking about the 2006 report is that it was the product of a single day's visit by volunteers, and yet provided a very clear account of the risks posed by the Trust's A&E department, which otherwise seems to have escaped effective scrutiny until the arrival of the Healthcare Commission in the Trust in 2008. The peer review model would seem to be a much more efficient way of identifying risks to patient safety than, for example, the HCC's core standards assessment or the NHSLA's CNST. The Chairman may wish to consider recommendations for the extension and embedding of the peer review model in the system of healthcare regulation in England.

85. While the CQC does take account of peer review reports for cancer services and those produced by national accreditation bodies⁶³, it apparently does not take into account those of WMQRS, while that body leaves to the SHA the issue of whether to escalate concerns to CQC. The lack of direct engagement between WMQRS and the CQC is a source of concern, given that the kind of information produced by the peer review programme is precisely the kind of information that belongs in QRPs for trusts and that should inform the decision whether to carry out a responsive review. The Chairman may wish to consider recommendations on this specific point.