

## WMQRS BOARD MEETING

Date: 24<sup>th</sup> September 2012  
Time: 9.30 am – 11.30am  
Location: Main Hall, Birmingham Medical Institute, 36 Harborne Road, Edgbaston, Birmingham B15 3AF

### AGENDA

1.	Apologies for absence	
2.	Notes of the meeting held on 22 <sup>nd</sup> March 2012	Enclosure 1
3.	Actions and matters arising from the last meeting	Enclosure 2
4.	Review Programmes: Progress Report	Enclosure 3
5.	WMQRS Principles and Approach <ul style="list-style-type: none"><li>• Service user and carer involvement policy</li></ul>	Enclosure 4 and 4A
6.	Future of WMQRS	Enclosure 5
7.	Overall Assessment	Enclosure 6 - To follow
8.	Any other business	
9.	Date of next meeting: December 13th, 3.30-5.30pm	

**PRESENT**

Denise McLellan (Acting Chair)	Chief Executive, Birmingham and Solihull PCT Cluster
Steve Washbourne	West Midlands Specialised Commissioning Team
Rob Courteney-Harris	Medical Director, University Hospitals of North Staffordshire NHS Trust
Sandy Brown	Nurse Director, West Midlands Ambulance Service NHS Trust
Lesley Roberts	Patient member
Lesley Savage	Patient member
David Orme	Patient member
Nick Flint	Patient member
Steve Sharples	Patient member
Simon Mitchell	GP involved in Clinical Commissioning Group
Jane Eminson	Acting Director, WMQRS

**IN ATTENDANCE**

Sarah Broomhead	Quality Manager, WMQRS
Kit Roberts	Group Specialist Commissioner, Telford & Wrekin Council
Michael Bennett	Mental Health Commissioner, NHS Telford & Wrekin

**1. Welcome to new members**

The new patient members were welcomed to the WMQRS Board.

**2. Apologies**

Apologies were received from Beryl Nock, Eamonn Kelly, Fay Baillie, James Shipman, Stan Silverman, Donal O'Donoghue and Richard Wilson.

**3. Notes of meeting held on 15<sup>th</sup> December 2011**

The notes of the meeting held on 15<sup>th</sup> December 2011 were agreed as a correct record.

**4. Actions and matters arising from the last meeting**

Progress with actions from the last meeting was noted.

**5. Review Programmes: Progress Report**

The Board discussed the review of Dudley dementia services and the concerns raised by Dr Liz Pope following this review. It was agreed that Jane Eminson should ascertain from Dr Pope whether her concerns had been resolved by the discussion with Dr Karim Saad or whether she wished them to be considered as a formal complaint against the actions of WMQRS. The Board noted that the decision to suspend the service was taken by Dudley and Walsall Mental Health Partnership NHS Trust and was not a WMQRS action.

**Action: Jane Eminson to contact Dr Pope**

The Board noted the contents of the rest of the Progress Report and noted Chapter 13 of the Counsel to the Mid Staffordshire Public Inquiry's Closing Statement.

**6. 2011/12 Review Programme Overview Report**

The Chair welcomed Michael Bennett and Kit Roberts and thanked them for attending for this item.

The Board received a presentation on the Overview Report. The Board then approved the Overview Report, including a) the addition of a recommendation (under recommendation 1) for further work on the role of medical staff and b) no change to the next steps section.

Steve Washbourne thanked the WMQRS staff for the completion of another major review programme. The Board echoed this thanks and asked that they be conveyed to all the WMQRS team.

**Action: Jane Eminson to communicate the Board's thanks to the WMQRS team.**

**7. Future of WMQRS**

The Board noted the report on the future of WMQRS and agreed that it was too soon in the organisational change to be clear about the future of the service. Denise McLellan said that she had tried to contact Eamonn Kelly for a briefing on this but had not been able to talk to him in time for the meeting.

**8. Any other business**

The Board noted that Simon Mitchell, a founder member of the WMQRS Board, had indicated that he may need to stand down as he no longer had a formal role within the Black Country PCT Cluster. Simon said that he would be prepared to continue but that someone with a formal role in relation to quality may be more appropriate. The Board agreed to ask Rob Bacon for a nomination to the Board. Denise McLellan thanked Simon for his contribution to the Board and to the work of WMQRS.

There were no other items of business.

**9. Date of next meeting**

Meeting dates for 2012/13 were noted:

June 26<sup>th</sup>, 3 – 5 pm

September 26<sup>th</sup>, 1 – 3 pm

December 13<sup>th</sup>, 3.30 – 5.30pm

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

<b>Min.</b>	<b>Action / Matter Arising</b>	<b>Who</b>	<b>Progress</b>
5	Contact Dr Pope to ascertain whether concerns regarding the Dudley dementia report had been resolved or whether they were to be considered as a formal complaint.	Jane Eminson	A formal appeal was received. An appeal hearing was arranged for 11 <sup>th</sup> June 2012. Dudley CCG subsequently withdrew their appeal.
6	Communicate the Board's thanks regarding completion of the 2011/12 review programme to the WMQRS team.	Jane Eminson	Done

## 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:

- Review visits for the 2012/13 programme covering care of adults with long-term conditions and children and young people with diabetes are ready to start. All Trusts and commissioners except University Hospital Birmingham NHS Foundation Trust, Dudley Group NHS Foundation Trust and Dudley CCG are participating in the programme. We are still short of consultant reviewers.
- The national programme of reviews of services for adults with haemoglobin disorders is progressing well.
- Significant progress has been made on producing and revising Quality Standards.

### Implications:

<b>Financial, Human Resources and Legal</b>	No specific implications identified.
<b>Equality impact</b>	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.

## REVIEW PROGRAMMES: PROGRESS REPORT

### 2012 /13 Review Programme:

#### Care of Adults with Long-Term Conditions and Children and Young People with Diabetes

- 1 Preparations for the 2012/13 review visits are now nearly complete. Visits start on 25<sup>th</sup> September. Some visits have been rescheduled since the initial dates were identified but all Trusts and commissioners are participating except for University Hospitals Birmingham NHS Foundation Trust, Dudley Group NHS Foundation Trust and Dudley Clinical Commissioning Group. (The South Birmingham review is going ahead without the involvement of University Hospitals Birmingham NHS Foundation Trust but no review is planned for Dudley.)
- 2 Since August Dr Vinod Patel, previously SHA Clinical Lead for Long Term Conditions has been working with WMQRS on a sessional basis to give clinical leadership to the 2012/13 programme.
- 3 Additional reviewer training programmes have been arranged and nearly 200 reviewers have now been trained for the 2012/13 programme. (NB. People trained for previous programmes may act as reviewers without further training.) The programme is still short of consultant reviewers and Dr Patel is working to increase clinical involvement with the reviews and identify more consultants. GP reviewer recruitment increased significantly when payment was offered and is no longer a cause for concern.
- 4 Still outstanding is the identification of relevant key process and outcome metrics which can be given to reviewers as background information and Dr Patel is working on this.
- 5 Contact has been made with the new national lead for long term conditions, Dr Martin MacShane. Dr MacShane will be attending the review visit to North Staffordshire in October as an observer.
- 6 The Cancer Action Team is now rolling out a programme of self-assessment of services for children and young people with diabetes, following a pilot in Yorkshire and Humberside. The Cancer Action Team has given West Midlands services the option of participating in this process or not. Dr Chizo Agwu, Chair of the Paediatric Diabetes Steering Group, is involved in discussions about the national programme and in trying to make sure that the two processes complement rather than duplicate.
- 7 See also agenda item 8 relating to overall assessment.

#### 2012 /13 Review Programme – Care of Adults with Haemoglobin Disorders (national programme)

- 8 This review programme is going well and nine visits have now been completed. Eighteen visits have been arranged for between now and February. Visit reports are not yet being produced and finalised as quickly as we would like, partly because it has taken time to standardise the categorisation of issues and reporting format. This should improve now the first group of reports have been completed.
- 9 The only outstanding issue is the visit to Milton Keynes Hospital NHS Trust. The arrangements for care of patients with haemoglobin disorders are not clear and some serious concerns have been reported anecdotally. The Trust has not yet agreed to receive a peer review visit. A second letter has been written to the Trust Chief Executive and further action may be needed, depending on the response.

## Other Review Programmes

- 10 **Children on Long-Term Ventilation:** Arising from the work on paediatric palliative care, a group has started discussing Quality Standards for care of children on long-term ventilation. These will be closely linked with the paediatric palliative care Standards. The first draft will be ready for discussion by the Steering Group by the end of September.
- 11 **Critical Care:** Critical Care Quality Standards are still being revised. Draft Version 3 Standards will be distributed for comment shortly.
- 12 **Critically Ill Children:** Consultation on the draft Version 4 of the Standards for the Care of Critically Ill and Critically Injured Children in the West Midlands finished on 7<sup>th</sup> September. These Standards are now being revised to incorporate comments received and will be considered by the Steering Group in October.
- 13 **Imaging:** In July WMQRS organised a review of imaging services at Sandwell and West Birmingham Hospitals NHS Trust, partly in order to pilot inclusion of imaging services within the WMQRS suite of Standards and review programme. Draft Standards were developed for this review and these will be issued for regional comment by the end of September.
- 14 **Mental Health, Health Services for People with Learning Disabilities and Dementia Services:** No action
- 15 **Paediatric Palliative Care:** Quality Standards have been revised following consultation and are awaiting Steering Group sign off. They will then be finalised and published.
- 16 **Renal:** WMQRS is working with the West Midlands Renal Network on a workshop in November which will be a 'table top' review of progress since the 2009 peer review programme. This workshop will also involve units self-assessing against the updated Quality Standards for Care of People with Progressive and Advanced Chronic Kidney Disease.
- 17 **Stroke (Acute Phase) and TIA:** No action
- 18 **Urgent Care:** Lisa Carroll, WMQRS Urgent Care Clinical Lead is giving a presentation on the review programme to the Society for Acute Medicine Conference in October. (NB. This follows the adoption by the Society for Acute Medicine of the WMQRS Urgent Care – Acute Medical Unit Standards.) Other sections of the urgent care Standards have not yet been updated.
- 19 **Vascular Services:** No action
- 20 **Vulnerable Adults in Acute Hospitals:** No action

## Other Work

- 1 WMQRS has been commissioned to develop relevant Quality Standards and organise a peer review visit to theatre and anaesthetic services at the Royal Orthopaedic Hospital. The visit will take place in November 2012.
- 2 WMQRS representatives will be visiting the Isle of Man on 1<sup>st</sup> October to discuss organising a programme of quality assurance of clinical services for the Isle of Man Department of Health. No commitment has been made and the Isle of Man Department of Health is aware of the uncertainty around the future of WMQRS.

**Compliance with WMQRS Standards:** Table 1 shows compliance with WMQRS Standards.

**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)	
Sheffield (AH)	20 <sup>th</sup> Mar 12	N/A	N/A	N/A	N/A	Y*	Y*	19	
North East England (AH)	29 <sup>th</sup> Mar 12	N/A	N/A	N/A	N/A	Y*	Y*	17	
Manchester (AH)	3 <sup>rd</sup> May 12	N/A	N/A	N/A	N/A	Y*	Y*		
Leeds (AH)	10 <sup>th</sup> May 12	N/A	N/A	N/A	N/A	N	N		Difficulties concerning complexity of site visit and report structure at Manchester had a 'knock on effect' on production of the Leeds report.
Nottingham (AH)	12 <sup>th</sup> June 12	N/A	N/A	N/A	N/A	Y*	Y*		
Leicester (AH)	12 <sup>th</sup> June 12	N/A	N/A	N/A	N/A	Y*	Y*		
Sandwell & West Birmingham Imaging Pilot	3 <sup>rd</sup> & 4 <sup>th</sup> July 12	Y	Y	Y	N/A	Y	Y	16	
Southampton (AH)	10 <sup>th</sup> July 12	N/A	N/A	N/A	N/A	Y	Y		
<b>% standards met</b>									
	No. Yes	1	1	1		7	7		
	No. No	0	0	0		1	1		
	No. N/A	7	7	7		0	0		
	% YES	100	100	100		88	88		

\* The initial documentation for the adult haemoglobin disorders had three and five weeks respectively as the expected timescales. Production of these reports is compared with these timescales. Timescales have now been changed to two and four weeks, as for other WMQRS programmes.

## ENCLOSURE 4 WMQRS PRINCIPLES & APPROACH

### Purpose of Report:

This report presents the WMQRS Service User and Carer Involvement Policy (Enclosure 4A) for the Board's approval.

### Key Points:

- Version 2 of the WMQRS *Principles and Approach* was agreed in June 2011 with the exception of Section 25 of the Service User and Carer Involvement Policy (Appendix 1 of the *Principles and Approach*). It was agreed to defer discussion of this section until new service users had been recruited to the WMQRS Board and become familiar with its work.
- Section 25 relates to payment of honoraria for service users and carers involved in the work of WMQRS and therefore relates to reviewers (training and attending review visits), Steering Group and Board attendance, and attendance at other relevant meetings (such as consultation meetings or good practice sharing events).
- Section 25 of the draft policy is:
 

*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:*

  - *Where this is normal practice for the service or care pathway concerned and agreed by the programme Steering Group*
  - *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.*
- This wording reflects the Board's decision in August 2010 which has been implemented since that date.
- If WMQRS continues into 2013/14 (see agenda item 6), other aspects of the WMQRS *Establishment Agreement* and *Principles and Approach* will need revision, in particular:
  - To reflect new NHS organisations in the accountability and Board membership
  - To reflect new responsibilities for quality in the NHS
  - To reflect differences between commissioned reviews and region-wide programmes

### Implications:

<b>Financial, Human Resources and Legal</b>	Funding for user and carer honoraria is not included in the existing budget and is not built into the costs for 2013/14 proposed to CCG.
<b>Equality impact</b>	The current WMQRS policy is that payment of service user and carer honoraria is based on the 'custom and practice' of the care pathway being reviewed and the identification of funding by the sponsoring network or care pathway group. This results in some service users and carers receiving honoraria and other not doing so. This reflects the variation which exists within the NHS.

### Recommendations:

The Board is asked to approve the WMQRS Service User and Carer Involvement Policy.



## WMQRS SERVICE USER AND CARER INVOLVEMENT POLICY

<b>PROFILE</b>	
<b>REFERENCE NUMBER:</b>	
<b>VERSION:</b>	D2
<b>STATUS:</b>	Draft awaiting WMQRS Board approval
<b>ACCOUNTABLE DIRECTOR:</b>	WMQRS Director
<b>AUTHOR:</b>	WMQRS Quality Manager
<b>DATE OF LAST REVIEW/ORIGIN DATE:</b>	March 2011
<b>DATE OF THIS REVIEW:</b>	N/A
<b>APPROVED BY:</b>	
<b>DATE OF APPROVAL:</b>	TBC
<b>IMPLEMENTATION DATE:</b>	1 <sup>st</sup> July 2011
<b>DATE NEXT REVIEW DUE:</b>	30 <sup>th</sup> June 2013
<b>REVIEW BODY:</b>	WMQRS Board
<b>CATEGORISATION:</b>	WMQRS
<b>DATE OF EQUALITY IMPACT ASSESSMENT:</b>	27 <sup>th</sup> June 2011
<b>APPLICATION:</b>	WMQRS
<b>PRINCIPAL TARGET AUDIENCE:</b>	Service users and carers involved with the work of WMQRS and associated organisations
<b>ASSOCIATED TRUST DOCUMENTS:</b>	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

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## 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<sup>1</sup>. 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

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<sup>1</sup> *Vetting and Barring Scheme Guidance*. HM Government. 2010

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).
- 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 or 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](mailto:sarahbroomhead@nhs.net) or 07976499580.

## APPENDIX 2 WMQRS SERVICE USER AND CARER REVIEWER PERSON SPECIFICATION

Specification	Essential Skills
<p><b>Experience</b></p> <p>Have recent knowledge and understanding of the service/care pathway for XXXX</p> <p><b>Knowledge, understanding</b></p> <p>Have some knowledge and understanding of how the NHS works</p> <p><b>Aptitude</b></p> <p>Would like to help NHS organisations improve their services</p> <p><b>In addition, nominees for peer review should be:</b></p> <ul style="list-style-type: none"> <li>• 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)</li> <li>• Willing and able to support (buddy) new service user or carer team members as individuals become experienced.</li> </ul>	<p><b>Good Listener and Communicator</b></p> <ul style="list-style-type: none"> <li>• Can contribute to discussions</li> <li>• Ability and confidence to present own viewpoint clearly and concisely in meetings and working with other team members.</li> <li>• Ability to listen to others' viewpoint without interruption</li> <li>• Ability to understand and utilise others' contribution.</li> <li>• Tactful in communication and awareness to others' verbal / nonverbal reactions.</li> </ul> <p><b>Good at working in teams</b></p> <ul style="list-style-type: none"> <li>• Ability and confidence to ask for advice, guidance and the views of other team members where necessary.</li> <li>• Ability to demonstrate respect for others' points of view.</li> <li>• 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)</li> <li>• Able to demonstrate an ability to work within a team.</li> <li>• Ability and confidence to raise any concerns with the review team and ask for help if needed.</li> </ul> <p><b>Ability to prepare for review</b></p> <ul style="list-style-type: none"> <li>• Able to assimilate relatively large amounts of information both at the review and in preparation prior to the review.</li> <li>• Ability and confidence to ask probing questions sensitively during the review day.</li> <li>• Able to use the evidence available to base judgements at the review to ask questions and contribute to the writing of the report.</li> <li>• Ability to maintain and project enthusiasm during the review day</li> </ul>

## ENCLOSURE 5 FUTURE OF WMQRS

### Purpose of Report:

This report updates the Board on discussions about the future of WMQRS.

### Key Points:

- 1 A proposal was put to Clinical Commissioning Groups in August to continue the funding for WMQRS in 2013/14 (see below). Responses from CCGs on a range of regional programmes were requested by 20<sup>th</sup> September. A verbal update will be given to the Board on responses received.
- 2 Jane Eminson and Sarah Broomhead have also made contact with several key stakeholders around the region to discuss the future of WMQRS. The general response from Trusts spoken to has been that WMQRS is useful if:
  - a. It is kept separate from the regulators
  - b. Reviews are more responsive to local needs, that is, there is more local ownership of the decision about what is reviewed and a more timely response following the decision that a review is needed.Other Trusts have other views, in particular, that WMQRS is an additional, unnecessary regular-like inspection.
- 3 Three issues must be considered in planning the future:
  - a. The proposal to CCGs is based on the assumption that Sandwell and West Birmingham Hospitals NHS Trust will agree to carry forward the 2012/13 under-spend.
  - b. Current staffing is not sufficient to deliver the 2012/13 programme and attempts to involve Cardiac and Stroke Network Directors and Public Health Trainees have not been successful. Delivery of the 2013/14 proposal may need greater staffing flexibility than is feasible in practice. The possible loss of key staff due to uncertainty about the future of WMQRS must also be considered.
  - c. WMQRS has requested an estimate of the cost of making WMQRS staff redundant from Sandwell and West Birmingham Hospitals NHS Trust. This estimate has not yet been received.

### Implications:

<b>Financial, Human Resources and Legal</b>	This report has financial, human resources and legal implications in relation to the employment of WMQRS staff.
<b>Equality impact</b>	WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.

### Recommendations:

The Board is asked to consider the options for the future of WMQRS and agree a way forward.

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WMQRS: Supporting NHS organisations in the West Midlands to improve quality

**Standards & Reviews Available**

- Critical Care
- Critically Ill Children
- Dementia Services
- Haemoglobin Disorders
- Imaging
- Learning Disability Services
- Long-Term Conditions
- Mental Health
- Palliative Care (Paediatric)
- Renal Services
- Stroke and TIA
- Urgent Care
- Vascular Services
- Vulnerable Adults in Acute Hospitals



**More information about WMQRS:**

Visit our website  
[www.wmqi.westmidlands.nhs.uk/wmqrs](http://www.wmqi.westmidlands.nhs.uk/wmqrs)

or call

0121 507 2891

# WMQRS—The Future?



CCG	Population	Original funding (£)	Reduced funding (£)	Reviews
NHS Birmingham CrossCity	589,300	60,271	38,669	9
NHS Birmingham South and Central	242,400	24,792	15,906	3
NHS Cannock Chase	131,200	13,419	8,609	3
NHS Coventry and Rugby	461,700	47,221	30,296	6
NHS Dudley	313,300	32,043	20,558	6
NHS East Staffordshire	132,700	13,572	8,708	3
NHS Herefordshire	181,500	18,563	11,910	3
NHS North East Birmingham	131,400	13,439	8,622	3
NHS North Staffordshire	208,700	21,345	13,695	3
NHS Redditch and Bromsgrove	170,800	17,469	11,208	3
NHS Sandwell and West Birmingham	527,800	53,981	34,634	6
NHS Shropshire	296,300	30,304	19,443	6
NHS Solihull	234,200	23,953	15,368	3
NHS South East Staffs & Seisdon Peninsular	209,600	21,437	13,754	3
NHS South Warwickshire	270,200	27,635	17,730	3
NHS South Worcestershire	290,800	29,742	19,082	6
NHS Stafford and Surrounds	144,000	14,728	9,449	3
NHS Stoke on Trent	279,600	28,596	18,347	3
NHS Telford & Wrekin	170,400	17,428	11,181	3
NHS Walsall	269,200	27,533	17,665	3
NHS Warwickshire North	182,600	18,676	11,982	3
NHS Wolverhampton	258,000	26,387	16,930	3
NHS Wyre Forest	112,100	11,465	7,356	3
<b>Total</b>	<b>5,807,800</b>	<b>594,000</b>	<b>381,100</b>	<b>90</b>
£ per head for CCGs		0.10	0.07	
Cost per review (3 pathways / services per day)				4234



Alternatives	Impact
No WMQRS	NHS organisations less able to fulfil their duty of quality Loss of expertise
Provider 'Club'	Loss of pathway-based reviews Providers may not provide ongoing funding for WMQRS
Commissioner only model	May impact on providers' willingness to provide 'peers' Loss of ownership by provider organisations
Commercial model	Loss of benefits of collaboration between NHS organisations

## ENCLOSURE 6 OVERALL ASSESSMENT

**Purpose of Report:** This report updates the Board on discussions about the approach to Overall Assessment.

### Key Points:

- Previous WMQRS (and predecessor organisations') review programmes have used an approach to overall assessment for the purpose of:
  - Giving a high level summary
  - Being able to target follow-up action.
- The approach used scored each immediate risk and concern according to consequence and likelihood, using the standard NHS approach to risk scoring. Risk scores for each service were then totalled and the total scores banded into green, yellow, amber and red. A variety of approaches to the presentation of the regional risk scores have been used.
- When the overall assessments for 2011/12 were circulated, some mental health Trusts raised concerns about the approach being used and its validity and reliability. Some of the points made had been raised previously.
- A workshop was therefore held on 9<sup>th</sup> September 2012, facilitated by Charles Vincent, Professor of Clinical Safety Research, Imperial College, London and attended by representatives from across the region.
- The views of those who attended the workshop can be summarised as follows:
  - A high level summary is useful.
  - Risks do need to be identified and graded.
  - The process of grading risks should be done by reviewers at the time of the review visit. These initial gradings would be reviewed and standardised as part of the overall report.
  - Grading of risks should include consideration of whether the Trust (or organisation concerned) is aware of the risk, is it on their risk register, are plans in place, is progress being reviewed and are staff aware of it.
  - Some form of comparison is useful.
  - We (WMQRS with appropriate representatives from Trusts and commissioners) should try to articulate exactly what we are trying to identify and summarise in the overall assessment.
  - We should then develop our own system of grading severity, likelihood and consequence for patients. It may be helpful to build up the overall assessment from an assessment of the seven domains of the Quality Standards. This system should be tried and refined during the 2012/13 review programme.
- We should pay particular attention during this work to:
  - What message are we giving to the organisation/s concerned and what is the purpose of this message?
  - If comparisons are made, are these reasonable and fair inferences from the data we have used?
- The other point made at the workshop was that it may be helpful to include a section on 'WMQRS comments' in future Overview Reports.

### Implications:

<b>Financial, Human Resources and Legal</b>	No specific implications identified.
<b>Equality impact</b>	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 and support the proposed approach to overall assessment for the 2012/13 review programme.