

WMQRS BOARD MEETING

Date: 15th December 2011
Time: 2 pm – 4 pm
Location: Conference Room No 4, St Chad's Court, 213 Hagley Road, Edgbaston, Birmingham B16 9RG

AGENDA

1. Apologies for absence
2. Notes of the meeting held on 12th September 2011 Enclosure 1
3. Actions and Matters arising from the last meeting Enclosure 2
4. Review Programmes: Progress Report Enclosure 3
5. Future of WMQRS Enclosure 4
6. Any other business
7. Dates of 2012 meetings:
 - March 22nd, 2-4pm
 - June 26th, 3-5pm
 - Sept 26th, 1-3pm
 - Dec 13th, 3.30-5.30pm

PRESENT

Eamonn Kelly (Acting Chair)	Chief Executive, NHS Worcestershire
Faye Bailey	Director of Nursing, Arden PCT Cluster
Jan Warren	Director of Quality & Nursing, Staffordshire PCT Cluster (representing James Shipman)
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
Richard Wilson	Head of West Midlands QI
Jane Eminson	Acting Director, WMQRS

IN ATTENDANCE

Doug Wulff	Medical Director, BEN PCT
Sarah Broomhead	Quality Manager, WMQRS

1. Apologies

Apologies were received from Steve Sharples, Steve Washbourne, Richard Taylor, Julie Moore, Denise McLellan.

2. Notes of meeting held on 27th June 2011

The notes of the meeting held on 27th June 2011 were agreed as a correct record.

3. Actions from the last meeting

Progress with actions from the last meeting was noted.

Jane Eminson reported that advice had been received from the National Clinical Assessment Service (NCAS) on the WMQRS Guidance on Handling Serious Personal and Professional Issues Identified during Review Visits. Revised guidance, incorporating the NCAS advice, was tabled. It was agreed that the first word of section 8d would be changed to 'whenever'. With this change, the Board approved the WMQRS Guidance on Handling Serious Personal and Professional Issues Identified during Review Visits.

4. Board Membership and Establishment Agreement

The Board received the report on Board membership and the WMQRS Establishment Agreement. The Board hoped that additional Patient Members would be identified in time for the next meeting. The Board noted that Denise McLellan had agreed to be the Birmingham and Solihull PCT Cluster representative on the WMQRS Board. The Board agreed to review progress with Board nominations and agreement of a revised Establishment Agreement at its next meeting. The Board hoped that it would be possible to agree a Chair for the Board at the next meeting.

5. WMQRS Service User and Carer Involvement Policy – Section 25

As no Patient Members of the Board were present, it was agreed that, on behalf of the Board, Eamonn Kelly would consider the issue of honoraria for service user and carer contributions to the work of WMQRS, taking further advice as he considered appropriate. Eamonn's decision would be reported to the next Board meeting.

6. Feedback from Chief Executives' Meeting

The Board received the report on discussions at the Chief Executives' meeting on 15th July and discussed various models for the future work of WMQRS. Eamonn said that a provider-based model of clinical quality assurance was running in the East of England. Jane Eminson reported that WMQRS had been invited to present at the East Midlands *Innovations* exhibition. Eamonn agreed to confirm with PCT Cluster Chief Executives their decision about the 2012 and 2013 review programmes. The Board noted that the meeting between Peter Blythin, Eamonn Kelly and Jane Eminson to confirm responsibilities for follow up of issues identified through WMQRS reviews, including immediate risks, had not yet taken place. It was agreed that Jane should draft a short paper in preparation for this meeting.

Actions: Eamonn Kelly to confirm PCT Cluster CEOs' agreement to priorities for 2012 and 2013 WMQRS review programmes.

Jane Eminson to draft a paper on responsibilities for follow-up of issues identified through WMQRS reviews for discussion with Peter Blythin and Eamonn Kelly.

7. 2010 Reviews - Evaluation Report

The Board received the report on the evaluation of the 2010 review programme. The difficulties in running the reviews of primary care-based urgent care services were noted. The Board agreed to add a recommendation in paragraph 34 (f): Future WMQRS programmes should normally review a maximum of five or six clinical services per day. With this change, the Board approved the Evaluation Report. Eamonn thanked the WMQRS team for the hard work which had gone into this review programme.

8. Review Programmes – Progress Report

The Board noted the progress report on review programmes. The Board discussed the 'Winterbourne' findings and whether the issues identified were covered in the Quality Standards for the care of people with learning disabilities and how well these were being reviewed. The Board noted that the Black Country Partnership NHS Foundation Trust had changed its position on participation in the 2011 reviews. Their review had been deferred to January 2012 and a 'lighter touch' approach to preparation for the review would be used. If successful, this could be a good model for other review programmes.

Compliance with WMQRS Standards was discussed, including an error in the number of immediate risk letters issued. Three immediate risk letters were issued in July 2011 and two responses had been received. Jane was asked to remind the Birmingham cluster about the outstanding response.

Action: Jane Eminson to bring the outstanding immediate risk response to the attention of the Birmingham PCT Cluster.

9. Review of Services for People with Long-Term Conditions – Scoping Report

Doug Wulff presented the Scoping Report for the 2012 reviews of services for people with long term conditions. Donal O'Donoghue suggested that some consideration should be given to including musculo-skeletal conditions, in particular because of the impact on employment and the difficulty in establishing appropriate Standards for services. The Board also discussed the need to focus on disease registers as those currently maintained in primary are often not linked to those in secondary care. Common themes across long-term conditions, including mechanisms to create, describe and review a pathway, were also discussed. The Board was particularly concerned about the need to run a manageable review programme. With this in mind, the Board agreed:

- The 2012 review programme should focus on the care of adults with long-term conditions.

- The Board recognised the importance of services for children with long-term conditions and gave its commitment to including these in a future review programme.
- The 2012 should not include prevention of long-term conditions. This area could also be included in a future review programme.
- Further Board discussion is needed on the question of payment for GP reviewers. Until this discussion has taken place, non-recurring reductions to PCT and NHS West Midlands contributions to WMQRS should **not** be made (ie. PCTs and NHS West Midlands should be invoiced for their recurring WMQRS contribution).

Progress with scoping and preparing for the 2012 review programme will be reported to the next Board meeting. Eamonn thanked Doug for his work on the Scoping Report.

10. Change to WMQRS Staffing Structure

Jane Eminson and Sarah Broomhead proposed a change to the WMQRS staffing structure. The original business case included 2 wte band 8B clinical support posts. The intention was that these would be short-term posts or secondments of people with specific clinical expertise in the services being reviewed. This expertise is definitely needed but, over the last two years, difficulties in recruiting and retaining staff with appropriate skills in these posts have led to considerable pressure on other staff in the WMQRS team. The two posts have not been fully filled at any time. The Board agreed that one of the Clinical Support Posts should be converted to a substantive, band 8B Assistant Quality Manager to give support across the range of review programmes. One clinical support post will be retained in the structure. The Board recognised that this will increase the redundancy liability if WMQRS funding does not continue after March 2013 and suitable alternative employment is not found.

11. Future of WMQRS

The Board agreed to keep this as a standing agenda item.

12. Any other business

There were no other items of business.

13. Date of next meeting

Thursday 15th December, 2-4pm

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

Min.	Action / Matter Arising	Who	Progress
4	Board Chair		Trust nominations have not been received (see Enclosure 4) and so formal consideration of Board Chair has not been included on this agenda.
4	Patient members of the Board		Five people have volunteered to become patient members of the WMQRS Board. This is more than the two or three new members we were looking for but should ensure at least two patient members are available for all meetings. The Acting Chair requested that the new Patient Members be invited to the March meeting with a sandwich lunch before the meeting to introduce them to WMQRS and its responsibilities.
4	Revised Establishment Agreement		The revised Establishment Agreement has not yet been formally ratified by NHS Trusts in the West Midlands.
5	WMQRS Service User and Carer Involvement Policy – Section 25		This has been deferred to the March meeting so that new patient members can be involved in the discussion.
6	Confirm PCT Cluster CEOs' agreement to priorities for 2012 and 2013 WMQRS review programmes.	Eamonn Kelly	To be considered as part of the discussion of the future of WMQRS (Enclosure 4).
6	Draft a paper on responsibilities for follow-up of issues identified through WMQRS reviews for discussion with Peter Blythin and Eamonn Kelly.	Jane Eminson	Peter Blythin no longer at NHS West Midlands and so action no longer required. All PCT Clusters have been offered a briefing meeting which will cover responsibilities for follow-up.
8	Bring the outstanding immediate risk response to the attention of the Birmingham PCT Cluster.	Jane Eminson	Done. Immediate risk response received.

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:

- All 2011 review visits have been completed with the exception of the Sandwell and Wolverhampton Health Economies, which had been re-scheduled for January 2012. The Black Country Partnership NHS Foundation Trust has withdrawn from the mental health and health services for learning disabilities aspects of the review programme.
- For a variety of reasons, deferring the reviews of services for people with long-term conditions is recommended. It is proposed that these reviews should start in September 2012 rather than May 2012 as originally planned.
- Board decisions are needed on:
 - inclusion of paediatric diabetes in the 2012 review programme and
 - support for the development of national standards for cleft lip and palate service

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 and to agree:

- a. to defer the start of the 2012 review visits to September 2012
- b. whether paediatric diabetes services should be included in the 2012 review programme
- c. whether WMQRS should support the development of national standards for cleft lip and palate services.

REVIEW PROGRAMMES: PROGRESS REPORT

2011 Review Programmes

- 1 Since the last Board meeting, review visits to mental health services, health services for people with learning disabilities, dementia services and care of vulnerable adults in acute hospitals in Worcestershire, Shropshire and South Staffordshire, and North Staffordshire health economies have been completed. The report of the Birmingham and Solihull health economy review visit has been finalised. Herefordshire and Worcestershire reports will be finalised before Christmas.
- 2 The Sandwell and Wolverhampton review visit was re-scheduled for January 2011. In early November 2011 the Black Country Partnership NHS Foundation Trust withdrew from the mental health and health services for people with learning disabilities aspects of the review programme. This was supported by their lead commissioner. The reviews of dementia services, including Dudley services which were not reviewed in May, and care of vulnerable adults in acute hospitals will go ahead in January as planned. This visit will pilot a different approach which reduces the burden of evidence preparation for provider organisations.
- 3 The Steering Groups are starting to consider the West Midlands Overviews and these should be ready for consideration at the March 2012 WMQRS Board meeting as planned. Young people aged under 18 being admitted to adult mental health wards has emerged as a problem across the health economies reviewed and has been notified to the Midlands and East Specialised Commissioning Team. Evaluation of the programme will take place in the summer of 2012.
- 4 Good practice sharing events have been arranged:
 - a. Mental health and dementia services: 3rd February 2012 9.30 am – 1pm
 - b. Health services for people with learning disabilities & Care of vulnerable adults in acute hospitals: 10th February 2012 10 am – 1pm

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

- 5 Several workshops and meetings of the Long-Term Conditions Steering Group have been held since September. Quality Standards are now in draft form for community-based and specialist services for people with long-term conditions, with condition-specific prompts for diabetes, chronic obstructive pulmonary disease (COPD) and heart failure. A review process document is also in draft form. Prior to circulating the Quality Standards for comment, work is needed on:
 - a. Condition-specific prompts for chronic neurological conditions
 - b. Development of Quality Standards for rehabilitation services
 - c. Discussion of the draft Standards with more groups of clinicians and commissioners
- 6 The Long-Term Conditions Clinical Support post (one year secondment) has been advertised and interviews held but no suitable person identified. Alternative ways of supporting this programme are therefore being investigated.
- 7 For a combination of reasons, the Long-Term Conditions Steering Group agreed to recommend deferring the start of the 2012 review visits to September 2012:

- a. The Quality Standards are not yet ready to go out comment
- b. The Clinical Support post is not in place
- c. The National Long-Term Conditions Improvement Programme is running workshops in December 2011, 2012 and June 2012 and expecting providers and commissioners to address issues during this time.
- d. The review programme will have a strong community focus and Clinical Commissioning Groups (CCG) may not yet be ready to organise such a visit.

Visits would be completed by February 2013 at the latest.

- 8 The Steering Group is proposing however, that initial meetings are held with each health economy in May to July 2012 to discuss their long-term conditions pathways as well as the organisation of the review visits. (This is similar to the formative reviews undertaken for urgent care in 2010.) This will, hopefully, increase CCGs' awareness of the programme and help them to link it with their authorisation process.
- 9 At its last meeting the WMQRS Board agreed that the long-term conditions review visits should cover adults only. This was relayed to the West Midlands paediatric diabetes network. A network sub-group has, however, already developed Quality Standards which would require relatively little work to bring into the WMQRS Standards framework. This group is also prepared to identify a consultant to lead each visit and, if necessary, write the visit report. This would reduce significantly the burden on WMQRS staff. The Board is therefore asked to re-consider whether paediatric diabetes services should be included in the 2012 review programme.
- 10 The West Midlands Paediatric Palliative Care Network was also interested in the 2012 review programme. This group is happy to defer peer review visits but has asked for some support for the development of their Quality Standards. This will not have a significant impact on WMQRS staff time.

Other Review Programmes

- 11 **Urgent Care:** Quality Standards are being revised. There is still interest in national adoption of the acute medical admissions aspects of the Standards.
- 12 **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.
- 13 **Stroke (acute phase) and TIA:** A re-visit to the service at Mid Staffordshire Hospital NHS Foundation Trust took place on 6th December 2011.
- 14 **Critically ill and critically injured children:** The Steering Group has started developing Version 4 of the Standards. The inclusion of high dependency care in the Standards was discussed at a workshop about the West Midlands high dependency study on 11th November 2011.
- 15 **Renal:** The report of the University Hospital Birmingham NHS Foundation Trust review which took place in July 2011 has now been finalised. Draft Version 2 Quality Standards for Services for People with Progressive and Advanced Chronic Kidney Disease have been circulated for comment and will be presented to the Renal Network Board in January 2012 for approval.
- 16 **Vascular Services:** No action.

- 17 **Adults with Haemoglobin Disorders (national programme):** This programme is ready to be launched. Quality Standards will (hopefully) be signed off at the UK Forum on Haemoglobin Disorders Committee meeting on 19th December. Reviewer training is arranged for January and review visits should start in March 2012. Temporary support has been brought in to cover the Programme Manager post.

Other Work

- 18 WMQRS staff have advised on the designation of trauma units and centres in the West Midlands and data from the 2010 review programme were used as part of the designation process.
- 19 WMQRS has been asked to help with the development of national Quality Standards for cleft lip and palate services, in support of the new national service specification. The Board is asked to consider this request. Reasons in favour include: a) a group of clinicians interested in developing Quality Standards is much easier to work with than trying to persuade clinicians to become involved and b) the work programme currently does not include any specialised services. Reasons against are the impact on WMQRS resources.
- 20 In October WMQRS was asked by NHS West Midlands to undertake further searches for documents for the Mid Staffordshire Public Inquiry. The work involved in producing documents and checking statements for the Inquiry has continued to impact on WMQRS staff time.

Compliance with WMQRS Standards

- 21 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. One particular problem was the compassionate leave of the 0.8 wte Clinical Support Post for the programme during September – and the knock-on effect into October.

[Compliance table to follow]

ENCLOSURE 4 FUTURE OF WMQRS

Purpose of Report:

The purpose of this report is to stimulate Board discussions about the future of WMQRS and any actions which should be taken at this stage.

Key Points:

- Unless other arrangements are agreed, funding for WMQRS will end in March 2013. WMQRS was set up as a collaborative venture between all NHS organisations in the West Midlands (Trusts, PCTs and SHA). The Core Team is funded 17/18th by PCTs and 1/18th by NHS West Midlands. All organisations fund reviewers' time and travel expenses.
- NHS Trusts in the West Midlands have written to the Acting Chair of the WMQRS Board about WMQRS and have not yet agreed to nominate new representatives to the WMQRS Board. Several factors may lie behind this position, including the increased frequency of Care Quality Commission visits to providers.
- Initial discussions with potential providers of Commissioning Support Services to the West Midlands CCGs indicated that three of the five clusters would see WMQRS as part of their 'offer' to CCGs (Black Country, West Mercia and Staffordshire). Arden and Birmingham and Solihull indicated that they thought the functions carried out by WMQRS should be part of National Commissioning Board arrangements rather than commissioned by CCGs.

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 consider the future of WMQRS and any actions which should be taken at this stage.