

## WMQRS BOARD MEETING

Date: 11<sup>th</sup> March 2013  
 Time: 4.00pm – 6.00pm  
 Location: Library, Birmingham Medical Institute, 36 Harborne Road, Edgbaston, Birmingham B15 3AF

### AGENDA

1.	Introductions and Welcome to New Members	
2.	Chair/Acting Chair	
3.	Apologies for absence	
4.	Update on Board Membership	Enclosure 1
5.	Notes of the meeting held on 13 <sup>th</sup> December 2012	Enclosure 2
6.	Actions and matters arising from the last meeting	-
7.	Review Programmes: Progress Report	Enclosure 3
8.	WMQRS Name, Establishment Agreement and 'Principles & Approach'	Enclosure 4
9.	Francis Report and Future of WMQRS	Enclosure 5
10.	WMQRS Internal Issues	Verbal report
11.	Any other business	
12.	Dates of next meetings: 21 June 2013, 2.00pm – 4.00pm 20 September 2013, 3.00pm – 5.00pm 16 December 2013, 1.30pm – 3.30pm	

Agenda for next meeting:

- 2012/13 Review Programme Overview Report
- Adult Haemoglobin Disorders Review Programme Overview Report
- Revised WMQRS Principles and Approach
- Future of WMQRS

### ATTACHED FOR INFORMATION AND EASE OF REFERENCE

- Latest draft Establishment Agreement
- WMQRS Principles and Approach

## ENCLOSURE 1

## UPDATE ON BOARD MEMBERSHIP

Representative	Name	Position
Patient	Steve Sharples	
Patient	Beryl Nock	
Patient	Lesley Savage	
Patient	David Orme	
Patient	Nick Flint	
Commissioner: Shropshire & Staffordshire CCGs	Jane Chapman	Director, Stafford & Surrounds CCG
Commissioner: Arden, Herefordshire & Worcestershire CCGs		Formal nomination not yet received.
Commissioner: Birmingham & Black Country CCGs		Formal nomination not yet received.
Commissioner: National Commissioning Board with responsibility for commissioning specialised services in the West Midlands	Steve Washbourne	
Trust: Chief Executive	Donal O'Donoghue	Chief Executive, Royal Orthopaedic Hospital NHS Foundation Trust
Trust: Medical Director	Rob Courteney- Harris	Medical Director, Mid Staffordshire NHS Foundation Trust
Trust: Nursing (or other healthcare professional) Director	Sandy Brown	Nurse Director, West Midlands Ambulance Service NHS Trust
Trust: Head of Governance	Paul Martin	Director of Governance, University Hospital Coventry & Warwickshire NHS Trust
West Midlands Local Area Teams		Formal nomination not yet received but Stephen Cartwright attending as previous Birmingham and Black Country representative
Midlands & East Quality Observatory		Nomination not yet received
Host Organisation	Roger Stedman	Medical Director, Sandwell & West Birmingham Hospitals NHS Trust
WMQRS Director	Jane Eminson	

**Present:** Eamonn Kelly (Chairing meeting), Denise McLellan, Beryl Knock, Nick Flint, David Orme, Sandy Brown, Paul Martin, Roger Stedman, Narinder Sahota (representing Stephen Cartwright), Jane Eminson

**In attendance:** Sarah Broomhead, Sue McIldowie

- 1 Apologies for absence were received from Donal O'Donoghue, Rob Courteney-Harris, Stephen Cartwright, James Shipman, Donal O'Donohue, Richard Wilson, Steve Sharples and Lesley Savage.
- 2 Notes of the meeting held on 24<sup>th</sup> September 2012 were agreed as a correct record. Actions and matters arising from the last meeting were noted. Eamonn reported that he had spoken to Ruth May who confirmed that peer review reports were being included as part of quality dashboards and Quality Surveillance Groups should therefore be aware of the issues identified.
- 3 David Orme reported that he had spoken to Paula Clark at Dudley Group NHS Foundation Trust about the Trust's non-participation in the 2012/13 peer review programme.

**Review Programmes: Progress Report**

- 4 The Board discussed and noted the Review Programme Progress Report. Specific issues on which Board decisions were made were:
  - a. Immediate risk letters should still be copied to the SHA. As part of updating the WMQRS *Principles and Approach* to reflect the new organisational arrangements, consideration should be given to the need to revise the arrangements for handling immediate risks but the current arrangements should continue until revised arrangements are agreed.
  - b. The Long-Term Conditions Steering Group had asked whether it would be better for final reports to be put on the WMQRS website at the end of the programme, or in two 'batches' so that some context was available within which individual reports could be considered. The Board decided that the benefit of transparency and making reports easily available quickly outweighed the Steering Group's concern and that the current arrangements should continue.
  - c. There may be information governance issues for reviewers taking part in peer review visits outside the NHS (for example, to the Isle of Mann or Guernsey). Honorary contracts may be needed. This should be considered as part of planning any such reviews.
  - d. The preliminary findings of the 2012/13 review programme should be included in the next WMQRS Bulletin.

**Future of WMQRS**

- 5 The Board received and discussed the report on the future of WMQRS. The Board noted that all West Midlands Clinical Commissioning Groups (CCGs) had agreed to fund WMQRS at the proposed level in 2013/14. Simon Hairsnape had been identified as the lead, on behalf of all West Midlands CCGs, for liaison with WMQRS about the arrangements for 2013/14 and had agreed to take a paper to a meeting in January to discuss the revised Establishment Agreement and ask for CCG nominations.
- 6 The Board discussed the process for getting Trust approval to the revised Establishment Agreement. Three possibilities were discussed a) West Midlands Trust Chief Executives Group, b) the Academic Health Sciences Network and c) Clinical Senate. Both 'b' and 'c' were not yet fully established. It was agreed that the West Midlands Trust Chief Executives Group should be asked but that, if difficulties arose, other mechanisms should

be considered. It was agreed that Trust Chief Executives should not be asked to re-nominate Board representatives.

- 7 The Board discussed whether the WMQRS name should change to 'Quality Review Service'. Board members said that they would be sorry to lose the 'West Midlands' from the name but recognised that this may be useful in positioning the service for its future work. It was agreed that CCGs and Trusts should be asked to consider a change of name to 'Quality Review Service'.
- 8 The Board noted the contents of the report and agreed the revised draft Establishment Agreement for submission to West Midlands CCGs and Trusts for approval.
- 9 The Board hoped that the March meeting would have new commissioner nominations but that, if these had not been received, existing nominations could attend the Board.

#### **Dates of Future Meetings**

- 10 Meeting dates for 2013 were agreed.

#### **Any Other Business**

- 11 The Board thanked Eamonn and Denise for their chairing of the Board and for their support for WMQRS. Eamonn recognised the contribution that Peter Spilsbury had made to the establishment and continuation of WMQRS.

**Date of Next Meeting: 11<sup>th</sup> March 2013 4pm – 6pm**

## 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 main 2012/13 review programme have continued and visits to 11 health economies have taken place. This programme covers the care of children and young people with diabetes and the care of adults with long-term conditions.
- The national programme of reviews of services for adults with haemoglobin disorders is progressing satisfactorily.
- Critically Ill Children (Version 4) Quality Standards have been finalised. Critical Care (Version 3) Quality Standards have been sent out for comment. The commenting period for Imaging and Theatres & Anaesthetics Quality Standards has finished and these Quality Standards will be finalised in the near future. Quality Standards for the Care of Children needing Long-Term Ventilation are nearly ready to go out for comment.
- A 'desk top' review exercise with renal services from across the West Midlands took place on 27<sup>th</sup> February.

### Implications:

<b>Financial, Human Resources and Legal</b>	Sandwell and West Birmingham Hospitals NHS Trust has agreed to a financial carry forward to 2013/14 to enable completion of the 2012/13 review programme.
<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 (LTC) and Children and Young People with Diabetes

- 1 Review visits to Shropshire and Telford & Wrekin, North Staffordshire, South Staffordshire (West), Herefordshire, North Warwickshire, Coventry & Rugby, South Warwickshire, North & East Birmingham and Solihull, South & Central Birmingham, Sandwell & West Birmingham, South Staffordshire (East) health economies have taken place. By the time of the Board meeting only Wolverhampton and Worcestershire visits will be outstanding. Dudley health economy has still not agreed to be part of the programme. Reports of the first 3 visits are now on the WMQRS website. Final reports of a further 2 visits have been sent to health economies.
- 2 An 'evidence light' approach to review has been tried. This will be considered as part of the evaluation of the 2012/13 programme but initial views are that it is not successful. Restricting the number and type of documents which are looked at by reviewers may be a more productive approach and may be tried in future.
- 3 The Good Practice Sharing Event for the adult long-term conditions programme will take place on Friday 7<sup>th</sup> June and all Board members would be welcome to attend (venue and timetable to be confirmed). Dr Martin McShane, Director, Domain 2 - Improving The Quality of Life for People with Long Term Conditions will be attending this event and taking part in the panel discussion. A date has not yet been set for the children and young people with diabetes good practice sharing event.
- 4 The Overview Report for this programme will be presented to the next Board meeting.
- 5 A contract for the writing up the evaluation of the 2012/13 programme has been agreed.

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

- 6 Review visits for this programme have all been completed with the exception of a late visit to Wolverhampton and a possible further visit to Milton Keynes Hospital NHS Foundation Trust. The lack of response from Milton Keynes to the concerns raised about services there has now been escalated to the Clinical Reference Group for Haemoglobin Disorders, to specialist commissioners and to the Local Area Team.

### 2013/14 Review Programme

- 7 West Midlands health economies have been asked to propose their areas for review by 22<sup>nd</sup> March 2013. Health economies were given the following guidance as well as the offer of discussion with WMQRS about their proposed areas for review:

*When deciding your review priorities for 2013/14 you may wish to consider the following points:*

- 1 *WMQRS work is probably most helpful in services or pathways:*
  - a. *Where Quality Standards need be developed, for example, for use in service specifications or internal quality assurance.*
  - b. *Where you have concerns about quality*
  - c. *Where you do not have peer review or equivalent clinical quality assurance mechanisms. (WMQRS mapping of other clinical quality assurance mechanisms is available on request.)*
  - d. *In order to show progress since a previous peer review visit. Appendix 2 lists the services and pathways which have reviewed by WMQRS.*

- 2 *The Critically Ill Children Standards and Peer Review Steering Group recommends that the care of critically ill and critically injured children is one of the reviews for each health economy. This pathway was last fully reviewed in 2005/06 and there have been significant changes in many services since then.*
- 3 *Please will commissioners and providers agree together the proposed areas for review. Separate responses to WMQRS, or commissioner proposals without provider support, are likely to lead to delays. WMQRS is happy to discuss with health economies their proposed areas for review.*

#### **Other Review Programmes**

- 4 **Children on Long-Term Ventilation:** Draft Quality Standards are nearly ready to go out for comment.
- 5 **Critical Care:** Draft Version 3 Quality Standards have been circulated to health economies for comment.
- 6 **Critically Ill Children:** Version 4 Quality Standards have been published. A self-assessment is also available on the WMQRS website.
- 7 **Imaging:** Comments have been received on the draft Quality Standards and these will now be finalised.
- 8 **Mental Health, Health Services for People with Learning Disabilities and Dementia Services:** No action
- 9 **Paediatric Palliative Care:** Quality Standards have been finalised and are available on the WMQRS website. A self-assessment form is also available.
- 10 **Renal:** A 'desk-top' exercise took place on 27<sup>th</sup> February to help services review their progress since the 2009/10 review visits. This event was well attended
- 11 **Stroke (Acute Phase) and TIA:** No action
- 12 **Theatres and Anaesthetics:** Comments have been received on the draft Quality Standards and these will now be finalised.
- 13 **Urgent Care:** No action. Urgent care standards (other than acute medical units) are still awaiting updating.
- 14 **Vascular Services:** No action
- 15 **Vulnerable Adults in Acute Hospitals:** No action

#### **Other Work**

- 16 The report of the commissioned review of theatres and anaesthetic services at the Royal Orthopaedic Hospital NHS Foundation Trust has been completed. The Trust has indicated that it is not happy with the report and further discussion with the team leader for the visit has been offered.
- 17 No further contact has been received from the Isle of Mann.
- 18 WMQRS has been approached about the possibility of organising a review of renal services in Guernsey. A quote for this work has been submitted.

**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	Draft report to reviewers within 2 weeks *	Draft report to health economy within 4 weeks *	Final report issued (weeks)	
South Yorkshire & North Derbyshire (AH)	20 Mar 12	N/A	N/A	N/A	Y*	Y*	19	
North East England (AH)	29 Mar 12	N/A	N/A	N/A	Y*	Y*	17	
North West England (AH)	3 May 12	N/A	N/A	N/A	Y*	Y*	27	
North Yorkshire (AH)	10 May 12	N/A	N/A	N/A	N*	N*	21	Difficulties concerning complexity of site visit and report structure at Manchester had a 'knock on effect' on the production of the Leeds report.
East Midlands (AH)	12 June 12	N/A	N/A	N/A	Y*	Y*	23	
Sandwell & West Birmingham Imaging Pilot	3 – 4 July 12	Y	Y	Y	Y	Y	16	
Southampton (AH)	10 July 12	N/A	N/A	N/A	Y	Y	13	
Bradford (AH)	13 Sept 12	N/A	N/A	N/A	Y	Y		
South East London - Guys & St Thomas (AH)	19 Sept 12	N/A	N/A	N/A	Y	N	14	Four days late being sent to health economy due to confirming network arrangements for the 6 visit areas covered by the network.
Hereford PD	25 Sept 12	N/A	N/A	N/A	Y	Y	14	
South East London - Lewisham (AH)	27 Sept 12	N/A	N/A	N/A	N	Y	14	Late due to confirming network arrangements for the 6 visit areas covered by the network.
Croydon (AH)	2 Oct 12	N/A	N/A	N/A	Y	Y		
Shropshire, Telford & Wrekin	2 – 5 Oct 12	N/A	N/A	N/A	N	Y	12	Report was sent late to reviewers as WMQRS needed to decide on interpretation of Standards and could not do this until the first group of LTC reviews had been completed.

Visit	Visit date	Immediate risks			Reports			Notes
		IR letter within 7 days	IR response received	IR response addresses issue raised	Draft report to reviewers within 2 weeks *	Draft report to health economy within 4 weeks *	Final report issued (weeks)	
St George's (AH)	10 Oct 12	N/A	N/A	N/A	N	N		Five days late due to accumulation of reports and comments.
North Staffordshire	9-11 Oct 12	N/A	N/A	N/A	Y	Y	11	
South London (AH)	18 Oct 12	N/A	N/A	N/A	Y	N		Six days late due to accumulation of reports and comments.
South Staffordshire (West)	16-19 Oct 12	N/A	N/A	N/A	Y	Y	11	
Sandwell & West B'ham (AH)	24 Oct 12	N/A	N/A	N/A	Y	Y		
North West London (AH)	1 Nov 12	N/A	N/A	N/A	N	N		Different lead consultant and report writing coincided with their own visit, therefore late sending to reviewers.
Royal Orthopaedic Hospital	6-7 Nov 12	N	N	N	Y	Y	13	IR letter was late due to timing of consecutive visits.
Herefordshire	8-9 Nov 12	N	Y	-	Y	Y	14	IR letter was late due to timing of consecutive visits. Issue re-classified as a concern following receipt of response.
UCL (AH)	13 Nov 12	N/A	N/A	N/A	Y	Y		
Bristol (AH)	14 Nov 12	N/A	N/A	N/A	Y	Y		
North Warwickshire	14-15 Nov 12	N/A	N/A	N/A	Y	Y	13	
North Middlesex (AH)	21 Nov 12	N/A	N/A	N/A	Y	N		Delayed sending until after Christmas break
Coventry and Warwickshire CNC	4 - 5 Dec 12	N/A	N/A	N/A	Y	N		Report late to health economy due to waiting for the overall Coventry and Rugby report to be written in order to ensure consistency.
Coventry and Rugby	5, 11, 12 <sup>th</sup> Dec 12	Y	Y	Y	N	Y		IR Initial response received with initial action plan, still awaiting further information. Report late to reviewers due to clash with Christmas break.
Royal London (AH)	9 Jan 13	N/A	N/A	N/A	Y	Y		

Visit	Visit date	Immediate risks			Reports			Notes
		IR letter within 7 days	IR response received	IR response addresses issue raised	Draft report to reviewers within 2 weeks *	Draft report to health economy within 4 weeks *	Final report issued (weeks)	
South Warwickshire	9 - 10 Jan 13	N/A	N/A	N/A	Y	Y		
North & East Birmingham and Solihull	14 – 18 Jan 13	Y	Y	Y	Y	Y		
Homerton (AH)	15 Jan 13	N/A	N/A	N/A	Y	Y		
Coventry (AH)	17 Jan 13	N/A	N/A	N/A	Y	Y		
Newham (AH)	24 Jan 13	N/A	N/A	N/A	Y	Y		
Hammersmith (AH)	29 Jan 13	N/A	N/A	N/A	Y	Y		
South & Central Birmingham	29 – 31 Jan 13	N/A	N/A	N/A	N	N	Report late to reviewers and health economy due to pressure on WMQRS capacity. Three health economies had requested autumn visits to be rescheduled to the spring. The additional visit days reduced the time available to collate reports.	
Whipps Cross (AH)	30 Jan 13	Y	N	-	Y	Y	Initial response to immediate risk letter received. Full response awaited.	
Romford (AH)	5 Feb 13	N/A	N/A	N/A	N	Y	Accumulation of report backlog due to six visits in January. This situation arose because of requests for visits to be rescheduled later in the programme.	
Sandwell & West Birmingham	5 – 8 Feb 13	N/A	N/A	N/A	N	N/A	Report late to reviewers due to pressure on WMQRS capacity. Three health economies had requested autumn visits to be rescheduled to the spring. The additional visit days reduced the time available to collate reports.	
Kings (AH)	7 Feb 13	N/A	N/A	N/A	Y	N/A		
South Staffordshire (East)	12 – 14 Feb 13	Y	N	-	N	N/A	Report will be late to reviewers due to pressure on WMQRS capacity. Three health economies had requested autumn visits to be rescheduled to the spring. The additional visit days reduced the time available to collate reports.	

Visit	Visit date	Immediate risks			Reports			Notes
		IR letter within 7 days	IR response received	IR response addresses issue raised	Draft report to reviewers within 2 weeks *	Draft report to health economy within 4 weeks *	Final report issued (weeks)	
Reading/Oxford (AH)	14 Feb 13	N/A	N/A	N/A	Y	N/A		
% standards met								
Number Yes		5	4	3	31	29		
Number No		2	3	1	10	8		
Total Yes + No		7	7	4	41	37		
% YES		71%	57%	75%	76%	78%		

\* 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 ESTABLISHMENT AGREEMENT, NAME AND 'PRINCIPLES & APPROACH'

### Purpose of Report:

This report updates the Board on changes required for the establishment of WMQRS from April 2013.

### Key Points:

- At its last meeting the Board proposed changes to the WMQRS Establishment Agreement to reflect changes in NHS organisational structures. A revised Establishment Agreement was recommended to Clinical Commissioning Groups (CCGs) and Trusts for approval.
- CCG representatives agreed the revised Establishment Agreement at a meeting in January 2013 and Simon Hairsnape is prepared to sign the revised Establishment Agreement on behalf of CCGs. A meeting with representatives of Trust Chief Executives is taking place on 8<sup>th</sup> March and the outcome of this meeting will be reported to the Board.
- The Board also discussed whether the WMQRS name should change to 'Quality Review Service'. CCGs and Trusts were asked for their views on this. Feedback from CCG representatives was that they did not have strong views on the name of the service and were happy for the Board to decide.

- National guidance on NHS branding and use of the NHS logo is that:

*When naming a non-statutory organisation, you must ensure that the chosen name:*

- *is clear and descriptive – not conceptual or abstract;*
- *is written out in full – without the use of acronyms or abbreviations;*
- *contains a geographical reference.*

This guidance would suggest that the 'West Midlands' geographical reference should be retained.

- WMQRS review processes are run under the agreed '*WMQRS Principles and Approach*'. Some changes to this need to be considered:
  - Changes to the references to PCTs and SHA names
  - Copying of Immediate Risks: The following revised arrangements are proposed:

Immediate risks are notified to Trusts and CCGs within seven days. Trusts / CCGs are given 14 days to respond. The immediate risk letter will then be copied to the relevant Local Area Team with the Trust / CCG response.
  - Steering Groups and sign off of reports: Because the 2013/14 programme will not consist of region-wide programmes, Steering Groups will not be in place for some or even most reviews. The requirement for Steering Group sign-off will therefore not be included in the process. The Board's advice on whether alternative arrangements for moderation and quality assurance of reports are needed is sought.
  - The current '*WMQRS Principles and Approach*' is not clear whether reports of commissioned reviews will be placed on the WMQRS website. The two commissioned reviews undertaken in 2012/13 have not been put on the website. The same question may arise in relation to specific (rather than region-wide) health economy reviews in 2013/14. The Board's advice on this is sought.
  - The arrangements for action and follow up following reviews need to be re-considered in the light of the *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. The Board's advice on this is sought.

The Board is asked to advise on these and any other changes required to the '*WMQRS Principles and Approach*'. A revised version, reflecting the Board's advice, will then be brought to the June Board meeting for approval.

<b>Implications:</b>	
<b>Financial, Human Resources and Legal</b>	The <i>Establishment Agreement</i> and <i>WMQRS Principles and Approach</i> provide the governance framework under which WMQRS works.
<b>Equality impact</b>	WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.

<b>Recommendations:</b>	
The Board is recommended to:	
<ul style="list-style-type: none"><li>• Note the contents of this report</li><li>• Agree any actions required in relation to the revised Establishment Agreement</li><li>• Agree the future name of the West Midlands Quality Review Service</li><li>• Advise on changes required to the '<i>WMQRS Principles and Approach</i>'.</li></ul>	

**Purpose of Report:**

This report is to start the Board's consideration of the future of WMQRS in 2014/15 and beyond.

**Key Points:**

- The agreement reached with CCGs for continued funding of WMQRS is for 2013/14 only, on the basis that recommendations of the *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Report)* may affect future arrangements for peer review within the NHS. The proposal to CCGs indicated that a decision about 2014/15 and beyond would be needed by the end of July 2013.
- The Francis Report includes several references to peer review, in particular, paragraph 1.184:  
*"The creation of a caring culture would be greatly assisted if all those involved in the provision of healthcare are prepared to learn lessons from others and to offer up their own practices for peer review. Whilst peer review will have a specific relevance in cases of practitioners where there maybe concerns about substandard performance, it has a far more fundamental role in changing behaviour to ensure a consistent and caring culture throughout the healthcare services. Peer review therefore needs to be a key part of the delivery and monitoring of any service or activity, and those involved need to demonstrate that this element of monitoring and learning is integral to the process of compliance with fundamental standards and of improvement".*
- Paragraph 1.206 states *"The GMC and the NMC should consider commissioning peer reviews, possibly in conjunction with the CQC, if generic concerns exist which might lead to individual concerns."*
- Recommendation 49: *Enhancement of monitoring and the importance of inspection* recommends that the Care Quality Commission should consider the value to be obtained from a variety of sources of information, including *"new and existing peer review schemes"*. It also states: *"The Care Quality Commission should consider whether inspections could be conducted in collaboration with other agencies, or whether they can take advantage of any peer review arrangements available."*
- Peer review is also mentioned in relation to National Patient Safety Agency functions.
- The Francis Report is critical of the WMQRS predecessor organisation, the West Midlands Peer Review Team, for not being clear enough about responsibility for follow up of peer review reports.
- The government response to the Francis Report has not yet been published and so it is too early to discuss the implications for the future of WMQRS.
- Jane Eminson and Sarah Broomhead will be meeting Professor Sir Mike Richards, Director for Reducing Premature Mortality (Domain 1) on March 27<sup>th</sup> to update him on the work of WMQRS.
- In thinking about the future of WMQRS, the question of carry forward of income has become a key issue. The business model agreed for 2013/14 involves:
  - WMQRS continuing as an NHS service run on a collaborative basis between CCGs and Trusts with the aim of helping all organisations to improve the quality of services
  - A lower level of core funding for WMQRS
  - The ability to undertake commissioned reviews over and above the core level of activity.
- Carrying income over the end of the financial year has become increasingly difficult for NHS organisations. Sandwell and West Birmingham NHS Trust has agreed to carry forward WMQRS income into 2013/14 to cover a) potential redundancy costs and b) completion of the 2012/13 programme. This flexibility may not be available in future years which will make it very difficult to appoint additional staff in order to undertake

commissioned reviews, other than on a very short-term basis. There is also the question of whether Sandwell and West Birmingham NHS Trust would be prepared to appoint additional staff without guaranteed future income but, hopefully, this could be overcome.

- The Board's advice on any actions which should be taken at this time is sought.

<b>Implications:</b>	
<b>Financial, Human Resources and Legal</b>	This report raises issues relating to: <ul style="list-style-type: none"> <li>• Future funding of WMQRS</li> <li>• Employment of WMQRS staff</li> </ul>
<b>Equality impact</b>	WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.

<b>Recommendations:</b>
The Board is recommended to note the contents of this report and advise on any actions which should be taken.