

WMQRS BOARD MEETING

Date: 12th July 2013
 Time: 10.00am – 12.00pm
 Location: Annex Room, St Chad's Court, 213 Hagley Road, Edgbaston, Birmingham B16 9RG

AGENDA

1.	Chair of the Board	
2.	WMQRS Board Membership (July 2013)	Enclosure 1
3.	Apologies for absence	
4.	Notes of the meeting held on 11 th March 2013	Enclosure 2
5.	Actions and matters arising from the last meeting	Enclosure 3
6.	Care of People with Long-Term Conditions: West Midlands Overview Report	Enclosure 4 (attached separately)
7.	Care of Children and Young People with Diabetes: West Midlands Overview Report	Enclosure 5 (attached separately)
8.	Services for Adults with Haemoglobin Disorders: Peer Review Programme 2012-13 Overview Report	Enclosure 6 (attached separately)
9.	Evaluation Reports: a) Adults with Long-Term Conditions and Care of Young People and Children with Diabetes b) Health Services Caring for Adults with Haemoglobin Disorders	Enclosures 7a and 7b (attached separately)
10.	WMQRS Annual Report 2012/13	Enclosure 8 (attached separately)
11.	WMQRS Principles & Approach	Enclosure 9 (attached separately)
12.	Review Programmes: Progress Report	Enclosure 10
13.	WMQRS: 2014/15	Enclosure 11
14.	Commissioned Standards and Reviews	Enclosure 12
15.	Financial Report	Enclosure 13
16.	Any other business	
17.	Dates of next meetings: 16th Sept 2013, 2.00pm – 4.00pm 2 nd Dec 2013, 3.30pm – 5.30pm	

ENCLOSURE 1

WMQRS BOARD MEMBERSHIP (JULY 2013)

Representative	Name	Position
Patient Member	Steve Sharples	
Patient Member	Beryl Nock	
Patient Member	Lesley Savage	
Patient Member	David Orme	
Patient Member	Nick Flint	
Commissioner: Shropshire & Staffordshire CCGs	Jane Chapman	Director, Stafford & Surrounds CCG
Commissioner: Arden, Herefordshire & Worcestershire CCGs	Simon Hairsnape	Chief Officer, Redditch & Bromsgrove CCG & Wyre Forest CCG
Commissioner: Birmingham & Black Country CCGs	Salma Ali	Accountable Officer, Walsall CCG
Specialised Commissioner: NHS England	Steve Washbourne	Head of Specialised Commissioning (West Midlands), NHS England
West Midlands Local Area Teams		
Midlands and East Quality Observatory		
Trust: Chief Executive	Richard Kirby	Chief Executive, Walsall Healthcare NHS Trust
Trust: Medical Director	Rob Courteney-Harris	Medical Director, University Hospital of North Staffordshire NHS Trust
Trust: Nurse 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
Host organisation	Roger Stedman	Medical Director, Sandwell & West Birmingham Hospitals NHS Trust
WMQRS	Jane Eminson	Acting Director, WMQRS

Present: Stephen Cartwright (Chairing meeting), Nick Flint, Lesley Savage, Steve Sharples, Sandy Brown, Paul Martin, Roger Stedman, Jane Chapman, Jane Eminson

In attendance: Sarah Broomhead, Sue McIldowie

- 1 The Board agreed that Stephen Cartwright would chair the meeting.
- 2 Apologies for absence were received from Donal O'Donoghue, Rob Courteney-Harris, Beryl Knock, David Orme, James Shipman, Richard Wilson, Steve Sharples, Steve Washbourne, Cathy Grizner and Paul Maubach.
- 3 The Board noted the revised membership and that a CCG nomination from the Birmingham, Black Country and Solihull area was still awaited. Stephen agreed to confirm with the other Local Area Teams that they were happy for him to act as their representative on the Board. **Action: Stephen Cartwright**
- 4 Notes of the meeting held on 13th December 2012 were agreed as a correct record. Actions and matters arising from the last meeting were noted.
- 5 The Board discussed and noted the Review Programme Progress Report. Specific issues on which Board comments were made were:
 - a. Approaches to 'evidence light' reviews should be discussed with the CQC and NHSLA in order to learn from their approaches. **Action: WMQRS**
 - b. Health economies should be offered the opportunity to discuss their 2013/14 review priorities, in order to help shape and scope the programme. **Action: WMQRS**
 - c. Contact should be made with LAT Quality Surveillance Groups to ensure they are aware of WMQRS and its work. **Action: WMQRS**
- 6 The Board received and discussed the report on the WMQRS Establishment Agreement. Jane Eminson reported on the meeting with David Loughton and Richard Kirby, on behalf of Trust Chief Executives, who had asked that the production of comparative information should be taken out of the WMQRS products. The Board noted this change to the Establishment Agreement. The Board then made the following decisions:
 - a. The Board agreed to retain the name West Midlands Quality Review Service
 - b. The Board agreed the revised arrangements for handling immediate risks identified during review visits with one change: Trusts / CCGs should have seven days to respond to immediate risks.
 - c. The Board considered that some mechanism for 'sign off' of reports (ie fulfilling the role taken by Steering Groups) would be needed in 2013/14. A 'Standing' Steering Group to consider all reports was one option.
 - d. The Board agreed that all review visit reports should include a section making clear the responsibility for action, including the lead commissioner.
 - e. Reports of commissioned reviews should not be placed on the WMQRS website.

The Board agreed that a revised *WMQRS Principles and Approach*, reflecting these changes, should be brought to its next meeting for approval. Roger Stedman suggested that 'peer review' should be emphasised in any marketing of WMQRS activities.
- 7 The Board noted the report on the Francis Report and the future of WMQRS and agreed to discuss this issue again at its next meeting. Sandy Brown suggested that Foundation Trusts may find it easier to carry funding over the year end, which may be helpful to the WMQRS business model.

Dates of Future Meetings

- 8 Meeting dates for 2013 were agreed.

Date of Next Meeting: 21st June 2013 2.00 – 4.00 pm

Min.	Action / Matter Arising	Who	Progress
3	Confirm with the other Local Area Teams that they are happy for Stephen Cartwright to act as their representative on the Board.	Stephen Cartwright	Stephen Cartwright has left the LAT. Discussions with LATs about representation on the Board continue.
5 a	Discuss approaches to 'evidence light' reviews with the CQC and NHSLA in order to learn from their approaches.	WMQRS	Action outstanding. Will be addressed over the summer.
5b	Offer health economies the opportunity to discuss their 2013/14 review priorities, in order to help shape and scope the programme.	WMQRS	Completed. Progress is reported under agenda item 13.
5c	Make contact with LAT Quality Surveillance Groups to ensure they are aware of WMQRS and its work.	WMQRS	Contact made with all three LATs. General introduction and 2012/13 overview report presented to Arden, Worcestershire and Herefordshire LAT. Similar presentation will be given to Shropshire and Staffordshire QSG (date to be arranged). Awaiting response from Birmingham, Solihull and Black Country LAT.

WEST MIDLANDS OVERVIEW REPORT

Purpose of Report:

This report summarises the findings of the West Midlands 2012/13 peer review visits looking at the care of adults with long-term conditions.

Key Points:

- Review visits took place between October 2012 and March 2013 to all health economies except Dudley. The review visits covered primary care, generic community long-term conditions services, specialist services for people with diabetes, COPD, heart failure and chronic neurological conditions, rehabilitation services and commissioning. Specialist teams at University Hospitals Birmingham NHS Foundation Trust also did not participate in this review programme.
- This Overview Report summarises the common themes identified at these visits. The main findings were of some fantastic practice, generally, a lack of integration between services caring for people with long-term conditions and particular concerns about the 'patchy' nature of services for people with chronic neurological conditions.
- The Overview Report has been circulated to the LTC Steering Group for any final comments. Any significant changes suggested will be reported to the Board.
- The Long-Term Conditions Steering Group has asked the Board specifically to consider whether the services with the highest percentage compliance with Quality Standards should be identified in the Overview Report.
- Members of the LTC Steering Group who work with people with chronic neurological conditions have asked if a specific report covering this care pathway could be produced. WMQRS is therefore proposing to produce a 'Pathway Report' which extracts relevant sections from this LTC Overview Report and includes the free text sections of all visit reports.
- WMQRS is considering producing a 'Health Economy Checklist' (as was done in 2010). A draft of this checklist may be brought to the Board meeting.
- Final proof-reading and checking the formatting of the report will be undertaken before it is published.

Implications:	
Financial, Human Resources and Legal	No financial, human resources or legal implications are identified.
Equality impact	WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.

Recommendations:

The Board is recommended to approve the '*Care of Adults with Long-Term Conditions: West Midlands Overview Report*'.

WEST MIDLANDS OVERVIEW REPORT

Purpose of Report:

This report summarises the findings of the West Midlands peer review visits looking at care of children and young people with diabetes.

Key Points:

- Review visits to 14 of the 15 West Midlands pathways of care for children and young people with diabetes were reviewed in 2012/13.
- The Overview Report shows that *Best Practice Tariff* has been a significant driver of improvements to these services. Staffing shortages were preventing achievement of *Best Practice Tariff* in some services.
- The Overview Report has been circulated to the Paediatric Diabetes Steering Group for any final comments. Any significant changes suggested will be reported to the Board.
- Final proof-reading and checking the formatting of the report will be undertaken before it is published.

Implications:

Financial, Human Resources and Legal	No WMQRS financial, human resources or legal issues are identified. The report describes human resources issues for paediatric diabetes services and the influence of <i>Best Practice Tariff</i> .
Equality impact	WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.

Recommendations:

The Board is recommended to approve the '*Care of Children and Young People with Diabetes: West Midlands Overview Report*'.

PEER REVIEW PROGRAMME 2012-13 OVERVIEW REPORT

Purpose of Report:

This report summarises the findings of national programme of peer review visits looking at services for adults with haemoglobin disorders (sickle cell disease and thalassaemia).

Key Points:

- This report summarises the findings of the peer review visits to services for adults with haemoglobin disorders in England. Visits to 29 hospitals delivering services for adults with sickle cell disease and / or thalassaemia took place during 2012 and 2013. The primary purpose of the programme was developmental, aiming to improve the quality of services for adults with the haemoglobin disorders, sickle cell disease and thalassaemia.
- The report identifies significant deficiencies in services, including the fact that the number of consultant and specialist nurse sessions bore very little relationship to the number of adults cared for by the service. For some teams the workload of the specialist staff was unreasonably high and the provision of consistently good quality care was not feasible.
- Many services were not being actively commissioned and the reviews found little evidence of forward planning for the rapidly increasing numbers of patients in some areas, or for the sometimes large numbers expected to transfer from children's services. Progress was being made with improving commissioning for London but the specialist commissioner involved in this work is no longer in post.
- The Overview Report has been circulated to the Adult Haemoglobin Disorders Steering Group for any final comments. Any significant changes suggested will be reported to the Board.
- Final proof-reading and checking the formatting of the report will be undertaken before it is published.

Implications:

Financial, Human Resources and Legal	<ul style="list-style-type: none"> • This report identifies that commissioning of services for people with haemoglobin disorders does not yet meet their needs or the expected standards for delivery of care. Addressing this issue will have financial implications. • No WMQRS financial, human resources or legal implications are identified.
Equality impact	<ul style="list-style-type: none"> • This report identifies serious deficiencies in the care of people with haemoglobin disorders. Sickle cell disease affects predominantly people of black African or African-Caribbean origin while thalassaemia mainly affects those of Mediterranean and Asian origin. • WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.

Recommendations:

The Board is recommended to approve the '*Services for Adults with Haemoglobin Disorders: Peer Review Programme 2012-13 Overview Report*'.

ENCLOSURE 7 EVALUATION REPORTS:

A) ADULTS WITH LONG-TERM CONDITIONS AND CHILDREN AND YOUNG PEOPLE WITH DIABETES

B) HEALTH SERVICES CARING FOR ADULTS WITH HAEMOGLOBIN DISORDERS

Purpose of Report:

This report presents the evaluations of the 2012/13 West Midlands review programme and the 2012/13 national review of health services caring for adults with haemoglobin disorders.

Key Points:

- Evaluation of the WMQRS 2012/13 programmes was undertaken by Harry Ward, Economic and Commissioning Consultancy.
- Key points are given at the start of each report.
- It is suggested that a response to the Evaluation Report recommendations is brought to the next meeting of the Board.

Implications:

Financial, Human Resources and Legal	No financial, human resources or legal implications are identified.
Equality impact	WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.

Recommendations:

The Board is recommended to:

1. Receive the Evaluation Reports and agree that they should be made available on the WMQRS website.
2. Receive a report at its next meeting responding to the Evaluation Reports' recommendations

Purpose of Report:

This report presents the WMQRS Annual Report 2012/13 for the Board's approval.

Key Points:

- WMQRS is required under its Establishment Agreement to produce an Annual Report and circulate it to NHS Chief Executives in the West Midlands.
- The attached draft Annual Report summarises the work of WMQRS over the last year.

Implications:

Financial, Human Resources and Legal	No financial, human resources or legal implications are identified.
Equality impact	WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.

Recommendations:

The Board is recommended to approve the WMQRS Annual Report 2012/13.

Purpose of Report:

The '*WMQRS Principles and Approach*' governs the way in which WMQRS undertakes its work. This report presents an updated version of the *Principles and Approach* for the Board's consideration.

Key Points:

- The previous version of the *Principles and Approach* has been updated to reflect changes in the NHS organisational structure and changes in the funding of WMQRS.
- Specific issues for the Board's consideration are highlighted in yellow.

Implications:

Financial, Human Resources and Legal	No financial and human resources implications are identified. The <i>Principles and Approach</i> is required to protect WMQRS processes from legal challenge.
Equality impact	<ul style="list-style-type: none"> • WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care. • The reviewer person specification excludes people who are not physically or mentally fit enough to take part in a review visit. This excludes some people from the opportunity of being a reviewer.

Recommendations:

The Board is recommended to approve the revised '*WMQRS Principles and Approach*'.

Purpose of Report:

This report updates the Board on progress with the WMQRS review programmes. Board comments and guidance are invited.

Key Points:

- The 2012/13 reviews of care of adults with long-term conditions and care of children and young people with diabetes are now complete.
- Visits for the national programme of reviews of services for adults with haemoglobin disorders have finished. Some visit reports are still outstanding.
- Securing health economy agreement to review topics for 2013/14 has been slower than expected. This will inevitably impact on the ability of WMQRS to deliver the number of reviews offered.

Implications:

Financial, Human Resources and Legal	Financial and Human Resource Implications: See agenda item 16. No legal implications were identified.
Equality impact	WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.

Recommendations:

The Board is recommended to:

1. Note the contents of this report.
2. Convey its thanks to Dr Richard Mendelsohn, Chair of the Long-Term Conditions Steering Group, Dr Chizo Agwu, Chair of the Paediatric Diabetes Steering Group and Drs Jo Howard and Kate Ryan, Joint Clinical Leads for the Adults with Haemoglobin Disorders Review Programme, for their commitment and leadership of the review programmes.
3. Give advice and guidance on progress with the 2013/14 review topics.

REVIEW PROGRAMMES: PROGRESS REPORT

2012 /13 Review Programme:

Care of Adults with Long-Term Conditions (LTC) and Children and Young People with Diabetes

- 1 Consideration by the Board of the Overview and Evaluation Reports represent completion of this programme. By the time of the Board all visit reports will have been sent to health economies. Visit reports are placed on the WMQRS website approximately six weeks after being sent to health economies.
- 2 Two 'Good Practice Sharing Events' have been held, one covering the care of adults with long-term conditions and the other for paediatric diabetes. Both were well-attended with 105 and 67 delegates respectively. Presentations from the 'Good Practice Sharing Events' will be available on the WMQRS soon.
- 3 Dr Martin McShane, National Director: Improving Quality of Life for People with Long-Term Conditions attended the adult long-term conditions event and wrote subsequently:

"Thank you for inviting me to the peer review meeting last week. I was deeply impressed by the focus, professionalism, evaluation and, most of all, enthusiasm I saw on the day. I have already mentioned my experience to the Medical Directorate through our Senior Management Team meetings and will be following it up with a briefing note."
- 4 Dr Fiona Campbell National Clinical Lead, Paediatric Diabetes Networks attended the paediatric diabetes event as did Dr Andrew Spencer, Chair of the West Midlands Maternity, Newborn and Children Strategic Clinical Network. Fiona helpfully assured representatives that West Midlands organisations who had participated in WMQRS reviews would not be need to take part in the reviews organised by the national cancer peer review team.
- 5 Dr Chizo Agwu, on behalf of the Paediatric Diabetes Steering Group, has had a paper about the peer review programme accepted by European Society for Paediatric Endocrinology Meeting in September. This includes the finding of a statistically significant positive association ($p < 0.05$) between the percentage of Quality Standards met and the proportion of children cared for by the service with an HBA1c level of less than 7.5%.
- 6 Dudley health economy did not participate in the 2012/13 review programme but is considering including the care of people with long-term conditions in their 2013/14 reviews.

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

- 7 Consideration by the Board of the Overview and Evaluation Reports represent completion of this programme. Several visit reports are still outstanding and a verbal update will be given to the Board on this. A 'Good Practice Sharing Event' is planned to coincide with the UK Forum on Haemoglobin Disorders November meeting.
- 8 The Board previously discussed issues relating to services provided at Milton Keynes Hospital NHS Foundation Trust. The programme Clinical Leads formally handed these concerns to specialised commissioners, at which point the new Chief Executive of Milton Keynes Hospital responded. A way forward, acceptable to all parties, has been agreed.

2013/14 Review Programme

- 9 WMQRS initially wrote to health economies about the 2013/14 review programme in February 2013. Getting health economy agreement to the topics to be reviewed has, understandably been slow. Table 1 summarises progress with agreement of review topics.
- 10 Through these discussions it has become clear that the initial WMQRS 'offer' does not always fit with health economies' interests. The initial offer was calculated on the basis of three pathways being reviewed on the same day. Review topics for each health economy were therefore population-based but in multiples of three. In practice, many of the topics suggested are not appropriate for review on the same day – or need to proceed at different stages. With hindsight, therefore the 'offer' should have allocated the total number of available reviews proportionately to population, rather than review days. WMQRS is attempting to be flexible, especially because of the delays in getting some topics started. The slow start to 2013/14 will inevitably impact on the ability of WMQRS to deliver the number of reviews offered.

Other Review Programmes

- 11 **Children on Long-Term Ventilation:** Quality Standards have been completed and published.
- 12 **Critical Care:** Consultation on revised draft Quality Standards has been completed and revised Standards, incorporating comments received, are in production.
- 13 **Critically Ill Children:** See Table 1.
- 14 **Imaging:** Consultation on revised draft Quality Standards has been completed and revised Standards, incorporating comments received, are in production.
- 15 **Mental Health, Health Services for People with Learning Disabilities and Dementia Services:** No specific action, although some health economies, especially those which did not participate in 2011 reviews, are interested in including some aspect in their 2013/14 reviews.
- 16 **Paediatric Palliative Care:** No action.
- 17 **Renal:** See agenda item 15 in relation to review of renal services at Guernsey.
- 18 **Stroke (Acute Phase) and TIA:** No action
- 19 **Theatres and Anaesthetics:** Consultation on revised draft Quality Standards has been completed and revised Standards, incorporating comments received, are in production.
- 20 **Urgent Care:** No action. Urgent care standards (other than acute medical units) are still awaiting updating.
- 21 **Vascular Services:** No action
- 22 **Vulnerable Adults in Acute Hospitals:** No action

Compliance with WMQRS Standards:

- 23 Table 2 shows compliance with WMQRS Standards. Although West Midlands programmes have performed reasonably, several of the adult haemoglobin disorders reports have taken a long time to produce and finalise.

Table 1: Health Economy 2013/14 Review Topics

Key:	
X	Review topic suggested by CCG or Trust but not yet discussed
X	Planning meeting or review visit organised
X	Awaiting health economy confirmation or response on some issue

Health Economy	No. topics	Primary care	Community services / hospitals	Alcohol	End of Life	Discharge pathway	Frail elderly (various aspects)	Mental health services	Dementia	CAMHS	Pre- and post-surgery pathways	Acquired brain injury	Chronic pain	Urgent care	Trauma	Day case theatres	Ophthalmology	Maternity (various aspects)	Critically ill children	Paediatric LTC	Paediatric surgery	Long Term Conditions	Speech & Language
North Staffordshire	6					X	X			X	X												
South Staffordshire (West)	6						X																
South East Staffordshire & Seisdon Peninsular	3			X			X																
East Staffordshire	3						X								X	X	X		X				
Shropshire and Telford & Wrekin	9	X	X															X	X				
North Warwickshire	3																X	X	X	X			
Coventry and Rugby	6							X									X	X	X	X			
South Warwickshire	3																X	X	X	X			
Worcestershire	12				X		X														X		
Herefordshire	3									X		X	X										
Dudley	6				X														X			X	
Wolverhampton	3							X											X				
Walsall	3													X					X				
Sandwell and West Birmingham	6		X					X		X								X					
South and Central Birmingham	3																				X		X
North & East Birmingham & Solihull	12	X				X	X		X										X				

Table 2: Compliance with WMQRS Standards

Visit	Visit date	IR letter within 7 days	IR response received	IR response addresses issue raised	IR + response sent to SHA	Draft report to reviewers within 2 weeks *	Draft report to health economy within 4 weeks *	Final report issued (weeks)	Notes
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	N	Y	Y	16	
Southampton (AH)	10 July 12	N/A	N/A	N/A		Y	Y	13	
West Yorkshire (AH)	13 Sept 12	N/A	N/A	N/A		Y	Y	31	
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	IR letter within 7 days	IR response received	IR response addresses issue raised	IR + response sent to SHA	Draft report to reviewers within 2 weeks *	Draft report to health economy within 4 weeks *	Final report issued (weeks)	Notes
South West London (AH)	10 Oct 12	N/A	N/A	N/A		N	N	27	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	
West Midlands (AH)	24 Oct 12	N/A	N/A	N/A		Y	Y	20	
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	N	Y	Y	13	IR letter was late due to timing of consecutive visits.
Herefordshire	8-9 Nov 12	N	Y	-	N	Y	Y	14	IR letter was late due to timing of consecutive visits. Issue re-classified as a concern following receipt of response.
North Central London (AH)	13 Nov 12	N/A	N/A	N/A		Y	Y	22	
Bristol (AH)	14 Nov 12	N/A	N/A	N/A		Y	Y	22	
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	21	Delayed sending until after Christmas break.
Coventry and Warwickshire CNC	4 - 5 Dec 12	N/A	N/A	N/A		Y	N	17	Report was three days late to the 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 th Dec 12	Y	Y	Y	Y	N	Y	17	IR initial response received with initial action plan, still awaiting further information. Report was one day late to reviewers due to clash with Christmas break.

Visit	Visit date	IR letter within 7 days	IR response received	IR response addresses issue raised	IR + response sent to SHA	Draft report to reviewers within 2 weeks *	Draft report to health economy within 4 weeks *	Final report issued (weeks)	Notes
East London (AH)	9 Jan 13	N/A	N/A	N/A		Y	Y	15	
South Warwickshire	9 - 10 Jan 13	N/A	N/A	N/A		Y	Y	13	
North & East Birmingham and Solihull	14 – 18 Jan 13	Y	Y	Y	Y	Y	Y	17	
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	15	Report was seven days late to reviewers and six days late to the 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	-	N	Y	N		Chased x2 . Proposals to address IR awaiting Barts Health response (March). CEO PA contacted Lead for response (June). Initial IR response sent to national lead for haemoglobinopathy .SB chased 21.6. Lack of formal response reported to AHD SG Leads for discussion at SG meeting 1.7.2013
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	Y	13	Report was six days 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	IR letter within 7 days	IR response received	IR response addresses issue raised	IR + response sent to SHA	Draft report to reviewers within 2 weeks *	Draft report to health economy within 4 weeks *	Final report issued (weeks)	Notes
Kings (AH)	7 Feb 13	N/A	N/A	N/A		Y	N		Late due to making amendments for the London networks
South Staffordshire (East)	12 – 14 Feb 13	Y	Y	Y	N	N	N	20	Report was eleven days late to reviewers and nine days late to the 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.
Reading/Oxford (AH)	14 Feb 13	N/A	N/A	N/A		Y	Y		
Walsall	5-7 Mar 13	N/A	N/A	N/A		Y	Y	17	
Wolverhampton	12-14 Mar 13	N/A	N/A	N/A		Y	Y	16	
Worcestershire	18-22 Mar 13	N/A	N/A	N/A		Y	Y	15	
Wolverhampton (AH)	29 Apr 13	N/A	N/A	N/A		Y	Y		
Wolverhampton (CIC)	11 Jun 13	Y (5wd)	N	-		Y	-		IR letter was sent to Trust on the new WMQRS process within 5wd. Response chased 5.7 as not received within 5wd.
% standards met									
No. Yes		6	5	4	2	36	34		
No. No		2	3	1	5	10	11		
Total Yes + No		8	8	5	7	46	45		
% YES		75	63	80	29	78	76		

* 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

Purpose of Report:

This report is to start consideration of the future of WMQRS from 2014/15.

Key Points:

- The proposal for continuation of WMQRS developed in summer 2012/13 and agreed by Clinical Commissioning Groups early in 2013 had three key elements:
 - Continuation of the collaborative model
 - A reduced level of funding for WMQRS staff
 - The programme of reviews to be decided by each health economy (rather than region-wide reviews)
 - One year of funding to give time for the Francis Report, the government response and the implications of these to be considered.
- The proposal said that a decision about 2014/15 should be made by the end of July 2013 and the WMQRS Establishment Agreement states “Any CCG wishing to withdraw from funding WMQRS core team costs will give six months notice in writing of their intention to withdraw.”
- The Francis Report includes the paragraph

“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 may be 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.”

Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Executive summary. Section 1.184
- The initial Government response to the Francis Report does not specifically mention peer review.
- The Care Quality Commission’s latest consultation document ‘A new start: Consultation on changes to the way CQC regulates, inspects and monitors care’ (CQC, June 2013), however, includes proposals for:
 - *“Using the findings of other organisations that carry out clinical audits and accredit hospitals as evidence that would contribute to a hospital’s rating or help us to decide when, where and what to inspect.”(p 19 &.28)*
 - *“Our Chief Inspector of Hospitals will make sure we make the most of ‘peer review’ – the findings and opinions of other experts – in our findings”. (p.28)*
 - Hospitals could only achieve an ‘outstanding’ rating if *“There is a range of evidence that the service is sustaining high-quality care (for example, consistently meeting NICE quality standards or Royal College standards through clinical peer review) over time across most services in the organisation. There is evidence of innovation.”*
- WMQRS was also asked to present at two meetings in May and June of Royal Colleges and other organisations involved in accreditation of health services. The second meeting was attended by the CQC Chief Inspector of Hospitals. These meetings were aiming to bring together Colleges’ approaches to accreditation. The work of WMQRS was of interest because of the way we have integrated Standards and reviews of a wide range of pathways.

- It is clear from these meetings and, implicitly, from the CQC proposals, that WMQRS should consider being accredited as an organisation which reviews clinical services. This question was also asked during discussions with the Isle of Man government (see agenda item 14). An initial comparison with 'A Core Model for Professionally Led, Clinical Service Accreditation, Version 2', Healthcare Quality Improvement Partnership, 2009 suggests that WMQRS is not far from the expected standards. Dr Charles Shaw, a international expert on peer review and accreditation of health services, will be visiting WMQRS on 9th July and will advise on areas for improvement, appropriate standards and accreditation.
- The Board's advice is sought on a) whether WMQRS should continue from 2014/15 onwards and, if so, b) how securing ongoing support for WMQRS should be approached.

Implications:	
Financial, Human Resources and Legal	Currently, CCG funding of WMQRS ceases in March 2014. Continuation of WMQRS would have financial implications for CCGs or Trusts. If WMQRS does not continue there would be human resources for WMQRS staff. Redundancy costs for WMQRS staff are currently held by Sandwell and West Birmingham Hospitals NHS Trust. Re-negotiation of this arrangement would be necessary if WMQRS continues. No legal implications have been identified.
Equality impact	WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.

- Recommendations:**
- The Board is asked to take a view on:
1. whether WMQRS should continue from 2014/15 onwards and, if so,
 2. how securing ongoing support for WMQRS should be approached
 3. accreditation of WMQRS as a provider of quality assurance of clinical services.

Purpose of Report:

This report updates the Board on commissioned Standards and Reviews.

Key Points:

- A review of renal services in Guernsey will take place in August 2013.
- The WMQRS Board had previously supported WMQRS in submitting a proposal for undertaking an ongoing programme of quality assurance for the Isle of Man health services. This proposal has been submitted. An update on the response from the Isle of Man will be given at the Board meeting. This work would involve an integrated programme of reviews across a whole health economy, the learning from which may be helpful to NHS organisations in the West Midlands. Legal advice on the position of NHS staff acting as reviewers of non-NHS services is being sought.
- There is national interest in adopting the WMQRS Standards for the Care of Children and Young People needing Long-Term Ventilation. This may include a commission from a national charity for the production of a parent version of the Standards. This would be of interest as it may help WMQRS in the development of patient-friendly versions of all its Quality Standards.
- The UK Forum on Haemoglobin Disorders has approached WMQRS about the possibility of undertaking a programme of joint reviews of services for adults and children services with haemoglobin disorders. This would be a rolling programme over, probably, three years and starting with review of the Quality Standards. Given the issues identified in the Overview Reports of Services for Adults with Haemoglobin Disorders, which echoes those in the children's services Overview Report, this work is needed to ensure progress in improving the quality of care for people with haemoglobin disorders, including those in the West Midlands.
- All commissioned reviews are undertaken only if:
 - The work programme is fully funded
 - The work does not detract from WMQRS's work with West Midlands organisations
 - The work brings some benefit to West Midlands NHS organisations or the quality of health services for the people of the West Midlands.

Implications:

Financial, Human Resources and Legal	Commissioned reviews supplement WMQRS income and help to maintain a sustainable staffing level.
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 support the proposed commissioned Standards and Reviews.

ENCLOSURE 13 FINANCIAL REPORT

Purpose of Report:

This report updates the Board on the WMQRS financial position.

Key Points:

- CCGs agreed 2013/14 WMQRS core funding of £381,100.
- Sandwell and West Birmingham Hospitals NHS Trust agreed to carry forward £208,000 to cover the redundancy liabilities of WMQRS staff and £100,000 for completion of the 2012/13 programme, because the start of review visits was delayed. In practice, redundancy costs plus £57,400 was carried forward to 2013/14.
- The employment of one member of staff (above the core funding) has been continued. This was to be funded by the carried forward under-spend. WMQRS will be able to fund this post and stay within budget in 2013/14 but only through the use of income from 2013/14 commissioned reviews. (The original intention had been to use this funding to fund continuation of the post in 2014/15.)
- The WMQRS Board has not previously received ongoing reports of the WMQRS financial position. These can be provided in future if this would be helpful.

Implications:

Financial, Human Resources and Legal	2013/14 funding for WMQRS is £42,600 less than anticipated. This will not have human resources implications in 2013/14 but may impact on 2014/15.
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 note the contents of this report and agree any resulting actions.