

WMQRS BOARD MEETING

Date: 16th September 2013
 Time: 2.15pm – 4.00pm
 Location: Diabetes Centre Meeting Room, 1st Floor, Diabetes Centre, City Hospital, Dudley Road, Birmingham
 B18 7QH

AGENDA

- | | | |
|-----|---|-------------|
| 1. | Apologies for absence | |
| 2. | Notes of the meeting held on 12 th July 2013 | Enclosure 1 |
| 3. | Actions and matters arising from the last meeting <ul style="list-style-type: none"> • Board membership – resignation of Lesley Savage | Enclosure 2 |
| 4. | WMQRS Principles & Approach | Enclosure 3 |
| 5. | Review Programmes: Progress Report | Enclosure 4 |
| 6. | Care of People with Long-Term Conditions – Health Economy Checklist | Enclosure 5 |
| 7. | WMQRS: 2014/15 | Enclosure 6 |
| 8. | Response to Evaluation Reports | Enclosure 7 |
| 9. | Financial Report | Enclosure 8 |
| 10. | Any other business | |
| 11. | Date of next meeting: 2nd Dec 2013, 3.30pm – 5.30pm, Birmingham | |

The latest version of the *WMQRS Principles and Approach* is enclosed as a separate file as one issue relating to this is raised under 'Matters Arising' (Agenda item 3).

ENCLOSURE 1 NOTES OF THE WMQRS BOARD MEETING HELD ON 12TH JULY 2013

Present: Simon Hairsnape (Chair), Nick Flint, Beryl Nock, David Orme, Sandy Brown, Paul Martin, Roger Stedman, Jane Chapman, Steve Washbourne, Richard Kirby, Jane Eminson (JE)

In attendance: Sarah Broomhead, Sue McIldowie

- 1 The Board agreed that Simon Hairsnape and Richard Kirby would be Chair and Vice-Chair respectively for a period of one year.
- 2 JE outlined the current gaps in the Board membership. It was noted that Sue Doheny, Director of Nursing and Quality for Arden, Herefordshire and Worcestershire Local Area Team was interested in joining the Board. She is currently seeking approval from the other West Midlands LATs to be their representative on the Board.

The Board discussed the possibility of a senate member of the Board. The Board agreed that this would be desirable.

Action: Richard Kirby and Simon Hairsnape to agree revised Establishment Agreement on behalf of Trust Chief Executives and CCG Chief Officers

- 3 Apologies for absence were received from Lesley Savage, Salma Ali and Rob Courtney-Harris.
- 4 The Board noted that Steve Sharples had been present at the previous Board meeting and should therefore not be included in the list of apologies for the meeting. With this change, the notes were agreed as an accurate record of the meeting.
- 5 Actions from the last meeting: All actions arising had been completed except 5a which will be undertaken over the summer. Paul Martin commented that Trusts have been notified that the NHSLA approach is changing to considering outcomes only.

6 **Care of People with Long-Term Conditions Overview Report**

The Board was asked to consider the report for approval. It was noted that a preface by the Chair of the Steering Group, Dr Richard Mendelsohn, would be included. JE summarised the key findings of the report, particularly in regard to services for people with chronic neurological conditions, and asked the Board to consider the recommendations within the report. The group discussed the rationale for the population size suggested in recommendation 1. It was also agreed to remove the sentence in brackets from the final sub-point of recommendation 1 and reword the paragraph. It was noted that the finalised report would be available on the website but that WMQRS had no mandate to ensure recommendations were implemented. It was suggested that the report be sent to local HealthWatches, to Health and Wellbeing Boards as well as to Trusts, CCGs, specialist commissioners, NHS England and public health departments in the Local Authorities.

The report was approved, subject to the agreed changes.

Action: JE to reword recommendation relating to the care of people with chronic neurological conditions and circulate to the Board for approval.

7 **Care of Children and Young People with Diabetes Overview Report**

The Board was asked to consider the report for approval. The Board approved the report.

8 Services for Adults with Haemoglobin Disorders Overview Report

The Board was asked to consider the Services for Adults with Haemoglobin Disorders Overview Report. JE outlined some key points from the report:

- This was a National programme, funded by the NHS Sickle Cell and Thalassaemia Screening Programme.
- Clinical leads wished to remove Appendix 6 from the report.
- Services were variable across the country with often unclear commissioning arrangements. Services were sometimes not clear about how many patients were cared for. The recommendations in the report were mainly for commissioning teams, both local and specialised. SW stated that these services had only become the remit of specialised commissioning teams since April 2013.
- The reports would be circulated nationally through local CCGs, specialised commissioning, Trusts and NHS Health Education England.

The Board approved the report with the agreed changes.

9 Evaluation Reports

The Board then discussed two evaluation reports:

- Adults with Long-Term Conditions and Care of Children and Young People with Diabetes
- Health Services for Adults with Haemoglobin Disorders

JE requested that the Board receive the reports and that a report be brought to the next meeting with a response to the recommendations. The Board approved the Evaluation Reports.

10 WMQRS Annual Report

The Board approved the WMQRS Annual report with no amendments.

11 WMQRS Principles and Approach

The Board were asked to consider the revised '*Principles and Approach*'. Issues for the Board's consideration were:

- P2 – a clinical senate representative will be invited to become a member of the Board
- P3 – wording to be revised – 'agree to offer but not impose'
- P4 – amend paragraph as there is no three year rolling programme in place
- P5 – generic steering group agreed
- P6 – a check is required to ensure that working reflects equality and diversity legislation.
- P8 6.8 – revised immediate risks pathway approved
- P8 6.10 – The Board discussed when draft reports may be shared. It was the view of Jane Chapman that the health economies should be asked to share draft reports. The Board agreed to leave the paragraph unchanged so that, in the event of a specific query, the report may be shared. It was also agreed to include Monitor and NHS Trust Development Agency as agencies who may be party to the reports.

Action – JE to reword and circulate document with revisions discussed for email sign off.

12 Review Programme – Progress Report

JE updated the Board on progress since the last Board meeting. It was noted that there were delays in agreeing 2013/14 reviews due to the changes in the NHS. There was a concern that if the reviews were not spread throughout the year this would put WMQRS under considerable pressure in Quarter 4. It was agreed that JE would circulate regular updates to CCGs and providers and indicate that CCGs may not get the reviews that they want unless agreement with health economies is reached soon. The Board noted the contents of the report and agreed to 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.

Action – JE to draft letters to Chairs and clinical leads of the steering groups from the 2012/13 review programmes to thank them for their commitment and leadership of the programmes and send to Simon Hairsnape for signature.

13 WMQRS 2013/14

The group discussed future funding for WMQRS and it was agreed that JE draft a paper for Simon Hairsnape to take to the CCG Chief Officers on 11 August. The Board agreed to request core funding for three years.

Action: JE to draft paper on future funding of WMQRS

14 Commissioned Standards and Reviews

The Board agreed to support the proposed commissioned Standards and Reviews.

15 Financial Report

The Board discussed the reduction of carry forward for WMQRS and the impact on the service. It was agreed to establish why this happened and, depending on the outcome of any discussions, the Chair of the Board may write to Sandwell and West Birmingham Hospitals NHS Trust about the underspend.

It was also agreed that the Board should receive regular financial updates from WMQRS.

16 Any other Business

Steve Sharples offered his resignation as Service User Board member due to his imminent move to France. The Board accepted his resignation with regret and thanked him for his service.

17 Date and venue of next meeting: 16 September 2013, 2.00pm – 4.00 pm

1st Floor, Diabetes Centre

City Hospital, B18 7QH

ENCLOSURE 2**ACTIONS & MATTERS ARISING FROM LAST MEETING****ACTIONS:**

| Min. | Action / Matter Arising | Who | Progress |
|-------------|---|------------|---|
| 2 | Richard Kirby and Simon Hairsnape to agree revised Establishment Agreement on behalf of Trust Chief Executives and CCG Chief Officers | RK, SH | Agreed and published on WMQRS website |
| 6 | Care of People with Long-Term Conditions Overview Report: Recommendation relating to the care of people with chronic neurological conditions to be reworded and circulated to the Board for approval. | JE | Reworded, circulated to Board and approved. Final report distributed as agreed. |
| 11 | Principles and Approach document to be reworded with revisions discussed and circulated for email sign off. | JE | Revised paper circulated for email sign-off. One query remains outstanding (see Agenda Item 4). |
| 12 | Letters to be drafted to Chairs and clinical leads of the steering groups from the 2012/13 review programmes to thank them for their commitment and leadership of the programmes and sent to Simon Hairsnape for signature. | JE / SH | Thank you letters sent |
| 13 | Draft paper on future funding of WMQRS | JE / SH | Paper went to 21 st August West Midlands meeting. Issue covered in agenda item 7. |
| Other | Lesley Savage has resigned from the Board | | Thank you letter sent. |

MATTERS ARISING:**1 Board Membership**

The Board is asked to note that Lesley Savage (Patient Member) has resigned from the WMQRS Board due to her appointment as a Non Executive Board Member position with the NHS. The Chair has written to Lesley thanking her for her contribution to the WMQRS Board.

Purpose of Report: This report raises two issues relating to the *WMQRS Principles and Approach* for the Board's consideration.

Key Points:

- a. The Board discussed the *WMQRS Principles and Approach* in detail at its last meeting. The revised version was circulated for 'sign off' by email. The changes discussed at the last meeting were agreed. One additional issue was raised, however; whether the Immediate Risk procedure (paragraph 44 and Appendix 3 of the *Principles and Approach*) should apply to commissioned reviews. The Board is asked to consider this issue. The latest version of the *WMQRS Principles and Approach* is attached to the Board papers for ease of reference.
- b. The establishment of a Generic Steering Group to sign off reports was agreed as part of *WMQRS Principles and Approach* (section 13). WMQRS is proposing:
 - i. All West Midlands NHS organisations are circulated with information about membership of the Group, members' responsibilities, time commitment and person specification.
 - ii. Recruitment of patient members from the pool of patient reviewers who have experience of reviewing more than one programme, or equivalent experience in other fields.
 - iii. The Board's advice is sought on whether travel expenses and an honorarium should be offered to members of the Generic Steering Group, including patient members. NHS staff members of the WMQRS Board and other Steering Groups are not reimbursed by WMQRS for their time or travel expenses. Travel expenses are reimbursed for patient representatives (covered in the *Principles and Approach* Appendix 2 sections 22 and 23). The time commitment for members of the Generic Steering Group is, however, greater than for other WMQRS groups. Also, the benefit to the individuals' organisations will be less than for other Steering Groups. It is estimated that six face to face meetings per year and four telephone conferences will be needed. Preparatory reading will be essential.
 - iv. The estimated total annual cost of reimbursing Generic Steering Group members is estimated as £19,000. This is not included within the core funding of WMQRS proposed for 2014/15 and beyond. In practice, the WMQRS budget for 2013/14 would be able to accommodate this (see agenda item 9).
 - v. If more expressions of interest are received than places on the Steering Group, some form of selection process will be required. If so, it would be helpful if one or two Board members could assist with this. The appointment of deputy members may be helpful if this situation arises.

Implications:

| | |
|---|--|
| Financial, Human Resources and Legal | No legal issues are identified. The financial report (agenda item 9) identifies funding to meet the expenditure proposed in this report. There are no employment implications of this report. Members of the Generic Steering Group would be recruited on a sessional basis. |
| 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:

1. Decide whether commissioned reviews should be covered by the Immediate Risk procedure
2. Agree the remuneration arrangements for the Generic Steering Group.

Purpose of Report:

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

Key Points:

- With the exception of a possible health economy checklist (see agenda item 6), 2012/13 reviews of care of adults with long-term conditions, paediatric diabetes services and care of people with haemoglobin disorders are now complete.
- Progress is being made with agreeing 2013/14 review topics but this has been slow and it is unlikely that the full number of reviews promised for 2013/14 can now be delivered. In some health economies the topics chosen for review have changed since the report to the Board in July.
- WMQRS will start work with the Isle of Man health services in September.

Implications:

| | |
|---|---|
| Financial, Human Resources and Legal | No human resources or legal issues are identified. No financial issues relating to the West Midlands are identified. 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 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 All visit reports and the Overview Report for this programme have been finalised and circulated. Some queries on the South Staffordshire (East) health economy report have been received and a revised version may be issued. The appeal period for this report has expired. A possible health economy checklist is for discussion under agenda item 6. This review programme will then be complete.

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

- 2 All visit reports and the Overview Report for this programme have been finalised and circulated. The Overview Report was covered in the Health Service Journal on 3rd and 5th September. The UK Forum on Haemoglobin Disorders and WMQRS have also been asked to attend the All Party Parliamentary Group on Sickle Cell and Thalassaemia in November. This review programme will then be complete.

2013/14 Review Programme

- 3 Progress is being made with agreeing review topics but this has been slow and it is unlikely that the full number of reviews promised for 2013/14 can now be delivered. Table 1 gives a summary of the position for each health economy in the West Midlands. In some health economies the topics chosen for review have changed since the report to the Board in July.

Other Review Programmes

- 4 **Children on Long-Term Ventilation:** There is interest in national adoption of the Quality Standards for Care of Children on Long-Term Ventilation. Discussions and drafting work are in progress.
- 5 **Critical Care:** A revised version of the Quality Standards has been produced, incorporating comments received and the new national service specification. Critical care services at Walsall are being reviewed in October 2013/14 using these Standards. This will enable final checking before the Standards are signed off by the Steering Group.
- 6 **Critically Ill Children:** Table 1 shows progress with reviews of care of critically ill and injured children.
- 7 **Haemoglobin Disorders:** Discussions are taking place about combining the Quality Standards and about a possible combined review programme. There is not yet any definite agreement on this review programme.
- 8 **Imaging:** Finalising Quality Standards to incorporate comments received is in progress.
- 9 **Mental Health, Health Services for People with Learning Disabilities and Dementia Services:** No action on this programme.
- 10 **Paediatric Palliative Care:** No action on this programme.
- 11 **Renal:** The review of renal services on Guernsey took place on 23rd August and the report of this review is in progress.
- 12 **Stroke (Acute Phase) and TIA:** No action on this programme.

- 13 **Theatres and Anaesthetics:** Finalising Quality Standards to incorporate comments received is in progress.
- 14 **Urgent Care:** A revised version of the Quality Standards has been produced, incorporating guidance issued since 2010 for Emergency Departments and acute surgery. Urgent care services at Walsall are being reviewed in October 2013/14 using these Standards. This will enable final checking before the Standards are signed off by the Steering Group. Primary care and ambulance service sections of the Standards have not yet been revised.
- 15 **Vascular Services:** No action on this programme.
- 16 **Vulnerable Adults in Acute Hospitals:** No action on this programme.

Commissioned Standards and Reviews

17 **Isle of Man**

WMQRS staff will be visiting the Isle of Man in September to start staff briefings and organising the review visits. A review of the Emergency Department, critical care and theatres and anaesthetics will take place in November. Over the next two months work will also start on planning a three year programme of reviews covering all health services. This is conceptually quite challenging and may be of interest and benefit to West Midlands organisations.

- 18 **Guernsey:** See renal services (above).

Compliance with WMQRS Standards:

- 19 Table 2 shows compliance with WMQRS Standards. The reporting format has been revised to reflect the timescales in the revised *WMQRS Principles and Approach* agreed at the last meeting.

Table 1: 2013/14 WMQRS West Midlands Reviews – Position as at September 9th 2013

| 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 |
| * | Have requested review be deferred till 2014/15 |

| Health Economy | No. topics | Primary care | Community services / hospitals | 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 | Sexual Health | Community Orthopaedics | |
|---|------------|--------------|--------------------------------|-------------------|---------------------------------|------------------------|----------|-------|--------------------------------|-----------------------|--------------|-------------|--------|-------------------|---------------|-----------------------------|-------------------------|----------------|--------------------|----------------------|-------------------|---------------|------------------------|---|
| North Staffordshire | 6 | | | X | X | | | X | X | | | | | | | | | | | | | | | |
| South Staffordshire (West) | 6 | | | | X | | | | | | | | | | | | | | | | | | | |
| South East Staffordshire & Seisdon Peninsular | 3 | | | | X | | | | | | | | | | | | | | | | | | | |
| East Staffordshire | 3 | | | | X | | | | | | | | X | X | X | | X | | | | | | | |
| Shropshire and Telford & Wrekin | 9 | | X | | X | | | | | | X | X* | | | | | X* | | | | | | | X |
| North Warwickshire | 3 | | | | | | | | | | | | | | X | X | X | | | | | | | |
| Coventry and Rugby | 6 | | | | | X | | | | | | | | | X | X | X | | | | | | | |
| South Warwickshire | 3 | | | | | | | | | | | | | | X | X | X | | | | | | | |
| Worcestershire | 12 | | | X | 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

Twelve adult haemoglobin disorders reports have been finalised and circulated since last Board meeting. Of these, one was issued between 10-20 weeks, eight between 20-30 weeks, one between 30-40 weeks and two between 40-50 weeks, post-visit. Achievement of previous deadlines for these reports was reported to the Board in July.

| Visit | Visit date | IR letter issued within 5 days | IR response received | IR response received within 10 days | IR response addresses issue raised | If not, Trust informed within 20 days or less | IR + response sent to LAT within 20 days or less | Draft report to reviewers within 10 working days | Draft report to health economy within 15 working days | Final report issued within 85 days | Notes |
|------------------------|------------|--------------------------------|----------------------|-------------------------------------|------------------------------------|---|--|--|---|------------------------------------|--|
| Wolverhampton (CIC) | 11 Jun 13 | Y | Y | N | Y | N/A | N | Y | Y | N/A | IR response was sent eleven days late to LAT |
| Guernsey | 23 Aug 13 | N/A | N/A | N/A | N/A | N/A | N/A | N | N/A | N/A | Report was one day late to reviewers. |
| % standards met | | | | | | | | | | | |
| No. Yes | | 1 | 1 | 0 | 1 | | 0 | 1 | 1 | | |
| No. No | | 0 | 0 | 1 | 0 | | 1 | 1 | 0 | | |
| Total Yes + No | | 1 | 1 | 1 | 1 | | 1 | 2 | 1 | | |
| % YES | | 100 | 100 | 0 | 100 | | 0 | 50 | 100 | | |

ENCLOSURE 5 CARE OF PEOPLE WITH LONG-TERM CONDITIONS – HEALTH ECONOMY CHECKLIST

Purpose of Report: To seek the Board's views on the draft Care of People with Long-Term Conditions (LTC) Health Economy Checklist

Key Points:

- The 2010 Urgent Care Overview Report included a health economy checklist. This captured the main learning from the reviews in a one page, hopefully useful, format.
- The learning from the 2012/13 reviews of the care of people with long-term conditions lends itself to a similar approach. A draft version is given below. NB. This is very much a first draft and, if supported, the presentation would be made more interesting.
- The Board is asked to advise on whether circulation of such a checklist would be helpful. If so, comments on the content of the checklist are also welcome. It will be sent to LTC Steering Group members for comment before wider circulation.

Implications:

| | |
|---|--|
| Financial, Human Resources and Legal | No specific implications have been identified. Use of the checklist has the potential to improve the efficiency of health services for people with long-term conditions. |
| Equality impact | Use of the checklist has the potential to improve the health services for people with long-term conditions and therefore reduce their disadvantage. |

Recommendations:

The Board is asked to advise on the draft health economy checklist.

CARE OF PEOPLE WITH LONG-TERM CONDITIONS – DRAFT HEALTH ECONOMY CHECKLIST

Terminology:

- a. **Main relevant services:** GPs, district nurses, GP and nursing out of hours services, care homes, community long-term conditions services (for example, Virtual Wards, Community Matrons) and specialist services for people with diabetes, COPD, heart failure and chronic neurological conditions.
- b. **Patients:** Adults with long-term conditions. Many people with long-term conditions have multiple conditions and may also be frail.

Patient and Carer Empowerment

- 1 Do all patients and carers have clear written information on 'early warning signs' of exacerbations or deterioration?
- 2 Do patients and carers have a dependable route to advice from each service with which they are in contact? If advice is not immediately available, is the maximum response time clear?
- 3 Do patients have a copy of their 'care plan'? (NB. This does not need to be long and complicated!)

Community LTC Service or Specialist Team Review within 24 Hours

- 4 Do patients and carers have a dependable route to urgent review within 24 hours if they meet appropriate criteria? Can other relevant services, including out of hours services, access urgent reviews within 24 hours?
- 5 Is urgent review available daily, seven days a week? If arrangements differ at weekends, are patients, carers and relevant services aware of the arrangements? Have you audited the appropriateness of referrals and provided feedback to patients and referring services?
- 6 Is urgent review by a member of the diabetic foot team available within 24 hours for patients in the community and in hospital?
- 7 Is patient transport available to take patients to urgent review clinics and bring them home again? How much notice needs to be given to the transport service? Will patient transport take patients to non-hospital settings? Will the patient transport help the patient from their home and ensure they are settled when they return home?

Community LTC Services

- 8 Can community LTC teams **quickly** vary their input in response to fluctuations in a patient's condition? Are the thresholds for this clearly defined? Do other services know about these arrangements?
- 9 Do community LTC teams have regular input and access to advice from a consultant (probably one specialising in the care of older people)?

Condition-Specific Services

- 10 Is each service caring for a defined group of patients whether they are in the community or in hospital? If there are separate hospital and community teams, do they meet regularly?
- 11 Are services actively discharging patients to primary care when they no longer need frequent specialist care? Are there clear criteria and arrangements for patients and primary care services to re-access specialist care quickly?

Hospital Admission

- 12 Are all relevant services alerted when one of their patients is admitted to hospital? When alerted, are community LTC and condition-specific services pro-active in getting their patients home?

Health Economy

- 13 Do you have a mechanism which brings together clinical and managerial leads of relevant services? Do they all know what services are available? Have you taken stock of these services? Have the confidence to stop and start again!
- 14 Have these leads agreed the key issues which need to be communicated between services?
- 15 Have these leads considered:
 - a. Multi-disciplinary meetings to discuss the care of people with multiple long-term conditions or more complex needs and those at highest risk of admission?
 - b. The potential for stream-lining service provision, for example, breathlessness clinics for people with COPD and / or heart failure?
 - c. The potential benefits of additional advice and support to staff in care homes?
- 16 Do all relevant services have quick and easy access to imaging and pathology results?
- 17 Do the leads understand the competences of staff in different services and the potential for stream-lining care?
- 18 Can overnight home care (for example, night visiting) be accessed quickly if necessary?
- 19 Can the leads find a way to achieve a single annual review for each patient with input from other relevant services, a single care coordinator and a single care plan?
- 20 Have you considered the recommendations of the Care of People with Long-Term Conditions Overview Report? (Report available at www.wmqrns.nhs.uk – choose Document Library and select Overview Reports)

Purpose of Report:

This report updates the Board on WMQRS core funding for 2014/15 and beyond.

Key Points:

- At its July meeting the Board agreed to ask CCGs to consider continuation of WMQRS core funding for a further three years.
- This proposal was put to the CCG Forum in August at which just over half the CCGs were represented. The QRS funding proposal received good support with support for three year funding. It was agreed that Simon Hairsnape would write to all CCG Accountable Officers asking for formal support for the proposals outlined. The Board will be given a verbal update on progress with this.
- If three year core funding for WMQRS is agreed, the following issues will need to be considered:
 - **Host Organisation**

In 2009 a hosting specification was circulated to all NHS organisations in the West Midlands. If three year funding is agreed it would be possible to retender for hosting of WMQRS. There is no contract covering the hosting of WMQRS by Sandwell and West Birmingham Hospitals NHS Trust and so no notice period on either side.
 - **Redundancy Funding**

Sandwell and West Birmingham Hospitals NHS Trust is currently holding funding to cover redundancy costs of WMQRS staff. It is suggested that the host organisation is asked to consider taking on redundancy liability in exchange for keeping this funding. (NB. In the Establishment Agreement all NHS organisations in the West Midlands agree to try and find suitable alternative employment for WMQRS staff, if required.)
 - **Director**

Because of funding uncertainty, the post of WMQRS Director has been filled on an acting basis. If three year funding is available a substantive appointment could be made. (NB. There is no redundancy funding for the Director post in the 2012/13 carry forward.)

Implications:

| | |
|---|--|
| Financial, Human Resources and Legal | This report affects WMQRS funding and staff for 2014/15 and beyond. |
| 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, if the response from CCGs continues to be positive, advise on the issues identified.

Purpose of Report:

This report proposes the response to the Evaluation Reports of 2012/13 WMQRS Programme and the 2012/13 Reviews of Adult Haemoglobin Disorders received by the WMQRS Board in July.

Key Points:

- The Evaluation Reports identified that, generally, training, visit organisation and reports were well rated by participants
- Twenty-nine specific recommendations were made within the evaluation reports for Long-term Conditions and Adult Haemoglobin programmes which the author believed would enable WMQRS to continue to improve the peer review process in future years.
- WMQRS Team undertook a two day process mapping exercise in July and some of the areas identified within the report have been addressed by clarifying steps within the review programme processes.
- A detailed response to the recommendations is given below.
- WMQRS will need audit the effectiveness of these changes to check that the actions proposed have achieved the desired outcome.

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

Recommendations:

The Board is asked to agree the response to the Evaluation Reports' recommendations.

WMQRS RESPONSE TO LONG-TERM CONDITIONS AND ADULT HAEMOGLOBIN DISORDERS

EVALUATION REPORTS

An asterisk denotes actions which are not yet complete.

| Report Rec. No. | Recommendation | LTC | AH | WMQRS Response and Action |
|-----------------|---|-----|----|---|
| 1. | Seek to ensure strong and sustained clinical "sign up" to future reviews by actively securing the support of Clinical Networks and Clinical Senates. | √ | | WMQRS is liaising with both the Clinical Networks and Senates. |
| 2. | Consider how Trust and CCG review leads can be better supported (including the use of social media) to enable them to fulfil their critical role, in ensuring that all the self assessments and background papers are submitted on time. | √ | | QM is liaising with all review leads. Reminders sent by email. |
| 3. | Work with local Health Economies to determine how best to describe current configuration of services prior to visit. | √ | | Scoping and briefing meetings to be undertaken earlier in the visit programme. |
| 4. | WMQRS needs to ensure that it can flex resources to cope with bunching of reviews. | √ | | Ongoing issue for WMQRS. Work is ongoing to plan visits to minimise 'bunching'. Three year funding would stop this 'bunching'.* |
| 5. | Seek to identify at the outset of the review process those Health Economies /organisations which may require additional support with managing the review process locally. | √ | | To be adopted and identified at briefing meetings.* |
| 6. | Agree and fully document the revised process for managing immediate risks and the handing over of any unresolved risks at the end of the review process. | √ | | Part of WMQRS review of processes undertaken in July. Completed. |
| 7. | Consideration should be given to a more blended approach to training which could include: WMQRS website hosting suitable materials which reviewers can access both before and after the training sessions, including video of mock review meetings. | √ | | This would be useful and will be considered. * |
| 8. | Offer the opportunity for reviewers to be an observer at a review prior to their scheduled review. (It is recognised that this will only be feasible for a small number of reviewers). | √ | | Already in place. |
| 9. | WMQRS to consider how to achieve a more consistent and higher return rate for Visit Evaluation forms. | √ | | Electronic response form for all evaluations developed. This will allow reminders to be sent. WMQRS to monitor response rates. |

| Report Rec. No. | Recommendation | LTC | AH | WMQRS Response and Action |
|-----------------|--|-----|----|---|
| 10. & 6 | Consider how providers can be supported to enable information to be complete and available within agreed timescales. | √ | √ | Included in process mapping for pre-visit |
| 11. | Consider how to enable greater patient and carer involvement. | √ | | WMQRS has met with West Midlands HealthWatch chairs and managers as a way of recruiting more user reviewers. Also liaising with NHS England Patient Engagement Manager. |
| 12. | Consider how reviewers who felt under time pressures could be supported during the visit. | √ | | Work has been undertaken to reduce the burden of evidence and ensure that provider leads provide an appropriate amount of evidence. Training has been amended to cover this. WMQRS to monitor via reviewer visit evaluations and take remedial actions to address if this continues to be a problem. * May happen occasionally. |
| 13. | Consider redesigning recording form. | √ | | WMQRS to amend page layout. |
| 14. | WMQRS carries out future surveys using web based surveys, with email forms for those unable to access web link. | √ | | Adopted. |
| 15. | Increase the number of users involved in review process to compensate for users who may not able to attend owing to illness. | √ | | As 11, to look at increasing pool of generic reviewers. Assessment at reviewer training to identify those who may need amendments to the reviewing day. * |
| 16. | Ensure that room used for review are suitable for the numbers attending meetings. | √ | | To discuss with review leads and document importance in meeting notes to review leads. WMQRS to check as part of liaison work. * |
| 17. | Review/confirm WMQRS policy on expenses/honoraria for users. | √ | | Confirmed with no change. This policy is in line with CQC HealthWatch policy for use of volunteers. |
| 18. | WMQRS to consider either delaying overall evaluation phase or conducting a focussed follow up survey to determine whether action plans have turned into actions to improve services. | √ | | Links to planning of region-wide visit programme and ensuring enough time post-visit for action planning. WMQRS does need to look at what it will need to evaluate at the end of 2013/14 because of the wide range of programmes identified by health economies. * |
| 19 & 4 | WMQRS ensures that CCG/Trusts leads are aware of peer review moderation process that ensures that the peer review process makes consistent assessments for local health economies across the West Midlands Region. | √ | √ | WMQRS to be more explicit when training and briefing reviewers about consistency in the interpretation of standards. Agreement of reviews to particular services do need to look at what was in place at the time of the visit. Reports do acknowledge service changes. |

| Report Rec. No. | Recommendation | LTC | AH | WMQRS Response and Action |
|-----------------|---|-----|----|--|
| 19. | WMQRS consider whether analysis should be carried out to establish whether there is any relationship between compliance with WMQRS standards and baseline performance of local health economies. | √ | | WMQRS to look at available data prior to reviews and analyse whether there is any correlation with compliance. * |
| 20. | WMQRS consider whether to monitor the trajectory of the indicators for the West Midlands Health Economies compared with the rest of England. | √ | | This could be considered in future.* |
| 1. | WMQRS to consider how it can ensure that all members of the Multi Disciplinary Team are involved in the peer review process. | | √ | Already covered in process paper, but acknowledge that as a national programme, face to face briefings did not always take place and importance of engaging with MDT may not have been made clear. Ensure made more explicit in future programmes. * |
| 2. | WMQRS considers how to ensure that service users are able to participate in all review visits. Thought needs to be given on how to ensure the full range of service user views are obtained. | | √ | Already part of WMQRS principles and approach. This was a national review programme and difficulties in booking user and carer reviewers for certain visits. Briefing for Providers to be more explicit about meeting a range of users and carers for all the pathways being reviewed. * |
| 3. | Identify professional reviewers and users separately within training evaluation survey form to enable separate analysis of responses from each group. | | √ | Not required as we can normally separately identify and address user and professional comments. |
| 4. | Consider increasing the amount of role plays and mock evidence in the training sessions. | | √ | Training programmes are evaluated and adapted for each programme that is run. Previously the role play elements have not evaluated well. |
| 5. | Evaluations at the time of visit | | √ | Already in place, part of 'Principles and Approach' and programme Process papers. |
| 6. | WMQRS to consider how to promote the importance of the overall evaluation with both Reviewers and Trust leads in order to increase the future response rate | | √ | Include in communications with providers |
| 7. | WMQRS should continue its efforts to engage senior management in Trusts and commissioners in the peer review process, as this will increase the likelihood of risks and concerns being addressed. | | √ | Already in place. |

Purpose of Report:

This report updates the Board on the WMQRS core team's financial position.

Key Points:

- Table 1 presents the latest WMQRS financial position.
- £206,088 of CCG contributions is outstanding. (Invoices were issued in June 2013.)
- The year to date position is an overspend of £15,890 (excluding the lost £42,600 carry forward from 2012/13) but this is mainly due to a financial management journal entry which will be corrected in future reports.
- £62,367 of income is unallocated.
- This level of underspend, **if carried forward to 2014/15**, would enable:
 - CCG contributions to be kept at the reduced level (as requested in the 2014/15 proposal)
 - The Quality Manager and part-time Administrative Assistant posts to be retained, partly funded by the Isle of Man contract. The Quality Manager post, in particular, provides cover for review visits. WMQRS is otherwise restricted in the review days available and vulnerable to unexpected absences of the Director and Assistant Director.
 - Funding of the Generic Steering Group (see agenda item 4).
- Some difficulties in getting health economies to provide refreshments and pay reviewer expenses have arisen in 2013/14. This level of underspend also gives WMQRS some flexibility in this area, when essential.
- Note: Carried forward funding for redundancies is excluded from the projected position.

| | |
|---|--|
| Implications: | |
| Financial, Human Resources and Legal | This report has financial and human resources implications. |
| 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.

Table 1 WMQRS Financial Position

| INCOME | | | | | |
|---|------------------------|--|-----------------------------------|--------------------------------|---|
| Source | Annual Budget £ | | Income Year to Date (M4) £ | Variance Year to Date £ | Notes |
| Carry forward from 2012/13: Redundancy | 208,000 | | - | - | |
| Carry forward from 2012/13: Completion of 2012/13 Programme | 57,400 | | 57,400 | - | Budget is £42,600 less than carry forward initially agreed. |
| CCGs | 381,100 | | 175,012 | -206,088 | CCGs invoiced 14.6.13. Contributions from 10 CCGs remain unpaid (see below) |
| Guernsey | 2,450 | | - | - | Review took place Aug 13. Work not yet complete. |
| Isle of Man | 59,917 | | - | - | Work starts September 13 |
| TOTAL | 500,867 | | 232,412 | -206,088 | Redundancy funding excluded from Total |

| EXPENDITURE | | | | | |
|---------------------------|------------------------|-----------------------------------|----------------------------------|--------------------------------|---|
| Application | Annual Budget £ | Budget Year to Date (M4) £ | Spend Year to Date (M4) £ | Variance Year to Date £ | Notes |
| Pay | 300,050 | 103,693 | 121,567 | -17,875 | Overspend due to financial management journal which will be reversed. Spend will then be close to budget. |
| Non-pay | 138,450 | 33,733 | 31,749 | 1,985 | |
| TOTAL ALLOCATED | 438,500 | 137,426 | 153,316 | 15,890 | |
| Unallocated income | 62,367 | | | | |
| TOTAL | 500,867 | | | | |

CCG contributions outstanding (as at 06.09.13)

NHS Birmingham South Central CCG
 NHS Herefordshire CCG
 NHS North Staffordshire CCG
 NHS Sandwell & West Birmingham CCG
 NHS South Warwickshire CCG
 NHS Stoke on Trent CCG
 NHS Walsall CCG
 NHS Warwickshire North CCG
 NHS Wolverhampton CCG
 NHS Birmingham CrossCity CCG