

WMQRS BOARD MEETING

Date: 28th March 2014
Time: 9.30am – 11.30am
Location: Room 11, Manor Learning and Conference Centre (MLCC), 3rd Floor, Walsall Manor Hospital, Moat Road, Walsall WS2 9PS

AGENDA

1. Apologies for absence
2. Notes of the meeting held on 2nd December 2013 Enclosure 1
3. Actions and matters arising from the last meeting Enclosure 2
4. Update on Board Membership
5. Review Programmes: Progress Report Enclosure 3
6. Formative Review Reports Enclosure 4
7. 2014/15 work programme Enclosure 5
8. WMQRS Issues Enclosure 6
9. WMQRS Accreditation Enclosure 7
10. Demonstrator Site Enclosure 8
11. 2013/14 Annual Report Enclosure 9
12. Any other business
13. **Date of next meeting: 1st July 2014, 1pm – 3pm**

BOARD MEETING DATES FOR 2014:

24th September 2014, 10am – 12pm

12th December 2014, 10am – 12pm

Present: Simon Hairsnape (Chair), David Orme, Nick Flint, Salma Ali, Steve Washbourne, Sue Doheny, Richard Kirby, Beverly Ingram, Paul Martin, Anna Morton, Rosey Monaghan, Jane Eminson

- 1 Apologies for absence were received from Beryl Nock, Jane Chapman, Rob Courteney-Harris, Sandy Brown, Roger Stedman
- 2 Notes of the teleconference held on 16th September 2013 were agreed as a correct record.
- 3 Actions arising from the notes of the last meeting were noted, including the lack of a response from Rob White, Director of Finance, Sandwell and West Birmingham Hospitals NHS Trust. Rosey Monaghan agreed to pursue the issue with Rob White. Jane Eminson reported that expressions of interest for the WMQRS Quality Assurance Group had been received and the Group would have its first meeting before Christmas.

Action: Rosey Monaghan to pursue loss of carried forward 2012/13 under-spend with Rob White.

4 **Review Programmes Progress Report**

The Board discussed the slow progress with agreeing the 2013/14 programme with health economies. Members of the Board commented that this may reflect the agenda facing CCGs in their early months and also the different approaches to quality which they had taken. All present agreed that lessons could be learnt for 2014/15 and beyond. Richard Kirby suggested that the table did not adequately portray the extent to which health economies had under-used the WMQRS available to them. The Board noted the contents of the report and agreed the following actions:

Actions: WMQRS to revise the presentation of table 1 to make clear the 'unused' number of review topics for each health economy.

WMQRS to write to health economies giving them a deadline for agreeing their 2013/14 review topics.

WMQRS to confirm the names of QRS leads with each organisation and remind them of their responsibilities, including stressing the need for topics to be agreed between providers and commissioners. QRS leads also to be asked if they are happy for their details to be circulated to other QRS leads.

WMQRS to ask each LAT to identify a WMQRS lead through whom communications could be channelled.

WMQRS updates to be copied to WMQRS LAT leads when identified, stressing that this is for information and not for use in performance management.

5 **WMQRS 2014/17**

Simon Hairsnape reported that all CCGs except Birmingham CrossCity had agreed to support the continuation of WMQRS and funding for WMQRS core team costs. A few CCGs had replied supporting one year funding and he was contacting these to clarify funding for years two and three. Simon had asked if he and Jane Eminson could meet with Birmingham CrossCity CCG to discuss their position. The Board welcomed the support from other CCGs and agreed that a reduced contribution could be negotiated in recognition of the reduced benefit of WMQRS work because University Hospitals Birmingham NHS Foundation Trust did not usually participate in WMQRS reviews.

- 6 The Board supported continuation of the hosting arrangement with Sandwell and West Birmingham Hospitals NHS Trust so long as the following can be negotiated:

- a. A formal hosting agreement

- b. Improved accommodation for WMQRS staff
- c. A better working relationship with the Trust so that the mutual benefit expected through hosting would be realised and the Trust therefore being able to act as an ambassador for WMQRS (rather than the 2013/14 position of not having an agreed work programme)
- d. A transfer of responsibility for redundancy liability for WMQRS staff to the Trust. The Board supported use of the £208000 earmarked for this purpose to achieve this aim.
- e. A recognition of the 'trading agency' model for WMQRS and the need to carry funding over the year end to enable WMQRS to function in the following year.

Action: WMQRS to seek to negotiate hosting agreement with S&WBHT, as agreed by the WMQRS Board

- 7 The Board agreed that health economies should be asked to agree a programme of reviews for 2014/15 and, if possible, a 'forward look' for 2015/16. It was agreed that the number of review topics for each health economy should be re-calculated on a population basis (rather than calculating days on a population basis and multiplying by three as happened in 2013/14). WMQRS should suggest to health economies that their programme includes a balance of region-wide topics (or topics shared with a number of other health economies), locally chosen topics and 'reserve' topics which could be used to respond to issues which emerged during the year. Health economies should be asked for a 'first cut' by the end of February and final agreement by the end of March 2014. This arrangement would allow for feedback on 'region-wide' topics before final agreement. The importance of commissioner – provider agreement on the programme should be stressed.
- 8 The Board agreed that, if a) Sue Hill is offering use of national Standards at no cost to the West Midlands and b) has evidence of clinical support for the review of physiological measurement services, this could be offered as part of the 2014/15 programme. Health economies would not be under any obligation to take up this offer.
- 9 Jane updated the Board on discussions with the Maternity and Children's Strategic Network about the possibility of running a region-wide review of paediatric palliative care and long-term ventilation services. The Board supported this programme so long as the costs were funded and clinical support for the review programme was in place. This work would build on the standards developed by WMQRS in 2013/14.
- 10 The Board supported discussions with NHS England commissioners of specialised services about involvement with the WMQRS work programme and the possibility of commissioned reviews. Discussions about reviews of primary care may be appropriate for future years.

Action: WMQRS to write to health economies about their WMQRS work programme for 2014/15 and beyond.

11 Financial Report

The Board noted the financial report and agreed that Sandwell and West Birmingham Hospitals NHS Trust should be asked to carry forward the projected 2013/14 underspend.

12 Quality Director

The Board agreed that continuation of the 'Acting Director' arrangement for WMQRS were no longer appropriate and that it should progress with a substantive appointment. The Board asked its Chair to pursue with Sandwell and West Birmingham Hospitals NHS Trust. It was noted that that the appointment will need to be in accordance with the Trust's relevant HR policies, particularly with regards to the position of the long serving Acting Director – Jane Eminson.

Action: Simon Hairsnape to pursue substantive QRS Director appointment

13 Any other business

There were no other items of business.

- 14 The date of the next meeting was agreed as 28th March 2014, 10am to 12 noon.

ENCLOSURE 2

ACTIONS & MATTERS ARISING FROM LAST MEETING

Min.	Action / Matter Arising	Who	Progress
	Rosey Monaghan's name was spelled incorrectly		Amended in this set of minutes
3	Pursue loss of carried forward 2012/13 under-spend with Rob White	Rosey Monaghan	
4	<ul style="list-style-type: none"> a) Revise the presentation of table 1 to make clear the 'unused' number of review topics for each health economy. b) Write to health economies giving them a deadline for agreeing their 2013/14 review topics. c) Confirm the names of QRS leads with each organisation and remind them of their responsibilities, including stressing the need for topics to be agreed between providers and commissioners. QRS leads also to be asked if they are happy for their details to be circulated to other QRS leads. d) Each LAT to identify a WMQRS lead through whom communications could be channelled. e) WMQRS updates to be copied to WMQRS LAT leads when identified, stressing that this is for information and not for use in performance management. 	WMQRS	<ul style="list-style-type: none"> a) Completed b) Completed c) Majority of WMQRS lead contacts are confirmed d) A WMQRS lead has been identified for each LAT e) Ongoing
6	WMQRS to seek to negotiate hosting agreement with S&WBHT, as agreed by the WMQRS Board	WMQRS	Meeting arranged in April to discuss the hosting agreement with the Trust.
10	WMQRS to write to health economies about their WMQRS work programme for 2014/15 and beyond.	WMQRS	Completed
12	Simon Hairsnape to pursue substantive QRS Director appointment	SH	In progress. See agenda item 8

Purpose of Report:

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

Key Points:**2013/14 West Midlands Review Programme:**

- 1 Progress with the 2013/14 West Midlands Review Programme is shown in Table 1. This shows that agreed topics will be substantially completed in 2013/14 (or by Easter 2014). Some topics have slipped to 2014/15 because dates could not be agreed. This raises the question of whether this work 'counts' against health economies 2013/14 or 2014/15 work programmes. WMQRS has been taking the view that so long as specific dates are agreed and work will be completed by July 2014, this can be counted against the 2013/14 work programme.
- 2 A significant amount of work remains to be completed by Easter, reflecting the 'back-loaded' nature of this year's work programme.

Commissioned Reviews**3 Isle of Man**

Two review visits to the Isle of Man have now been completed. Unfortunately reviewers for the March 2014 visit were detained on the island overnight due to fog. This will have impacted on their commitments the following day. A full three year programme of reviews has been developed but not yet made public due to significant reorganisation in the Isle of Man politicians and senior health services management.

4 Haemoglobin Disorders

Additional funding for this programme has been obtained and so a full programme of reviews can be supported. Clinical leads have been appointed for both the adult and children's review visits which are due to start in the autumn of 2014.

WMQRS Standards

- 5 Table 2 gives the latest compliance with WMQRS Quality Standards.

Implications:

Financial, Human Resources and Legal	No specific issues 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 note the contents of this report.

Table 1: 2013/14 WMQRS West Midlands Reviews – Position at 21st March 2013/14

Key:	
X	Review topic suggested by CCG or Trust but not pursued
X	Agreed deliverable will be substantially completed by Easter 2014
	Completed
	Will be completed by July 2014
*	Have requested review be deferred until 2014/2015

Health Economy	No. topics	Unused topics (see main report)	Acquired brain injury	CAMHS	Chronic pain	Community Orthopaedics	Community services / hospitals	Critically ill children	Day case theatres	Dementia	Discharge pathway	District nursing	Frail elderly (various aspects), includes PU	Long Term Conditions	Maternity (various aspects)	Mental health services	Eye care	Outpatient Procedures	Paediatric LTC	Paediatric Surgery	Primary care	Speech & Language	Trauma	Urgent care
North Staffordshire	6	2		X				X			X		X											
South Staffordshire (West)	6	4											X	X										
South East Staffs & Seisdon Peninsula	3	1						N/A					X	X										
East Staffordshire	3	0						X	X				x										X	
Shropshire and Telford & Wrekin	9	5			X	x	X	**					X	X					x					xx
North Warwickshire	3	1						*					x		X		X							
Coventry and Rugby	6	0		X				X					x	X	X	*	X							
South Warwickshire	3	-1						x					x		X		X							
Worcestershire	12	5		X				xx			X								XXX					
Herefordshire	3	0	X	X	X																			
Dudley	6	2						X					X	X	X									
Wolverhampton	3	1		X				X																
Walsall	3	0						X																XX
Sandwell and West Birmingham	6	3		X			X	XX							X			X						
South and Central Birmingham	3	-1						xx												x		X		
North & East Birmingham (CrossCity)	9	6						XX		*	X													
Solihull	3	-1		X				X		*	X					x					X			

Table 2: Compliance with WMQRS Standards

Visit	Visit date	IR letter issued within 5 working days	IR response received	IR response received within 5 working days (10 days post-visit)	IR response addresses issue raised	All IR actions completed within 15 working days or less	Draft report to reviewers within 10 working days	Draft report to HE within 20 working days	Report considered by Steering (or QA) Group within 35 working days of receiving HE comments	Final report issued within 85 working days	Notes
The Royal Wolverhampton NHS Trust (CIC) Pilot	11 Jun 13	Y	Y	N	Y	N	Y	Y	Y	Y	IR response from Trust was received 17 days late. IR letter was sent sixteen days late to LAT.
Guernsey (Renal)	23 Aug 13	N/A	N/A	N/A	N/A	N/A	N	Y	Y	Y	Report was one day late to reviewers
Walsall Healthcare NHS Trust (CIC, UC)	2 Oct 13	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
Heart of England NHS Foundation Trust (CIC)	3-4 Oct 13	N/A	N/A	N/A	N/A	N/A	Y	N	Y	Y	Report was one day late to health economy.
Birmingham Community Healthcare NHS Trust (S<)	8 Oct 13	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
Isle of Man	26 Nov 13	Y	Y	Y	N	N	Y	Y	Y	Y	
University Hospitals Coventry & Warwickshire NHS Trust (CIC)	4 Dec 13	N/A	N/A	N/A	N/A	N/A	Y	Y	N	N/A	Report was considered by Steering Group within 36 days – one day late due to timing of Steering Group meeting
Herefordshire Health Economy (ABI)	5 Dec 13	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
The Dudley Group NHS Foundation Trust (CIC)	21 Jan 14	N/A	N/A	N/A	N/A	N/A	Y	Y	N/A	N/A	
The Dudley Group NHS Foundation Trust (Maternity)	13 Feb 14	N/A	N/A	N/A	N/A	N/A	Y	Y	N/A	N/A	
Shropshire, Telford & Wrekin (FEP)	5,6 Mar 14	N/A	N/A	N/A	N/A	N/A	Y	N/A	N/A	N/A	
Isle of Man	12 Mar 14	N	N/A	N/A	N/A	N/A	Y	N/A	N/A	N/A	Immediate risk letter sent two days late due to delayed return from Isle of Man and change in

Visit	Visit date	IR letter issued within 5 working days	IR response received	IR response received within 5 working days (10 days post-visit)	IR response addresses issue raised	All IR actions completed within 15 working days or less	Draft report to reviewers within 10 working days	Draft report to HE within 20 working days	Report considered by Steering (or QA) Group within 35 working days of receiving HE comments	Final report issued within 85 working days	Notes	
											Isle of Man DH Chief Executive.	
Burton	18 Mar 14	N/A	N/A	N/A	N/A	N/A	Y	N/A	N/A	N/A		
				% standards met								
	No. Yes	2	2	1	1	0	12	9	7	7		
	No. No	1	0	1	1	2	1	1	1	0		
	Total Yes + No	3	2	2	2	2	13	10	8	7		
	% YES	67	100	50	50	0	92	90	88	100		

ENCLOSURE 4 FORMATIVE REVIEW REPORTS

Purpose of Report:

This report asks the Board to agree whether Formative Review Visit Reports should be placed on the WMQRS website.

Key Points:

- 1 The current WMQRS *Principles and Approach* describes the process for publication of peer review visit reports, including publication on the WMQRS website. It is not clear about publication of formative review visit reports.
- 2 Formative review visits use a framework of questions but not detailed Standards. They therefore do not have the same level of rigour and consistency as full peer review visits.
- 3 Formative reviews of urgent care services were undertaken in 2010 and these reports were not published on the WMQRS website.
- 4 The WMQRS view is that formative review visit reports should not be placed on the WMQRS website unless requested by providers **and** their commissioners.

Implications:

Financial, Human Resources and Legal	No specific implications were identified.
Equality impact	No specific implications were identified.

Recommendations:

The Board is asked to decide whether Formative Review Visit Reports should be published on the WMQRS website.

Purpose of Report:

This report updates the Board on progress with discussions with health economies about the 2014/15 work programme.

Key Points:

- 1 The WMQRS Board Chair and Acting Director met with Birmingham CrossCity Clinical Commissioning Group (CCG) Accountable Officer and Head of Quality on 27th February to discuss their decision not to support WMQRS core funding for three years. The CCG's main points were:
 - a. They had not engaged much with WMQRS in 2013/14 and so had not got value from their 2013/14 subscription.
 - b. The decision by University Hospital Birmingham NHS Foundation Trust not to participate in WMQRS reviews means that the CCG gets less value from the WMQRS compared with other areas.
 - c. The CCG is, in general, moving away from subscription-based services and would prefer an 'item of service'.

As supported by the Board at its last meeting, The WMQRS Board Chair and Acting Director proposed a reduced core subscription with an 'item of service' cost for individual pieces of work. WMQRS also offered to work with the CCG quality and commissioning teams on 'how to get the most from WMQRS'. The response received from Birmingham CrossCity CCG on 20th March was:

"Thank you for sending through this paper and a revised costing. We spent some time discussing this proposal at our senior team meeting this morning. There was a universal doubt as to the value for money this service has provided to us historically and therefore some concern about the value moving forwards. We did however acknowledge your concern around needing widespread engagement.

The decision was that we would be prepared to commit for a further year only for a core cost of £6000 which we would then review."

Board views on this are sought.

- 2 WMQRS emailed all West Midlands CCGs and Trusts about the 2014/15 work programme on 6th February. Health economies were asked to send their initial proposals for the 2014/15 work programme to WMQRS by 28th February. Responses were received from Walsall, South Staffordshire and Shropshire Mental Health NHS Foundation Trust and West Midlands Ambulance Service.
- 3 Three workshops were held on 7th March in Stafford, Birmingham and Redditch. WMQRS has also been asked to run specific meetings in Coventry and Warwickshire and North Staffordshire. These meetings have not yet taken place.
- 4 The proposals submitted and discussed on 7th March included:

FURTHER WORK ON 2013/14 TOPICS:

 - **CAMHS:** Peer review visits using Standards developed in 13/14
 - **Frail older people:** Develop Standards, based on 13/14 formative reviews
 - **Transfer from acute hospital (Discharge) & Intermediate Care (community hospitals, in care homes or at home):** Formative or full peer review visits using Quality Standards developed in 2013/14
 - **Care of critically ill children:** Peer review visits if not undertaken in 13/14

POSSIBLE NEW TOPICS:

- Care of people with alcohol-related problems in primary care, acute hospital & specialist services
- Infection prevention and control across primary care, community and hospital services
- Primary health care in prisons
- Pain management – possibly building on Standards developed in 2013/14
- Eye care services – possibly development of Standards based on pathways developed in 2013/14
- Care of people with musculo-skeletal conditions - expanding Long-Term Conditions Standards to this group
- Dermatology
- End of life care
- District nursing services
- Maternity services – specific aspects
- Pre-term baby pathways
- Falls
- Ambulance service standards, specifically:
 - Avoiding admissions
 - Improving maternity and neonatal transfers
 - Improving communication for children needing palliative care

REVIEWS USING EXISTING STANDARDS

- Urgent care, including acute medical admissions
- Dementia services
- Day case services
- Imaging services
- Care of vulnerable adults in acute hospitals (including nutrition & hydration)

- 5 WMQRS has asked for final health economy submissions by 31st March with the aim of agreeing a work programme with each health economy by 11th April. This will not be achieved in the areas which have requested specific meetings and South Staffordshire (West) have asked for an extension because of the significant changes in their service providers. WMQRS has also arranged to meet the West Midlands Senate and Strategic Clinical Networks team to ensure complementary work programmes for 2014/15.
- 6 WMQRS has also been approached by University Hospitals Coventry and Warwickshire NHS Trust about the possibility of a commissioned review of its theatre and anaesthetic services. A meeting to discuss this further has been arranged.

Implications:	
Financial, Human Resources and Legal	This report includes issues relating to the funding of WMQRS core costs by Birmingham CrossCity CCG
Equality impact	WMQRS review programmes reduce inequalities in and improve the quality of health services.

Recommendations:
The Board is recommended to:
<ul style="list-style-type: none"> • Note the contents of this report • Advise on any actions needed in relation to the 2014/15 work programme • Support WMQRS in undertaking a commissioned review of theatre and anaesthetic services (so long as it fits within the WMQRS <i>Principles and Approach</i> criteria for commissioned reviews)

Purpose of Report:

This report updates the Board on issues relating to the WMQRS core team.

Key Points:

- 1 On 6th May 2014 WMQRS staff were told that their office base was to move to City Hospital on 14th May. This had been discussed in January but, at that time, did not meet WMQRS requirements. The revised proposal did meet WMQRS's needs but reasonable notice of the move was not given. The WMQRS team did move on 14th May but working hours have had to be reduced for two members of staff for a period of six weeks so that they have reasonable time to adjust their domestic and childcare arrangements.
- 2 The Board has previously discussed £42,600 of WMQRS funding that was not carried forward from 2012/13 to 2013/14. Sandwell and West Birmingham Hospitals NHS Trust told WMQRS in January 2014 that this amount had been added to the WMQRS redundancy funding because revised estimates had been achieved.
- 3 A helpful meeting in February 2014 also confirmed that the WMQRS redundancy funding (now £252,000) would be carried forward to 2014/15 to give time to reach an agreement about this with the new Director of Finance. A meeting to discuss this has been arranged for 9th April. The meeting on 9th April will discuss the Hosting Agreement with Sandwell and West Birmingham Hospitals NHS Trust with the aim of reaching agreement on this. The Trust has asked for a contribution to its efficiency savings from WMQRS. WMQRS has not agreed to this and has asked that it is considered as part of the Hosting Agreement discussion.
- 4 The WMQRS Director post has now been 'banded' and Sandwell and West Birmingham Hospitals NHS Trust is prepared to start the recruitment process. Agreement on redundancy funding is needed, however, before this post can be advertised.
- 5 Table 1 gives the latest WMQRS financial position. An end of year underspend of £91,200 is predicted. Agreement has been reached with Sandwell and West Birmingham Hospitals NHS Trust on carrying forward £90,000 of WMQRS funding to 2014/15, including income received from the Isle of Man.
- 6 The WMQRS funding position in 2014/15 is reasonable, comprising:

Source of Funding	£
West Midlands CCGs*	339,811
Isle of Man Department of Health	65,000
UK Forum on Haemoglobin Disorders	27,160
Total	431,971

* Including Birmingham CrossCity CCG core subscription of £6000 but no 'item of service' funding and North Warwickshire core subscription although formal confirmation not yet received.

- 7 Isle of Man and UK Forum funding is expected to continue into 2015/16 and so some commitment of carried forward expenditure would be reasonable. Proposals for this are covered later on the agenda (items on Demonstrator Site and WMQRS Accreditation). This would leave some funding in reserve in order to cover fluctuations in WMQRS capacity.

Financial, Human Resources and Legal Implications	This report covers issues relating to WMQRS funding and the employment of its staff. WMQRS considers that the notice given for the office move contravened Trust contracts of employment but have compensated for this by reducing staff hours for a period of six weeks.
Equality impact implications	No specific implications have been identified.

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 £	Variance Year to Date £	Notes
Carry forward from 2012/13: Redundancy	Feb	208,000			
Carry forward from 2012/13: Completion of 2012/13 Programme	Feb	57,400	57,400	-	
CCGs	Feb	381,100	381,100	-	
Arden CSU	Feb	3,500	3,500	-	
Guernsey	Feb	2,700	-	2,700	Payment still outstanding
Isle of Man	Feb	41,000	41,000	-	
Haemoglobin Disorders	Feb	-	-	-	
TOTAL		485,700	483,000	2,700	Redundancy funding excluded from total

EXPENDITURE							
Application		Annual Budget £	Budget Year to Date £	Spend Year to Date £	Variance Year to Date £	Notes	Projected End Year Variance £
WMQRS Pay	July	300,050	103,693	121,567	- 17,874		
	Oct	304,050	178,370	169,267	9,103		
	Feb	304,050	278,952	259,672	19,280	mostly credit effect of finance errors from end last year	
WMQRS Non-pay	July	138,450	33,733	31,749	1,984		
	Oct ¹	134,450	64,200	47,962	16,237		
	Feb	134,450	113,398	70,759	42,639	contingency, WMQRS travel, phone, meetings, reviewer accommodation/travel	51,200
Isle of Man		7,200	7,200	7,200	-		
TOTAL ALLOCATED		445,700	399,550	337,631	61,919		51,200
WMQRS unallocated income	Isle of Man	33,800					33,800
	Arden CSU	3,500					3,500
	Guernsey	2,700					2,700
TOTAL		485,700					91,200

Purpose of Report:

This report discusses accreditation of WMQRS and recommends that WMQRS pursues UKAS accreditation.

Key Points:

- 1 As Board members are aware, WMQRS was invited to apply to become an accredited source of information for the Care Quality Commission (CQC). Responses from several Board members were uncertain about this. WMQRS has therefore declined this invitation at this stage. This decision can be reconsidered when the implications of the new CQC regimes, including for ratings, are clearer.

The UK Accreditation Service is the national body with responsibility for standards and accreditation. Initial scoping suggests that review as an 'inspection body' would be most appropriate. A proposal from the UK Forum has been received (Appendix 1). The costs in this proposal (initial and ongoing) are maximum and may be less:

Initial cost: £ 16870 + VAT

Annual cost to maintain accreditation: £4920 + VAT

- 2 The benefits of accreditation by UKAS are that:
- a. The Board and participating organisations would have assurance that WMQRS is working to appropriate standards.
 - b. WMQRS would have subjected itself to the same process that it expects health services to undertake.
 - c. The quality of WMQRS work may improve as a result of going through the assessment process. An initial self-assessment against the expected standards has highlighted service user and carer involvement as an area where additional work would be needed.

Implications:

Financial, Human Resources and Legal	UKAS accreditation has financial implications for the WMQRS budget.
Equality impact	WMQRS works to reduce inequalities in and improve the quality of NHS services.

Recommendations:

The Board is recommended to support WMQRS starting to work towards accreditation by the UK Accreditation Service.

Appendix 1

PROPOSAL FOR UKAS INPUT TO DEVELOPMENT OF ACCREDITATION FOR HEALTHCARE REVIEW SERVICES (draft 1 040214)

PROJECT START DATE:

PROJECT END DATE:

INTRODUCTION

Within the Healthcare sector there are a number of bodies that conduct reviews of the quality of clinical services. These bodies operate in a number of different ways conducting routine and ad-hoc peer review services that provide valuable information to give assurance to patients, providers and commissioners. These peer review services also support quality improvement and are aimed at providing better quality, safety and patient outcomes.

These review services tend to focus on patient pathways for specific clinical conditions which are reviewed against relevant quality standards. The reviews may take several formats, including on site assessment conducted by peers, and they seek to determine the practice that is followed and whether the standards are met.

There are parallels with these peer review services and the role that UKAS has with its peer assessment and accreditation of diagnostic and healthcare services. Although generally these peer review services are not providing any specific awarded recognition and may not conduct reviews on an on-going basis. Where diagnostic services form part of the patient pathway, the review does not conduct an assessment of that activity and relies on its accreditation status to provide information about its competence.

1) AIM OF THE PROJECT

To develop a credible assessment and accreditation regime for healthcare review services.

2) OBJECTIVES

1. To determine the feasibility of accrediting healthcare review services by assessing and accrediting one or more healthcare review services by XXXXX
2. To define and publish an acceptable approach to assessment and accreditation
3. Accreditation service available by XXXX

3) SCOPE OF SUBMISSION

This submission covers the work required for establishing the accreditation service for healthcare review services

4) PROJECT TEAM

Project Sponsor (external)	None
Project Sponsor (internal)	Lorraine Turner – Business Dev. Director
Project Manager	Lal Ilan – Development Manager
Team Members	XXXXXXXXX Assessment Manager

5) STAKEHOLDERS

Government body	Care Quality Commission , NHS England, Dept of Health
Pilot applicant	
End-users	To be determined
Others	XXXXXXXXX Accreditation Manager

Extensions to scope

No application fee

Assessment charges @ £ 820+ VAT per day

Annual Surveillance

Assessment charges @ £ 820+ VAT per day

9) MILESTONES AND DELIVERABLES

See 'Input from UKAS' above, timescales are to be added.

10) PERFORMANCE MEASURES

The measures of effectiveness will be:

1. Successful accreditation of participants in the pilot
2. Recognition from CQC and other stakeholders that UKAS accreditation of these services provides confidence in their outputs

11) FINANCIAL ARRANGEMENTS

Agreed costs to be paid on the following basis:

Development effort to be absorbed by UKAS

The assessment costs to be paid applicant pilot bodies

12) RISKS

- Escalation of cost
- Delays to assessment programme
- Lack of support from stakeholders and CQC

13) MANAGEMENT OF RISKS

The risk will be managed by implementing a project management process which includes close contact and regular dialogue between UKAS and the pilot bodies to highlight any potential on both sides for escalation of cost or delay to the assessment/accreditation programme.

Contacts with CQC to be established at high level to explain the details of the accreditation scheme.

Purpose of Report:

This report explores the possibility of funding work to establish a Demonstrator Site for the use of WMQRS products to improve service quality.

Key Points:

- 1 WMQRS Bulletins in approximately 2011 invited organisations interested in becoming Demonstrator Sites to contact WMQRS but no response was received.
- 2 WMQRS does not have good evidence and examples of use of its products by providers and commissioners although evaluation reports include some information and anecdotal feedback is sometimes received. This limits the extent to which WMQRS can explain and promote its products to organisations across the West Midlands.
- 3 WMQRS had suggested, subject to Board approval, to Sandwell and West Birmingham Hospitals NHS Trust that it may be interested in becoming a Demonstrator Site. The previous WMQRS Urgent Care Lead is now employed by the Trust and this coincidental co-location would provide a good basis for this work. No response has been received from the Trust despite two reminders and the conclusion has to be reached that the Trust is not interested in this.
- 4 A better option may be to offer the opportunity to become a Demonstrator Site for the use of WMQRS products to all West Midlands health economies. Initial thoughts on this are:
 - a. WMQRS would offer funding of up to a maximum of £50,000 for this work. WMQRS would also work with the Trust and CCG to achieve the agreed objectives
 - b. A provider Trust with CCG support would:
 - i. Identify an appropriate individual who would be released for this work for a year
 - ii. Identify a contribution to the funding of their post from the Trust or CCG
 - iii. Propose a programme of work to demonstrate the use of WMQRS products for improving quality
 - c. If more than one proposal was received, proposals would be evaluated. It would be helpful if a few Board members would be prepared to help with this.
 - d. WMQRS and the chosen Trust / CCG partnership would then:
 - i. Agree a programme of work for the year
 - ii. Agree deliverables from the work which would include examples of quality improvement achieved through the use of WMQRS products, for example, services using WMQRS Quality Standards to self-assess and review progress; service specifications including WMQRS Quality Standards; internal reviews using WMQRS Standards and local reviewers; plans and progress following self-assessment, internal review or peer review; input to leadership development programmes; changes to Board monitoring; links with other governance processes.

Implications:

Financial, Human Resources and Legal	This proposal would be funded from the WMQRS 2013/14 carried forward underspend to a maximum of £50,000.
Equality impact	WMQRS works to reduce inequalities in and improve the quality of NHS services.

Recommendation:

Board comments on seeking proposals for a Demonstrator Site are invited.

Purpose of Report:

This report gives an outline of the WMQRS Annual Report for 2013/14

Key Points:

- 1 WMQRS is required by its Establishment Agreement to produce an Annual Report for NHS organisations in the West Midlands.
- 2 Enclosed with the papers is a first draft of the Annual Report for 2013/14. This is still missing some details but Board comments are invited on whether the format and main messages are satisfactory.
- 3 Following Board discussion, and completion of the 2013/14, it is proposed that the Annual Report would be circulated by email for Board approval.

Implications:

Financial, Human Resources and Legal	No specific implications were identified.
Equality impact	WMQRS works to reduce inequalities in and improve the quality of NHS services.

Recommendations:

The Board is asked to consider and advise on the 2013/14 Annual Report format and main messages.