

WMQRS BOARD MEETING

Date: 10th July 2015
 Time: 10.00am – 12.00pm
 Location: Room 2, Jubilee House, Bloxwich Lane, Walsall WS2 7JL

AGENDA

- | | | |
|-----|---|----------------------------|
| 1. | Apologies for absence | |
| 2. | Notes of the meeting held on 20 th March 2015 | Enclosure 1 |
| 3. | Actions and matters arising from the last meeting | Enclosure 2 |
| 4. | Election of Chair and Vice-Chair | Verbal |
| 5. | Review Programmes: Progress Report | Enclosure 3 |
| 6. | WMQRS Issues and Finance Report | Enclosure 4 |
| 7. | 2014/15 Annual Report | Enclosure 5
(To follow) |
| 8. | Evaluation of WMQRS | Enclosure 6
(To follow) |
| 9. | Any other business | |
| 10. | Dates of next meetings:
18 th September 2015, 10am – 12pm
11 th December 2015, 10am – 12pm | |

Present: Simon Hairsnape (Chair), Nick Flint, David Orme, Andy Matthews, Salma Ali, Beverly Ingram, Richard Kirby, Jacqui Whittaker (on behalf of Roger Stedman), Jane Eminson, Sarah Broomhead

- 1 Apologies for absence were received from, Rob Courteney-Harris, Rachel O'Connor, Val Jones, Sue Doheny and Richard Hancox.
- 2 Notes of the meeting held on 12th December were agreed as a correct record.
- 3 Actions and matters arising from the notes of the last meeting were noted.

4 **Board Membership and Deputies**

The Board welcomed Andy Matthews as a new patient member on the Board. The Board were notified that Steve Snart has also agreed to join the Board as a patient member. A Trust Director of Governance was being actively recruited following the resignation of Paul Martin.

5 **Review Programmes: Progress Report**

The Board discussed progress with the West Midlands 2014/15 programme. The Board noted that the reported position on delivery of 'credits' underestimated the work done by WMQRS because a) reviews cancelled or deferred by health economies were shown as not delivered, and b) several health economies were involved in the development of Quality Standards where this did not show in their 'credits'.

The Board suggested that Health Economy Leads should be made aware of their responsibilities once reviews are agreed so that they understood there was a cost to cancelling reviews. Bev added that this cost can be to other organisations who have spent time preparing for the review, as well as to the cancelling organisation and to WMQRS. The Board discussed the need to avoid undertaking reviews in acute services in January and February and suggested that the reasons for cancellation be fully understood so that learning could be gained. The Board asked that a comparison between 2013/14 and 2014/15 delivery of the West Midlands programme should be included in the annual report.

The Board also discussed preparations for the 2015/16 work programme. Jane and Sarah reported that phone calls with CCG WMQRS leads in March showed a mixed picture in terms of planning the programme. Some health economies had clear ideas of the work they wanted WMQRS to undertake whereas other had not yet started discussions. Jane reported that NHS Birmingham CrossCity were unlikely to take part in any WMQRS work (and therefore contribute any 'pay as you go' funding) in 2015/16. The Board agreed that discussions with this CCG should continue but that the review of transfer from acute hospital care and intermediate care in north and east Birmingham and Solihull (deferred from 2014/15) should go ahead even if NHS Birmingham CrossCity did not take part. Andy asked if the CCG paid a premium for the 'pay as you go' arrangement. Jane explained that this had not been negotiated and so the rate was the same as for other CCGs.

Members of the Board mentioned a review of maternity services being proposed by the NHS England (West Midlands) Quality Surveillance Group and asked Jane to contact Kieran Patel and Sue Doheny to explore this opportunity.

Jane informed the Board that the review programme to the Isle of Man will recommence with a visit to services for women and children in October 2015.

The Board noted the position on the work programme for 2014/15 and the work to agree the programme for 2015/16.

Actions:

- a. WMQRS to analyse reasons for visit cancellations and report to the next Board meeting.
- b. WMQRS to improve information for health economies on agreement of the work programme, including information about their responsibilities and the cost of cancellation

- c. WMQRS to include 2013/14 and 2014/15 comparison of work programme completion in the WMQRS 2014/15 Annual Report.
- d. WMQRS to contact Kieran Patel and Sue Doheny about the Quality Surveillance Group work on maternity services.

6 WMQRS Annual Review 2014/15 and Plan for 2015/16

The Board discussed the draft WMQRS Annual Review and Plan. Particular aspects discussed by the Board were:

- a. Improving awareness of the work of WMQRS and the benefits which can be gained: The Board agreed that an active programme of awareness raising should be included in the Plan for 2015. This programme should include identifying organisations which do not actively participate and arranging meetings with these organisations. Board members offered to join these meetings where appropriate. The Board also discussed targeting Quality Surveillance Groups, patient experience networks and participation groups, *HealthWatch*, meetings of Chairs and non-executives and other similar opportunities with a 'road show' about WMQRS work and the benefits which can be gained. The importance of linking with quality and clinical effectiveness mechanisms within organisations was stressed. Board members also suggested mapping organisations from which reviewers come / do not come, as reviewers can be important advocates of the work of WMQRS. The importance of personal contact in the awareness raising programme was stressed.
- b. Marketing WMQRS outside the West Midlands: This is not actively undertaken at present with commissioned reviews resulting from requests to WMQRS. The Board agreed that active marketing outside the West Midlands should not be undertaken in 2015/16 but that this should be re-considered when the Board discussed the 2016/17 Annual Review and Plan, especially because of the potential reduction in funding in 2016/17.
- c. Meeting 'customer' expectations or improving WMQRS products: The Board agreed that WMQRS should continue to ask for feedback on its products, including Quality Standards.
- d. Programme of Quality Standards development and updating: The Board noted that a significant amount of work was involved in this, especially because of the number of Standards now in need of updating.

The Board agreed the WMQRS Annual Review 2014/15 and Plan for 2015/16 with these amendments.

Actions:

WMQRS to revise WMQRS Annual Review 2014/15 and Plan for 2015/16 in line with the Board discussion.

7 WMQRS Principles and Approach

Principles and Approach: The Board agreed the revisions to the WMQRS *Principles and Approach*.

8 WMQRS Establishment Agreement

The Board discussed the revisions to the WMQRS Establishment Agreement. The Board asked that the election of the Board Chair and Vice-Chair should be included on the agenda for the next Board meeting.

Simon Hairsnape and Richard Kirby agreed the changes to the WMQRS Establishment Agreement on behalf of West Midlands' CCG and Trust Chief Executives respectively.

Action: Election of Chair and Vice-Chair to be included on agenda for next Board meeting.

9 WMQRS Issues and Finance Report

Jane updated the Board on the outcome of the pre-visit by the UK Accreditation Service and the timetable for moving towards accreditation. Revised requirements for DBS checks were discussed and the Board confirmed its previous position that DBS checks should be required for service user and carers taking part in review visits. The Board was updated on the latest position in relation to substantive appointment of a WMQRS Director. The

Board discussed the likely funding position in 2016/17 and agreed that a budget forecast for 2015/16 and 2016/17 should be discussed at the next meeting.

Action: WMQRS budget forecast for 2015/16 and 2016/17 to be discussed at the next Board meeting.

10 There were no other items of other business.

11 **Date of next meeting:** 10th July 2015, 10 am – 12pm

ENCLOSURE 2

ACTIONS & MATTERS ARISING FROM LAST MEETING

Note	Action / Matter Arising	Who	Progress
5	WMQRS to analyse reasons for visit cancellations and report to the next Board meeting.	WMQRS	See table below
5	WMQRS to improve information for health economies on agreement of the work programme, including information about their responsibilities and the cost of cancellation.	WMQRS	Still under consideration (to remain on action list)
5	WMQRS to include 2013/14 and 2014/15 comparison of work programme completion in the WMQRS 2014/15 Annual Report.	WMQRS	Done
5	WMQRS to contact Kieran Patel and Sue Doheny about the Quality Surveillance Group work on maternity services.	WMQRS	Done
6	WMQRS to revise WMQRS Annual Review 2014/15 and Plan for 2015/16 in line with the Board discussion.	WMQRS	Revised and circulated with the notes of the March meeting.
6	Meeting 'customer' expectations or improving WMQRS products: The Board agreed that WMQRS should continue to ask for feedback on its products, including Quality Standards.	WMQRS	Ongoing
6	Marketing WMQRS outside the West Midlands: The Board agreed that active marketing outside the West Midlands should not be undertaken in 2015/16 but that this should be re-considered when the Board discussed the 2016/17 Annual Review and Plan, especially because of the potential reduction in funding in 2016/17.	WMQRS	Included in Evaluation paper
7	Finalise WMQRS Principles & Approach and upload to website	WMQRS	Done
8	Election of Chair and Vice-Chair to be included on agenda for next Board meeting.	WMQRS	Done
8	Finalise WMQRS Establishment Agreement and upload to website	WMQRS	Done
9	WMQRS budget forecast for 2015/16 and 2016/17 to be discussed at the next Board meeting.	WMQRS	Done

Visit	Date due	Date cancelled	Notice of cancellation (working days)	Reason
Walsall	3, 4 Feb 2015	14 Jan 2015	13	Level 4 capacity
Hereford	24, 25 Mar 2015	5 Feb 2015	33	Trust in special measures
SWBH CIC	28, 29 Jan 2015	21 Jan 2015	5	Union strike on day two. One-day visit offered but declined.
SWBH TACIC	Initially 10, 11 Dec 2014 Rearranged to 10, 11 Feb 2015	3 Feb 2015	5	Capacity pressures
HEFT TACIC	March 15 rearranged to June 2015 (dates held but not confirmed)	April 2015	-	Pressure on Trust staff from CQC and Monitor
Key:	CIC: Critically Ill Children HEFT: Heart of England NHS Foundation Trust SWBH: Sandwell & West Birmingham Hospitals NHS Trust TACIC: Transfer from Acute Hospital Care and Intermediate Care			

Purpose of Report:

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

Key Points:**West Midlands Review Programme**

- 1 Tables 1 and 2 show the position on the 2014/15 and 2015/16 work programmes as at 30th June 2015. Table 1 shows the extent to which the 2014/15 review programme is not yet completed, because review visits mostly took place in February or March 2015 or were deferred to May / June / July but still counted as 2014/15 'credits'. Several of these visits have been complex, multi-stream review visits over several days with complex reports. This 'bunching' of the workload has impacted on achievement of WMQRS Quality Standards for report-writing (Tables 3 and 4). All 2014/15 review visits have now taken place. Deadlines for production of final reports are still being met at the moment. The draft Annual Report gives more detail of the 2014/15 work programme.
- 2 Table 2 summarises progress with agreeing the 2015/16 work programme. The position is better than in 2014/15 but several health economies are still a long way from having an agreed programme. Dates for review visits in September and October 2015 are now fully taken and so, hopefully, the work programme will not be as back-loaded as in previous years.

Commissioned Reviews

- 1 Isle of Man: The Isle of Man review programme is re-starting in October 2015 with a four day review of services for women and children
- 2 Haemoglobin Disorders: About a third of visits to services for people with haemoglobin disorders have now taken place. The Quality Manager who led this programme is no longer working with WMQRS. Arrangements have been made for ongoing support to the programme.
- 3 London renal: The proposal for WMQRS to undertake peer review of London's renal services has been agreed in principle. A Steering Group has been established and preparations for review visits in 2016/17 have begun. Funding arrangements are in the process of being confirmed.
- 4 Neonatal surgery: A strategic review of neonatal surgery services is proposed for October 2015 and confirmation of funding by Specialist Commissioners has been confirmed. This review was suggested initially through discussions with South and Central Birmingham Health Economy.

Standards Development

- 1 The programme of development and revision of Quality Standards is currently behind schedule due to workload pressures on the WMQRS team. Further details of progress with Standards development and revision will be available at the Board meeting.

Financial, Human Resources and Legal 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 and advise on any action to be taken.

Table 1: 2014/15 WMQRS West Midlands Reviews – Position at 30th June

Key:	x	Topic suggested but not pursued	x	Discussed but awaiting confirmation (NB. Provider & commissioner agreement needed for topic to go ahead)	x	Agreed	x	Completed	x	Deferred by health economy		Standards development involvement																						
Health Economy	No. Credits	Credits committed 2014/15	Acquired Brain Injury	Alcohol problems	Cardiology	CHILDREN & YOUNG PEOPLE						Chronic pain	Community /Practice Nursing	Discharge pathway / cty. hosp	End of Life pathway	Eye care	Frail elderly incl safeguard	Learning Disabilities	Maternity	MENTAL HEALTH				Musculo-skeletal	Oncology	Primary care	Renal	Sepsis management	System re-design	Theatres & anaesthetics	Anticoagulation pathway	Reviewer training		
						Community /network	Critically Ill children	Long-term ventilation	Emotional well-being	Neonatal surgery	Palliative or EOL Care									Community services	Dementia	Acute pathway	Psychological services											
North Staffordshire	5.5	4						1					2				x															1		
South Staffordshire (West)	3	0				x																x	x											
S. East Staffs & Seisdon Pen.	2.5	0				x																x												
East Staffordshire	1.5	2											2									x												
Shropshire & Telford & Wrekin	5.5	6					2		x			x	4												x						x			
North Warwickshire	7	3.1													1				x		0.3			x									x	
Coventry and Rugby																			x		0.3			x										x
South Warwickshire	3	2.3				x	1									0.5					0.3													
Worcestershire	7	5											3	x									x			x								
Herefordshire	2	3											2																					
Dudley	3.5	3							x				2	x																	1			
Wolverhampton	3	3		x							x		2	x							1													
Walsall	3	3										1																						
Sandwell & W. Birmingham	6	5		1	x		1		1		x		2	x									x											
South & Central Birmingham	3	3		1		x					x	1										x				x	x							
N. & E. Birmingham (X city)	0	(2)											2																					
Solihull	2.5	2	1										1												x									

Table 2: 2015/16 WMQRS West Midlands Reviews – Position at 30th June

Key:	x	Topic considered but not being pursued	Discussed but awaiting confirmation (NB. Provider & commissioner agreement needed for topic to go ahead)	Agreed	Standards development involvement
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Health Economy	No. Credits	Accountable organisations	Anticoagulant services	Problem Alcohol Use	Continence Service	Continuing health care arrangt	CHILDREN AND YOUNG PEOPLE				Chronic pain	Community /Practice Nursing	Discharge pathway / cty. hosp	End of Life pathway	Eye care	Frail elderly incl safeguard	Imaging	MENTAL HEALTH				Musculo-skeletal	Primary care	Reducing follow up appts	Neonatal surgery	Sepsis Management	System re-design	Transition	Theatres	Patient representative training	Urgent Care				
							Community /network	Critically ill children	Emotional well-being	Looked After Children								Community services	Dementia	Acute pathway	Mental Health – aspects														
North Staffordshire	5.5																																		
South Staffordshire (West)	3																																		
S. East Staffs & Seisdon Pen.	2.5																																		
East Staffordshire	1.5																																		
Shropshire & Telford & Wrekin	5.5																																		
North Warwickshire	7																																		
Coventry and Rugby						x	x																												
South Warwickshire	3																																		
Worcestershire	7																																		
Herefordshire	2																																		
Dudley	3.5																																		
Wolverhampton	3																																		
Walsall	3																																		
Sandwell & W. Birmingham	6																																		0.5
South & Central Birmingham	3																																		0.25
N. & E. Birmingham (X city)																																		1	
Solihull	2.5																																	0.25	

Table 3: 2014/15 Compliance with WMQRS Standards

Visit Key: ABI: Acquired Brain Injury CIC: Critically Ill Children ED: Emergency Department HD: Haemoglobin Disorders FOP: Frail Older Person LTV: Long-Term Ventilation TACIC: Transfer from Acute Hospital Care & Intermediate Care TCYPHWB: Towards Children & Young People's Emotional Health & Well-being	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
Dudley FOP	29 Apr 14	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
North Staffs CIC	30 Apr 14	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
Coventry & Rugby FOP	13 May 14	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
Worcestershire CIC	21, 22 May 14	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
George Eliot CIC	5 Jun 14	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
Birmingham Children's CIC	11, 12 Jun 14	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
South Warwickshire FOP	17 Jun 14	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
Isle of Man	4 Jul 14	Y	Y	Y	Y	Y	N	Y	Y	Y	Report sent seven days late to reviewers: Evidence supplied for the review was considerably greater than requested and so access to evidence had to be negotiated so that compliance could be checked.
Sandwell TCYPHWB	8 Jul 14	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
UHCW Theatres & Anaesthetics	17, 18 Jul 14	Y	Y	N	Y	N	Y	Y	Y	Y	IR response received nine days late from Trust.
Coventry and Warwickshire TCYPHWB	15, 16 Jul 14	N	Y	N	N	Y	Y	Y	Y	Y	Telephone conference held 22.07.14 with clinicians regarding report findings. IR letter therefore issued one day late and response received one day after usual deadline. WMQRS attended C&W risk summit 09.09.14.
Burton CIC	16 Sept 14	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
Southend ED	1 Oct 14	Y	Y	Y	N	N	Y	Y	Y	Y	The response regarding checking procedures did not mitigate the risk. The Trust was notified of this on 19.10.14.
Isle of Man	7, 8 Oct 14	Y	Y	Y	N	N	N	N	Y	Y	Draft report sent three days late to reviewers because of the volume of material to be checked. Draft report sent two days late to health economy because remote access to evidence was not available until 6.11.14.
Barking, Havering & Redbridge HD	14 Oct 14	N/A	N/A	N/A	N/A	N/A	Y	N	Y	Y	Draft report sent one day late to Trust.
South Warwickshire CIC	21 Oct 14	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
Hereford TCYPHWB	9 Dec 14	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	

Visit Key: ABI: Acquired Brain Injury CIC: Critically Ill Children ED: Emergency Department HD: Haemoglobin Disorders FOP: Frail Older Person LTV: Long-Term Ventilation TACIC: Transfer from Acute Hospital Care & Intermediate Care TCYPHWB: Towards Children & Young People's Emotional Health & Well-being	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
Homerton HD	20 Jan 15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
East Staffordshire TACIC	20,21 Jan 15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
Southampton HD	22 Jan 15	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Barts HD	4,5 Feb 15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
Dudley Day Theatres	13 Feb 15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
Worcestershire TCYPHWB	23, 24 Feb 15	Y	Y	Y	Y	N	Y	Y	Y	Y	IR actions completed 7 days over deadline as we needed to seek reviewer advice.
Bradford HD	24 Feb 15	N/A	N/A	N/A	N/A	N/A	Y	N	Y	Y	Draft report was sent to Trust one day late due to checking amendments.
Leeds HD	26 Feb 15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
Dudley TACIC	3, 4 Mar 15	Y	Y	N	N	N	Y	Y	Y	N/A	IR response received 1 day late. IR notification to NHS England was 54 days late – took place after a further meeting with health economy on 3 rd June at which the health economy confirmed that the IR was addressed. Report considered by QAG 13 days after the initial deadline. Due to sensitive nature of report, health economy requested more time to consider revised report and requested that the report should not be submitted to the June QAG meeting, but deferred to the July QAG meeting.
Solihull ABI (Hunters Moor)	10 Mar 15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
Worcestershire TACIC	16, 17, 18 Mar 15	N/A	N/A	N/A	N/A	N/A	N	Y	Y	N/A	Draft report was sent to reviewers one day late. Capacity within WQMRS caused by the number of visits deferred by HE in 2014/15 programme to March to July
Bristol HD	18 Mar 15	N/A	N/A	N/A	N/A	N/A	Y	N	Y	N/A	Draft report was sent to Trust two days late due to checking amendments.
Sheffield HD	26 Mar 15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	N/A	
	Yes	7	8	5	4	3	27	26	30	26	
	No	1	0	3	4	5	3	4	0	0	
	Total Yes + No	8	8	8	8	8	30	30	30	26	
	% YES	88	100	63	50	38	90	87	100	100	

Table 4: 2015/16 Compliance with WMQRS Standards

Visit Key: CIC: Critically Ill Children ED: Emergency Department HD: Haemoglobin Disorders TACIC: Transfer from Acute Hospital Care & Intermediate Care	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	Draft report to HE within 20 working days	Report considered by Steering (or QA) Group within 35 working days of receiving HE	Final report issued within 85 working days	Notes
North Staffs TACIC	14,15 Apr 15	N/A	N/A	N/A	N/A	N/A	N	N	N/A	N/A	Draft report was sent to reviewers 11 days late and to health economy 6 days late Capacity within WQMRS caused by the number of visits deferred by HE in 2014/15 programme to March to July
Wolverhampton TACIC	21,22 Apr 15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	N/A	
North Staffs LTV	29 Apr 15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	N/A	
Walsall TACIC	5,6 May 15	N/A	N/A	N/A	N/A	N/A	N	Y	N/A	N/A	Draft report was sent 3 days late to reviewers Capacity within WQMRS caused by the number of visits deferred by HE in 2014/15 programme to March to July
Newcastle and South Tees HD	6,7 May 15	N/A	N/A	N/A	N/A	N/A	Y	Y	N/A	N/A	
RJAH CIC	13 May 15	Y	Y	Y	Y	Y	Y	Y	N/A	N/A	
SATH CIC	12 May 15	Y	Y	Y	N	Y	Y	Y	N/A	N/A	
SATH CIC: Additional IR	12 May 15	N	Y	Y	N	N	N/A	N/A	N/A	N/A	Immediate risk not identified until draft report prepared
Shrewsbury, Telford & Wrekin TACIC	12,13,14 May 15	Y	Y	Y	Y	Y	N	N	N/A	N/A	Draft report sent late to reviewers (7 days) and health economy (1 day). Capacity within WQMRS caused by the number of visits deferred by HE in 2014/15 programme to March to July
St Georges HD	13 May 15	N/A	N/A	N/A	N/A	N/A	Y	Y	N/A	N/A	
Coventry & Warwickshire CMHS	19 May 15	N/A	N/A	N/A	N/A	N/A	Y	Y	N/A	N/A	
Dublin HD	21 May 15	N/A	N/A	N/A	N/A	N/A	Y	Y	N/A	N/A	
Lewisham & Greenwich HD	2 Jun 15	N/A	N/A	N/A	N/A	N/A	Y	Y	N/A	N/A	
Walsall Chronic Pain	9 Jun 15	N/A	N/A	N/A	N/A	N/A	Y	Y	N/A	N/A	
North Staffs Theatres & Anaesth	10 Jun 15	N/A	N/A	N/A	N/A	N/A	Y	Y	N/A	N/A	
SWB TACIC	16, 17 Jun 15	N/A	N/A	N/A	N/A	N/A	Y	N/A	N/A	N/A	
Guys & St Thomas' HD	17 Jun 15	N/A	N/A	N/A	N/A	N/A	N	N/A	N/A	N/A	Draft report sent one day late to reviewers
% standards met											
Yes	3	4	4	2	3	12	12	2	0		
No	1	0	0	2	1	4	2	0	0		
Total Yes + No	4	4	4	4	4	16	14	2	0		
% YES	75	100	100	50	75	75	86	100	0		

Purpose of Report:

The purpose of this report is to update the Board on issues relating to the WMQRS team.

Key Points:**Accreditation of WMQRS**

- 1 Board members will recall that WMQRS is seeking accreditation by the UK Accreditation Service. Review visits on 1st and 2nd July were observed by UKAS and the office assessment will take place on 23rd and 24th July.

Post of WMQRS Director Post

- 2 A verbal update will be given at the Board meeting.

Quality Manager

- 3 Sue McIldowie, WMQRS Quality Manager has resigned her post with WMQRS.

WMQRS Financial Position

- 1 Table 5 summarises the current financial position
- 2 Table 6 shows the 2014/15 end of year position the budget forecast for 2015/16 and 2016/17

Financial, Human Resources and Legal Implications:	This report includes financial and human resources implications for the WMQRS team.
Equality impact	No equality implications have been identified.
Recommendation:	
The Board is recommended to note the contents of this report.	

Table 5: 2015/16 position at month 2

INCOME				
Source	Annual Budget £	Income Year to Date (M) £	Variance Year to Date (M) £	Notes
Carry forward from 2014/15	52,500	52,500	0	
CCGs	305,978	101,409	-204,569	Invoices raised to 16 CCGs. Payment received from eight. Invoices to Arden CSU (six CCGs) not raised yet. WMQRS following up with SWBH Finance Department.
Commissioned reviews:				
Isle of Man	55,812	0	-55,812	Invoice not raised yet
Haemoglobin Disorders	19,200	19,200	0	
Dublin	3,250	0	-3,250	Invoice not raised yet
Neonatal Surgery	11,000	0	-11,000	Invoice not raised yet
			0	
Commissioned review subtotal	89,262	19,200	-70,062	
TOTAL	447,740	173,109	-274,631	Redundancy fund excluded from total

EXPENDITURE					
Allocated funds	Annual Budget £	Budget Year to Date (M) £	Spend Year to Date (M) £	Variance Year to Date (M) £	Notes
Pay	263,486	36,721	35,434	1,287	
Hosting costs	74,000	12,333	12,488	-155	
Non-Pay	146,055	22,610	25,498	-2,888	
Carry forward from 2014/15	-35,800	-35,800	-35,800	0	
Subtotal	447,741	35,865	37,620	-1,755	

Table 6: 2014/15 end of year position and budget forecast for 2015/16 and 2016/17

	2014/15	2015/16 Forecast	2016/17 Forecast
INCOME			
Brought forward	43,300	52,500	0
Core funding (CCG)	339,800	306,000	306,000
Isle of Man	52,500	55,800	54,200
Haemoglobin Disorders	27,200	19,200	4,400
Other commissioned reviews	17,500	19,500	52,500
Carry forward	-52,500	0	0
Total Income	427,800	453,000	417,100
EXPENDITURE			
Pay	209,500	263,500	294,300
Non-pay	192,100	155,100	111,500
Non-recurring expenditure	43,500	70,000	15,000
Brought forward	-11,400	-35,800	0
Total non-pay	224,200	189,300	126,500
Total Expenditure	433,700	452,800	420,800
Income - Expenditure	-5,900	200	-3,700

Notes:

All years: Excludes income and expenditure related directly to reviewer expenses for commissioned reviews

INCOME: Other commissioned reviews

2015/16 Forecast income includes £5,200 funding from NHS Birmingham Cross-City CCG for urgent care work which is not yet confirmed.

2016-17 Forecast income includes £52,500 for peer review of London renal services which is not yet confirmed.

EXPENDITURE:

2015/16: Assumes Director post substantive from Sept 2015 (5 months consultancy, 7 months substantive)

2015/16: Assumes Band 4 1.5 wte (no Band 3)

2016/17: Assumes London renal review programme goes ahead and all income received in-year

2016/17: Pay is at 2015/16 levels and does not include incremental or cost of living increases.

Purpose of Report:

This report outlines plans for evaluation of the work of WMQRS and asks for the Board's views on the scope, timescales and procurement of the evaluation.

Key Points:

- 1 WMQRS is now nearly half way through the three year funding period agreed by CCGs (2014/15 to 2016/17). The NHS organisational 'landscape' has changed significantly since WMQRS was established in 2009. WMQRS has responded to this in some ways: annual work programmes are now agreed with each health economy rather than on a region-wide basis, commissioned reviews are available, and some detail of WMQRS' working arrangements has changed. The business model is, however, largely unchanged from that on which WMQRS was established and which was supported again by the WMQRS Board in September 2012.
- 2 Evaluation is fundamental to the work of WMQRS and evaluation takes place at several stages of the process. An external formative evaluation was undertaken in 2010 but there has been no subsequent external overall evaluation.
- 3 It is now timely to consider what form of evidence will be needed to inform discussions about the future of WMQRS after 2016/17. The WMQRS Establishment Agreement states that CCGs will give WMQRS six months' notice of any intention to withdraw funding. Discussions with CCGs and Trusts will therefore need to start early in 2016 with the aim of achieving a view about the future by June / July 2016. It is therefore proposed that an evaluation / customer review of WMQRS is undertaken during the autumn of 2015 with results reported to the WMQRS Board meeting in December 2015.
- 4 Board members' views on the scope of the evaluation / customer review are invited. Initial thoughts are that the scope should include:
 - a. Has WMQRS achieved the objectives set for it by NHS organisations in the West Midlands and its external customers?
 - b. What benefits have resulted from the work undertaken?
 - c. Is the work of WMQRS meeting the needs of NHS organisations in the West Midlands and its external customers?
 - d. Is WMQRS providing value for money for its customers?
 - e. Could WMQRS make improvements which would improve its responsiveness to customers' needs?
 - f. Are there business opportunities of which WMQRS is not yet taking advantage?
 - g. Is there broad support for continuation of WMQRS after 2016/17? If so, what evidence do NHS organisations in the West Midlands require in order to inform their decisions about the future of WMQRS?
 - h. Is the WMQRS business model appropriate for taking forward the work of WMQRS after 2016/17? If not, would other business models be more appropriate?
- 5 Subject to discussions about cost and procurement, it is proposed that the Strategy Unit at the Midlands and Lancashire Commissioning Support Unit is asked to undertake this evaluation. The Strategy Unit has specific expertise in evaluation, including a recent commission to undertake evaluation training for all national 'Vanguards'. Strategy Unit staff already have a good understanding of the work of WMQRS which will significantly reduce the time involved in planning and undertaking the evaluation. This approach does, however, have two disadvantages of which the Board should be aware:
 - a. Several of the Strategy Unit's functions are closely aligned to the work of WMQRS, in particular, the work of the literature review and metrics teams. One option for the future could be a closer

alignment with the Strategy Unit.

- b. WMQRS is an Associate of the Strategy Unit which might be seen as compromising the independence of the evaluation. The Strategy Unit would, however, work with its independent partners to assure the independence of the work.

6 Subject to Board agreement, the following timescale is proposed for taking forward this work:

July 2015	Detailed discussion with the Strategy Unit covering scope, approach, cost and procurement
Aug – Sept 2015	Planning
Sept 2015	Process report to WMQRS Board, including any queries about scope and approach
Oct – Nov 2015	Evaluation work
Dec 2015	Report and presentation to WMQRS Board

Financial, Human Resources and Legal Implications:	This report has financial and human resources implications as it affects the future of WMQRS. Funding for evaluation will need to be identified from within WMQRS financial resources for 2015/16.
Equality impact	WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.
Recommendation: The Board is recommended to comment on the scope, timescales and procurement of the evaluation.	