

WMQRS BOARD MEETING

Date: 11th December 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 telephone conference held on 18th September 2015 Enclosure 1
3. Actions and matters arising from the last meeting Enclosure 2
4. Review Programmes: Progress Report Enclosure 3
5. Future Planning: 2016/17 offer and approach to 2017/18 and beyond Enclosure 4
6. WMQRS Issues and Finance Report Enclosure 5
7. Any other business
8. **Date of next meeting: 1st March 2016, 3pm – 5pm**

Present: Richard Kirby (Chair), Andy Butters, Jacquie Whitaker (on behalf of Roger Stedman), Christine Richardson, Rob Wilson, Nick Flint, David Orme, Jane Eminson, Sarah Broomhead

1 Apologies for absence were received from Simon Hairsnape, Rob Courteney-Harris, Roger Stedman, Andy Matthews, Val Jones, Vikki Tweddle, Beverly Ingram, Steve Snart, Salma Ali

2 The Board noted that it was not quorate and that any decisions made would need to be ratified.

3 Notes of the meeting held on 10th July 2015 were agreed as a correct record.

4 **Actions and matters arising from the last meeting**

All actions had been completed and no queries arose from Board members.

5 **Review Programmes: Progress Report**

The Board noted the progress report. If there is no progress with agreeing outstanding health economy 2015/16 work programmes then WMQRS should escalate, with support from Simon Hairsnape and Richard Kirby if required.

Action: WMQRS to escalate health economy work programme agreement where necessary.

6 **WMQRS 2014/15 Evaluation Report**

The Board noted the Evaluation Report and the actions that are being taken.

7 **Progress against WMQRS 2015/16 Annual Plan**

The Board noted the report, including the need for revised timescales for the actions which would not be pursued until a new Quality Manager is in post.

Quality Standards: The Board re-affirmed its previous view that stroke and urgent care Quality Standards are priorities for review. The Board noted that dementia, Mental Health and health services for People with Learning Disabilities would not be reviewed within expected timescales. The Board agreed that at the review date, these Quality Standards should be marked to reflect their out of date status and that they should be used with caution. The Board noted that these would not be revised until 2016.

Action: WMQRS to mark the outdated quality standards identified with a note of caution.

8 **DBS/Risk Assessment Process for User/Carer Reviewers**

The Board agreed the approach proposed. Andy Butters volunteered to talk to his CQC link officer about CQC processes.

Action:

Andy Butters to talk to CQC link officer.

WMQRS to contact Salma and Simon for confirmation of support (or not) for this decision.

9 **WMQRS Issues and Finance Report**

The Board noted the report and agreed that UKAS accreditation should be publicised and celebrated (assuming achieved).

10 **Any other business**

David Orme updated the Board on progress with agreement of the Quality Standards for the care of older people living with frailty.

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

ENCLOSURE 2

ACTIONS & MATTERS ARISING FROM LAST MEETING

Note	Action / Matter Arising	Who	Progress
Actions from 10th July meeting:			
5	Monitor use of the WMQRS website and access to WMQRS standards and report to the next Board meeting.	WMQRS	Started but not yet completed
6	Contact Andy Matthews to discuss the finance report.	WMQRS	Meeting arranged
Actions from 16th September meeting:			
5	WMQRS to escalate health economy work programme agreement where necessary.	WMQRS	Done
7	WMQRS to mark the dementia, mental health and health services for people with learning disabilities Quality Standards with a note of caution.	WMQRS	Done
8	Andy Butters to talk to CQC link officer about CQC processes.	AB	Done
8	WMQRS to contact Salma and Simon for confirmation of support (or not) for this decision.	WMQRS	Support for decision confirmed

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 shows the position on the 2015/16 work programme as at 30 November 2015. This shows that 39.5 of the 60 available credits are now agreed (60 = 58 subscription + 2 'pay as you go'). All Standards development work (excluding regional consultation) and peer review visits are scheduled to take place before the end of March 2016. Report writing and regional consultation on draft Standards will run into 2016/17. There are significant under-commitments of the work programme in North Staffordshire, S. East Staffordshire & Seisdon, North Warwickshire, Coventry & Rugby, Worcestershire, Sandwell & West Birmingham and Solihull. These have all been escalated to Chief Officers / Chief Executives. To date, only one 2015/16 credit has been delivered in full. This is because delivery of most of the work programme started from September 2015.
- 2 Table 1 does not show 2014/15 credits that were delivered in the first quarter of 2015/16. Peer review visits representing 23 2014/15 credits took place between April and July 2015. Assuming all of the 2015/16 work goes ahead as planned, WMQRS will have delivered a total of 62.5 credits in this financial year.
- 3 Work has also started on the Overview Reports summarising the findings of the following review programmes:
 - a. Care of critically ill and critically injured children
 - b. Transfer from acute hospital care and intermediate care
 - c. Towards emotional health and well-being for children and young people (CAMHS)

WMQRS is also discussing the possibility of a 'good practice sharing event' about child and adolescent mental health services to be run jointly with the Strategic Clinical Networks.

- 4 WMQRS now has very little spare capacity in January to March. The Board has previously agreed that credits can be used for review visits up until July and the same approach will be needed this year in order to improve delivery of available credits.
- 5 WMQRS had hoped that agreement of the work programme would improve in 2015/16. Health economy telephone conferences were built in from March onwards and this approach was effective in some areas. The extent of personnel change and organisational pressure in some health economies has understandably made it very difficult to get proposals agreed. Most notable of these is Worcestershire where an outline programme was in place by the summer but has not progressed since. In some areas organisations are not particularly engaged with WMQRS. Most notable of these is Sandwell and West Birmingham where the CCG is actively engaged and some work has progressed but proposals involving Sandwell and West Birmingham Hospitals NHS Trust have not moved forward.

Commissioned Reviews

- 6 Isle of Man: A review of women's and children's services took place 12th to 15th October 2015. Three further visits are planned in April 2016, October 2016 and March 2017. A revised proposal is being prepared for the Isle of Man Department of Health reflecting the additional work involved in completing the Standards development and review programme. If agreed, this may help the WMQRS financial position in 2016/17.
- 7 Haemoglobin Disorders: This review programme is progressing satisfactorily with 22 of 27 visits undertaken to date. WMQRS has some concerns about the quality and consistency of the reports written by the Clinical Leads. This is being addressed with them. As previously reported to the Board, since the departure of the WMQRS Quality Manager in August *KeyOpps* staff have been providing the day to day running of this programme for WMQRS.

Work on the Overview Report for this programme is planned for January to March 2016.

- 8 Neonatal surgery: A strategic review took place on 20th and 21st October 2015, commissioned by the NHS England Specialised Commissioning Team. A draft report has been prepared and will be finalised in the next two months.
- 9 London renal services: A planning workshop took place on 9th October 2015 and review visits in summer 2016 are proposed. WMQRS has invoiced all London renal services for preparatory work in 2015/16 representing half the cost of these reviews. This will give an indication of whether this review programme will actually take place. Barts Health have underwritten the cost of the preparatory work undertaken to date. The London renal network is also not funded for venue, user and carer travel and external reviewer expenses and funding for these aspects of the programme are having to be found.
- 10 Guernsey: A proposal has been submitted to Guernsey Health and Social Services Department for a strategic review of paediatric services in early 2016.

Standards Development

- 11 The following Quality Standards were published since the last Board meeting:
 - a. Out-Patient Procedures
 - b. Clinical and Quality Governance
 - c. Care of Older People Living with Frailty: Assessment and Coordination of Care
- 12 These were produced from the WMQRS 2015/16 work programme with the exception of the Clinical Governance Standards which were developed for the Isle of Man programme. These are not of particular relevance to NHS Trusts but may be valuable for CCGs or other commissioners who are commissioning services from voluntary sector and private providers.
- 13 Work on updating the Quality Standards for the Care of Critically Ill and Critically Injured Children, being undertaken jointly with the Paediatric Intensive Care Society, is nearing completion and these Standards will be published by the end of December 2015.
- 14 Updating of urgent care Standards is now built into the 2015/16 work programme. Stroke and TIA Standards have been updated for the use by the Isle of Man service for their review visit in April. West Midlands consultation on these changes will now need to take place. Updating of other Quality Standards that are due for review has not yet started.
- 15 Work on the eye health and vision loss Standards (part of the 2014/15 Coventry and Warwickshire work programme which did not go ahead) is now being taken up by a group from Birmingham and the Black Country. This work attracts no credits from the 2015/16 programme but prevents the 2014/15 work being wasted. Eye health and vision loss also appears a potentially productive area for future review visits.
- 16 Some of the Standards developed for the Isle of Man review of women and children’s services will also go out to West Midlands consultation in the near future.

WMQRS Standards

- 17 Table 2 gives the current position on achievement of 2015/16 WMQRS standards. In summary, 72% of reports were sent to reviewers and 68% to health economies on time, and 85% were finalised on time. WMQRS could not meet expected Standards for the production of reports during late September, October and November because of the number of days spent reviewing and the reduced WMQRS capacity (ie vacant Quality Manager post).

Financial, Human Resources and Legal Implications:	This report has financial implications for WMQRS budgets in 2016/17. There are also human resources implications in relation to WMQRS team capacity.
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:

- a. Note the contents of this report and advise on any action to be taken.
- b. Agree whether or not 2015/16 credits can be extended to review visits undertaken by July 2016. (NB. The Board may wish to take this decision after consideration of Agenda Item 5 (Enclosure 4).

Table 1: 2015/16 WMQRS West Midlands Reviews – Position at 30th November 2015

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	Completed
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Health Economy	Credits committed to date	Available Credits	Anticoagulant services	Problem Alcohol Use	Care Bundles	Contenance Service	Community services	CHILDREN AND YOUNG PEOPLE				Chronic pain	Diabetes care	Discharge pathway / cty. hosp	End of Life pathway	Eye care	Frail elderly incl safeguard/falls	Imaging	Learning Disabilities	MENTAL HEALTH				Musculo-skeletal	Primary care	Reducing follow up appts	Stroke	Strategy/system re-design	Theatres	Urgent Care
								Community/network	Critically ill children	Emotional well-being	Looked After Children									Community services	Dementia	Acute pathway	Mental Health – aspects							
North Staffordshire	4	5.5					1			2											1									
South Staffordshire (W)	3	3					1		1																		1			
S. East Staffs & Seisdon	0	2.5																												
East Staffordshire	1	1.5																										1		
Shropshire & Telford & Wrekin	5	5.5	0.5																			4.5								
North Warwickshire	3	7																												
Coventry and Rugby																														
South Warwickshire	2.5	3																								1.5		1		
Worcestershire	0	7																												
Herefordshire	3	2											2					1												
Dudley	3	3.5							1										2											
Wolverhampton	3	3								1								1									1			
Walsall	3	3			1				1																		1			
Sandwell & W. Birmingham	3.5	6						1	1							1												0.5		
South & Central Birmingham	2.25	3							1		x															1		0.25		
N. & E. Birmingham (X city)	2	-							1		x																	1		
Solihull	1.25	2.5									x				1														0.25	
Total	39.5	58																												

Table 3: 2015/16 Compliance with WMQRS Standards

Visit Key: CAMHS: Child & Adolescent Mental Health Services CIC: Critically Ill Children CMHS: Community Mental Health Services ED: Emergency Department HD: Haemoglobin Disorders MH: Mental Health Services MIU: Minor Injuries Unit 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 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
North Staffordshire -TACIC	14,15 Apr 15	N/A	N/A	N/A	N/A	N/A	N	N	Y	Y	Draft report was sent to reviewers eleven days late and to health economy six 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	Y	
North Staffordshire - LTV	29-Apr-15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
Walsall - TACIC	5,6 May 15	N/A	N/A	N/A	N/A	N/A	N	Y	Y	Y	Draft report was sent three 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	N	Final report sent eleven days late to Trust. Delayed due to handover of work.
Robert Jones & Agnes Hunt - CIC	13-May-15	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Shrewsbury and Telford - CIC	12-May-15	Y	Y	Y	N	Y	Y	Y	Y	Y	
Shrewsbury and Telford - 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	Y	Y	Draft report sent late to reviewers (seven days) and health economy (one 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	Y	N	Final report issued eighteen days late. Delayed due to outstanding Trust query.
Coventry & Warwickshire - CMHS	19-May-15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
Dublin - HD	21-May-15	N/A	N/A	N/A	N/A	N/A	Y	Y	N	Y	Late consideration by SG due to cancellation of August meeting by leads.
Lewisham & Greenwich - HD	02-Jun-15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
Walsall - Chronic Pain	09-Jun-15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
North Staffordshire - Theatres & Anaesthetics	10-Jun-15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	

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Sandwell & West Birmingham - TACIC	16, 17 Jun 15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
Guys & St Thomas' - HD	17-Jun-15	N/A	N/A	N/A	N/A	N/A	N	Y	Y	Y	Draft report sent one day late to reviewers
Sandwell & West Birmingham - CIC	01-Jul-15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
Birmingham Community Healthcare - Chronic Pain	02-Jul-15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
Kings - HD	08-Jul-15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	N	Final report sent to Trust three days late due to inconsistencies in report requiring clinical lead decisions.
Royal Wolverhampton - CIC (ED)	14-Jul-15	Y	Y	N	Y	Y	Y	Y	Y	Y	IR response received one day late from Trust
Herefordshire - LD	08-Sep-15	N/A	N/A	N/A	N/A	N/A	N	Y	Y	N/A	Draft report sent to reviewers five days late due to team capacity and number of reviews scheduled.
Wolverhampton - MH	15-Sep-15	N	Y	N	Y	Y	N	Y	Y	N/A	IR letter sent one day late to health economy. Draft report sent to reviewers two days late due team capacity and number of reviews scheduled.
Sandwell & Wolverhampton - CAMHS	22,23 Sept 15	N/A	N/A	N/A	N/A	N/A	N	N	N/A	N/A	Draft report sent to reviewers and health economy twelve days late due to team capacity and number of reviews scheduled.
Liverpool - HD	24-Sep-15	N/A	N/A	N/A	N/A	N/A	Y	Y	N/A	N/A	
Manchester - HD	29-Sep-15	N/A	N/A	N/A	N/A	N/A	Y	Y	N/A	N/A	
Dudley - Dementia	29,30 Sept 15	N/A	N/A	N/A	N/A	N/A	N	N	N/A	N/A	Draft report sent to reviewers twenty days late and health economy ten days late due to team capacity and number of reviews scheduled.
North Warwickshire - TACIC	07-Oct-15	N/A	N/A	N/A	N/A	N/A	N	N	N/A	N/A	Draft report sent to reviewers four days late and health economy one day late due to team capacity and number of reviews scheduled.

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Coverntury & Warwickshire - HD	13,14 Oct 15	N/A	N/A	N/A	N/A	N/A	Y	N	N/A	N/A	Draft report sent to Trust two days late due to six visits within eight working days.
Sandwell - HD		N/A	N/A	N/A	N/A	N/A	Y	N	N/A	N/A	Draft report sent to Trust five days late due to six visits within eight working days.
Wolverhampton - HD		N/A	N/A	N/A	N/A	N/A	Y	N	N/A	N/A	Draft report sent to Trust eight days late due to six visits within eight working days.
Birmingham Children's - HD		N/A	N/A	N/A	N/A	N/A	Y	Y	N/A	N/A	
Isle of Man	13-16 Oct 15	Y	Y	Y	N	N	N	N	N/A	N/A	Draft report sent to reviewers eight days late and Isle of Man three days late due to complexity of report. Second response to immediate risk still does not fully address the risk identified for children being cared for by surgeons.
North West London - HD	15-Oct-15	N/A	N/A	N/A	N/A	N/A	N	N	N/A	N/A	Draft report sent to reviewers two days due to workload with four other reports (W Mids) and leave. Report sent to Trust six days late due to iterations between Clinical Leads on network section.
Neonatal Surgery	20,21 Oct 15	N/A	N/A	N/A	N/A	N/A	N/A	Y	N/A	N/A	Draft report sent to review panel ten days late due to complexity of report and team capacity.
Croydon - HD	22-Oct-15	N/A	N/A	N/A	N/A	N/A	Y	N	N/A	N/A	Draft report sent to Trust three days late due to six visits within eight working days.
South Warwickshire - MIU	22-Oct-15	N/A	N/A	N/A	N/A	N/A	Y	N	N/A	N/A	Draft report sent to health economy five days late due to WMQRS error.
Imperial - HD	05-Nov-15	N/A	N/A	N/A	N/A	N/A	Y	Y	N/A	N/A	
Nottingham - HD	10-Nov-15	N/A	N/A	N/A	N/A	N/A	Y	N/A	N/A	N/A	
Burton - Theatres & Anaesthetics	18-Nov-15	N/A	N/A	N/A	N/A	N/A	Y	N/A	N/A	N/A	
Oxford - HD	19-Nov-15	N/A	N/A	N/A	N/A	N/A	Y	N/A	N/A	N/A	
UCLH - HD	26-Nov-15	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
% standards met											
Yes	5	7	5	4	5	28	25	20	17		
No	2	0	2	3	2	11	12	2	3		
Total Yes + No	7	7	7	7	7	39	37	22	20		
% Yes	71	100	71	57	71	72	68	91	85		

ENCLOSURE 4

FUTURE PLANNING: 2016/17 OFFER AND APPROACH TO 2017/18 AND BEYOND

Purpose of Report:

This report seeks the Board's views on the WMQRS 2016/17 offer to health economies and on work which should take place in preparation for discussions with CCGs and Trusts about WMQRS funding from 2017/18 onwards.

Key Points:

- 1 The short paper below summarises the main issues to be considered for the 2016/17 'offer' to health economies and in preparing for discussions about funding WMQRS from 2017/18 and beyond.
- 2 The findings of the 'Customer Review' undertaken by the CSU Strategy Unit will be presented to the Board.
- 3 Information needs to be sent to health economies in December about development and agreement of the 2016/17 work programme.
- 4 WMQRS senior staff capacity is under significant pressure, which should be taken into account in considering the 2016/17 offer.

Financial, Human Resources and Legal Implications:	This report includes financial and human resources implications for the WMQRS team.
Equality impact	WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.
Recommendation: The Board is asked to: <ol style="list-style-type: none">a. Agree the 2016/17 'offer' to health economies.b. Agree work which should take place in preparation for discussions with CCGs and Trusts about WMQRS funding from 2017/18 onwards	

FUTURE PLANNING: 2016/17 OFFER AND APPROACH TO 2017/18 AND BEYOND

Customer Review

- 1 The WMQRS Board agreed that an external 'Customer Review' of WMQRS should be commissioned. The Midlands and Lancashire Commissioning Support Unit Strategy Unit successfully bid for this work. The specification for the work stated that answers to the following questions were sought:
 - a. Has WMQRS achieved the objectives set for it by NHS organisations in the West Midlands and its external customers?
 - b. How well has WMQRS supported commissioners and providers? What 'added value' has WMQRS and its work brought to NHS organisations in the West Midlands and its external customers?
 - c. What benefits have resulted from the work undertaken? In particular, what has been the impact on patient care?
 - d. Is WMQRS providing value for money for its customers?
 - e. What factors are influencing organisations' understanding of and involvement with WMQRS and its work?
 - f. Could WMQRS make improvements which would increase its responsiveness to its customers' needs? If so, what improvements?
 - g. Are there business opportunities of which WMQRS is not yet taking advantage?
 - h. 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?
 - i. 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?
 - j. Is hosting by Sandwell and West Birmingham Hospitals NHS Trust the most appropriate arrangement for the future of WMQRS? Would a formal link with an organisation with a similar function be more appropriate (for example, Clinical Senate and Networks, Academic Health Science Networks, CSU Strategy Unit)? If so, what options are available and what are the advantages and disadvantages of linking with them?
- 2 Frazer Battye from the CSU Strategy Unit will attend the Board meeting to give a presentation on the findings of the Customer Review. Appendix 1 gives a short summary of the findings to date.

2016/17 Health Economy Proposal

- 3 WMQRS normally sends out a flier about agreement of the next year's work programme around the end of December. The 2015/16 flier is given in Appendix 2 for information.
- 4 Health economies are expecting a similar approach for 2016/17 and a few are already considering topics for their 2016/17 work programmes. One option would therefore be simply to repeat the 2015/16 approach. Health economies will need to be aware, however, that 'run on' to 2017/18 may not be possible. Also, if WMQRS is not funded for 2017/18, visits will need to be completed by December 2016 to allow time for reports to be finalised before March 2017.

WMQRS Capacity

- 5 WMQRS capacity to deliver the agreed work programme plus commissioned reviews is critical. The capacity required for the current WMQRS approach has been underestimated for a variety of reasons. (NB. 'Credits' are, in essence, units of WMQRS capacity and the underlying assumptions are therefore crucial to the model.)
 - a. The actual amount of work involved in delivering each WMQRS product is now higher than in 2012/13 (on which planning has been based) mainly because economies of scale have been lost by moving to a much more varied work programme. (WMQRS has not yet quantified this change but

now has the data to do so.) This affects the whole West Midlands programme and so has a significant impact on the small number of WMQRS staff.

- b. The model assumed 10% of non-productive time for the Director and Quality Manager and 20% for the Assistant Director (for staff and Board meetings, networking, general updating, etc). The actual amount of non-product-related time is higher due to:
 - i. Amount of time involved in agreeing the work programme
 - ii. Cancelled reviews and work that is scoped but does not go ahead
 - iii. Development work, for example, achieving UKAS accreditation or work on the eye health and vision loss Standards.
- c. Commissioned reviews bring in essential income but add to the pressure on WMQRS staff. Some work can be sub-contracted, for example, literature reviews, but a lot has to be done 'in house'. Commissioned reviews have been costed as West Midlands work plus the additional hosting costs. Incorrect assumptions in the costing base are therefore multiplied further. In practice, the time involved in reviews outside the West Midlands is also higher because of the extra travel involved.
- d. In 2015/16 WMQRS reduced the cost to CCGs by 10% for the same number of credits. This funding was replaced by commissioned reviews but the workload for WMQRS was not reduced. WMQRS has re-structured the administration team and continually tries to improve the efficiency of its processes. There is some scope for increasing efficiency but this will not have a major impact on productivity.
- e. The work involved in updating Quality Standards is not built into the capacity model. As WMQRS has been in existence for nearly six years the number of Standards needing updating is now significant.
- f. The pressure on senior WMQRS staff reduces time available for networking and building customer relationships which probably impacts on the time needed to agree the work programme.

In this context, delivery of 62.5 credits plus commissioned reviews plus some Standards revision in 2015/16 while running with a Quality Manager vacancy is impressive and it is not surprising that some deadlines have been missed.

6 Several actions obviously flow from this analysis:

- a. WMQRS capacity assumptions need to be reviewed, including the costing base for commissioned reviews.
- b. WMQRS needs to improve its capacity scheduling in order that opportunities for delegation and sub-contracting can be maximised.
- c. WMQRS efficiency improvements need to be actively pursued.
- d. WMQRS senior skill mix should be reviewed, in particular, if an appointment is not made on 7th December, the job description, person specification and grading of the Quality Manager post.

7 As well as implications for the business model for 2017/18 and beyond, there are options for 2016/17 which have not been taken previously:

- a. Should health economies lose their credits if work programmes are not agreed?
- b. Should credits be 'charged' for work that is scoped but does not go ahead?
- c. Should 'run on' be allowed?

Appendix 1: External 'customer review'

Executive Summary

In late 2015, the Strategy Unit was commissioned to provide a 'customer review' for the West Midlands Quality Review Service (WMQRS). The focus of the review was on historic / current performance, followed by broader questions on the direction and operation of the organisation. The review was prompted because the current set of funding arrangements is coming to an end and options for the future need to be scoped out and worked up. This is a summary of findings from the review.

The review was undertaken on limited resources; it also employed a method (document reviews and qualitative interviews with 17 stakeholders) designed to raise and explore issues rather than produce definitive or 'representative' views. Findings are therefore limited by this. It is however of note that there was a high degree of consensus in the findings on the operation and outcomes of WMQRS' work. Findings on question(s) of 'what next?' were far more divergent - reflecting the uncertainty inherent in such questions, as well as variability in stakeholders' ability to comment.

In summary, the main points arising from the review were that:

- Accepting noted areas for improved efficiency, views on WMQRS' operation and current services were highly positive. With few exceptions, interviewees described the services as professionally run, appropriate and flexible. Peers, trained and supported to conduct reviews, are seen as offering credibility and a level of detailed insight that is not available through other means. This was also contrasted positively with other approaches to examining service quality, such as performance data, regulation and inspection;
- Notwithstanding the above, there is a substantive operational challenge in agreeing work programmes with health economies. This leads to inefficiencies, since WMQRS staff then spend time clarifying and chasing, rather than programming and delivering;
- Findings on outcomes were positive. The review found multiple examples where the involvement of WMQRS had led to service improvements. By logical extension, these improvements ought to have improved patient care and outcomes;
- Much of the immediate value generated by WMQRS is seen by service providers. Frontline clinical teams gain an understanding of what needs to improve; reviewers gain skills and ideas for improving their own practice. There is also value to commissioners. They gain knowledge about the quality of services they are purchasing and a clearer, codified sense of good standards of care to inform specifications and contracts. There may also be second-order benefits to regulators, who could use information on service quality;
- In aggregate, WMQRS therefore generates added value within the 'region'. Moreover, WMQRS is generally perceived as offering good value for money. This view was based on a consideration of likely alternatives (e.g. using management consultants) and also from the significant in-kind contributions coming from 'free' reviewer time; and,
- Therefore, no interviewees thought that WMQRS had 'run its course'. Stakeholders saw an ongoing need for a quality review service with peer review at the heart of it.

Yet WMQRS faces a series of challenges, some of which are fundamental. Notably:

- The institutional context has changed radically. The 'West Midlands' is no longer a substantive administrative unit of the NHS. The organisational framework – and arguably the culture - within which WMQRS operates has become less supportive over time; and,
- Partly as a result of this, WMQRS' primary funders / customers (Clinical Commissioning Groups (CCGs)) have very varied levels of commitment to it. Some regard it as essential; others as 'nice to have'; others do not use it. This is problematic given that: WMQRS' funding comes through CCG subscriptions; there is growing

pressure on CCG budgets; and, there is a collective action problem within this funding model. This does not provide a secure or sustainable footing for the future.

Therefore, in order for it to thrive, WMQRS needs to address some fundamental questions. 'Do Nothing' is not an attractive option. The starting point in considering the future is then to define these questions and choices, such that viable options can be developed and useful actions taken. This review has exposed a series of important decision points, relating to:

1. An understanding of whether and how value is generated by WMQRS - and who benefits; and, given this,
2. What services should be offered, how and for which customers; and, given this,
3. How these services will be developed, marketed, paid for and provided; and, given this,
4. What institutional changes and actions are implied and when they should be taken.


Using this framework, evidence gathered for the review leads us to conclude and recommend that:

- WMQRS provides a valuable service. While changes to policy, regulation, guidance, availability of performance data (etc) all affect the context for quality review services, the fundamental need remains. Recent / forthcoming innovations in models of care and commissioning arrangements will further shape need for commissioners and providers to assure themselves of the quality of provision. This creates ongoing opportunities for WMQRS;
- As noted above, the value created by WMQRS is distributed between commissioners and providers – primarily within the West Midlands. The current approach of focusing on this 'home' region is right given the strength of history, relationships and networks. Yet there is – as already demonstrated by WMQRS – scope for expanding the offer to other areas and institutions. There is also support for this amongst stakeholders. This expansion is best done by building out at the margin, rather than by (e.g.) franchising, or 'abandoning' the West Midlands and becoming agnostic about geography. This expansion could be facilitated by a new host organisation (see below);
- Peer review is at the heart of WMQRS and is where much of the value is created. The current set of services is therefore broadly appropriate. Nonetheless, there is scope for adding further value by being able to offer a broader range of services to a broader range of customers, e.g. focused evaluations, support for implementing improvements, training, helping providers prepare for inspection, (etc). Not all of these need to be provided directly by WMQRS, but could be part of a broader set of partnerships – or could form part of an argument for a different hosting arrangement;
- WMQRS needs to articulate its value as clearly as possible, and ensure that the right organisations hear these messages. If the recommendation on broadening the range of services and customers is followed, then WMQRS will need 'a different story to tell' about value. Customers' likely needs should be the starting point in this narrative. Engaging with CCGs that currently see the value in WMQRS is vital; other strategically important relationships – e.g. with the West Midlands Strategic Clinical Network and Senate that can help WMQRS influence / understand demand should also be cultivated;
- This leads to the question of the most appropriate host organisation. Several functions / tasks are implied by, for example, the recommendation to broaden the scope of the service offer and think about new customers. WMQRS would need to consider business development, gathering market intelligence, pricing, communications, marketing and profile raising (etc). Capacity within the WMQRS leadership is constrained: they don't have the 'headspace' to fully address these issues given current and likely future operational demands;
- The present hosting arrangements do not provide these 'added value' services to WMQRS. Alternatives should therefore be considered. These alternatives are limited (e.g. private company, another provider, clinical senate) and most fail a series of basic tests (e.g. independence, ethos, stability). In our view WMQRS

would be best served by becoming part of a Commissioning Support Unit (CSU)¹. This should begin with a series of first-order considerations - reviewing the likely risks and benefits to 'both sides' against the background of their purpose and strategy. In doing so, WMQRS should be considered as part of a broader range of services that commissioners and providers might access in assuring and improving the quality of services. It would also most likely mean devising a funding arrangement such that a CSU could be given some guarantee of income during the transition; and,

- This should then enable a different set of relationships with its customers since mechanisms for deciding upon and procuring services are already established. It should also enable new arrangements for deciding upon customers' needs – e.g. a 'customer panel' could be established to review / define work programmes – alongside new governance arrangements (a board would not be needed for example). Finally, it should enable the host organisation to think about growth and development – to consider the potential wider value of WMQRS and to invest in and nurture it accordingly.


¹ We note the prima facie conflict of interest in this recommendation. It would be possible to argue that we have seen a service of value and therefore recommended that it 'comes to us'. For this reason, we are clear that we mean 'a CSU', not necessarily 'Midlands and Lancashire CSU' and NHS Arden & Greater East Midlands may also be suitable.




WMQRS
West Midlands
Quality Review Service

WMQRS

Work Programme 2015-16



WMQRS: Supporting NHS organisations in the West Midlands to improve quality



This flier:

- ◆ Outlines how Trusts and CCGs can agree their WMQRS work programme for 2015/16
- ◆ Gives CCG contributions and health economy 'credits' for 2015/16
- ◆ Explains how to 'get the best' from WMQRS

Key Points:

- ◆ 10% reduction in CCG payments
- ◆ Same number of credits
- ◆ Work programmes agreed by end May
- ◆ Mix of topics suggested

Possible Topics

Work programmes may be easier to agree if you choose a mixture of the following:

'Ready to go'

- ◆ WMQRS is ready to run review visits where Quality Standards already exist (see over)
- ◆ Current region-wide themes are:
 - ⇒ Transfer from acute care and intermediate care
 - ⇒ Children and young people's emotional health and well-being (CAMHS)
 - ⇒ Care of critically ill and injured children

Suggestion: Choose these if not reviewed in 2014/15

'Up and coming'

The following Quality Standards are being developed in 2014/15:

- ◆ Eye care
- ◆ Problem alcohol use (NB. System-wide)
- ◆ Care of frail older people

Suggestion: Use these for a peer review visit in 2015/16.

Local priorities

WMQRS will work with you on any locally identified topics. Please identify and brief a lead contact from each provider and commissioner who we can meet to plan the work.

'Should do?'

Are there services or pathways which have not received enough attention in the past? Possible examples are care of people with:

- ◆ Musculo-skeletal problems
- ◆ Hearing loss

Action Now!

Please put 'WMQRS 2015/16 work programme' on Clinical Quality Review (or other) Meeting agendas in Jan & Feb 2015.

Timeline	
<i>NB. Assuming CCGs coordinate discussions with providers.</i>	
January & February 2015	Possible topics discussed at CQRMs (or other meetings)
March 2015	Initial WMQRS discussion with each CCG lead contact
20 th April – 15 th May 2015	'Sign off' telephone calls with WMQRS leads (provider and CCG) in each health economy
31 st May 2015	Main programme agreed with each health economy: <ul style="list-style-type: none"> ◆ Some flexibility can be kept so long as main programme is agreed ◆ If not agreed: <ul style="list-style-type: none"> ⇒ WMQRS cannot guarantee to deliver by March 2016 ⇒ Provider proposals may be taken forward without health economy agreement

Credit Sharing

Each CCG area has 'Credits' (ie. units of WMQRS capacity). Sharing these with neighbouring areas may be the best approach (eg. 0.5 x 2 = 1 Credit working across both areas.)

See over for:

- ◆ Reflections on 2014/15
- ◆ CCG costs & 'Credits'
- ◆ What is a 'Credit'?
- ◆ How to get the best from WMQRS
- ◆ 'No Credit' opportunities
- ◆ Commissioned reviews
- ◆ Quality Standards available
- ◆ Reviewers

WMQRS: Supporting NHS organisations in the West Midlands to improve quality



What is a 'Credit'?

Credits are units of WMQRS capacity. Credits may be shared across health economies.

Pathway development	1 Credit
Formative or peer review visit covering 1 or 2 pathways	1 Credit
Set of Quality Standards	1.5 Credits
Set of complex, multi-topic Quality Standards	2 Credits
Peer review visit covering 3 or 4 pathways	2 Credits



Website: www.wmqrs.nhs.uk



Follow us on Twitter @WMQRS

WMQRS Reflections on 2014/15

- WMQRS will deliver 20 peer review visits for the West Midlands covering multiple services (excluding commissioned reviews) and seven new sets of Quality Standards
- WMQRS work programmes took a long time to agree in some areas
- Sometimes WMQRS wasted time meeting teams who had not been briefed or did not want the topic identified
- Some health economies therefore did not get full value for money from their contribution
- The 2013/14 Evaluation Report has learning points which will be used to improve WMQRS's work

Costs and 'Credits' 2015/16

CCG area	Estimated Population	Reduced Funding (£)	Credits
NHS Birmingham CrossCity	751,732	43,012	8.0
NHS Birmingham South and Central	251,304	14,379	3.0
NHS Cannock Chase	133,935	7,663	1.5
NHS Coventry and Rugby	488,014	27,922	3.0
NHS Dudley	315,388	18,045	3.5
NHS East Staffordshire	138,412	7,919	1.5
NHS Herefordshire	185,763	10,629	2.0
NHS North Staffordshire	215,386	12,324	2.5
NHS Redditch and Bromsgrove	174,236	9,969	2.0
NHS Sandwell and West Birmingham	552,032	31,583	6.0
NHS Shropshire	302,875	17,329	3.5
NHS Solihull	242,266	13,862	2.5
NHS South East Staffs & Seisdon Peninsula	215,190	12,312	2.5
NHS South Warwickshire	279,638	16,001	3.0
NHS South Worcestershire	298,362	17,071	3.5
NHS Stafford and Surrounds	147,144	8,419	1.5
NHS Stoke on Trent	284,342	16,269	3.0
NHS Telford & Wrekin	176,815	10,117	2.0
NHS Welbelle	277,686	15,888	3.0
NHS Warwickshire North	186,765	10,686	2.0
NHS Wolverhampton	263,828	15,093	3.0
NHS Wyre Forest	113,458	6,492	1.5
Total	5,994,591	342,990	66.0
£ per head		0.06	

WMQRS: Supporting NHS organisations in the West Midlands to improve quality

- WMQRS is a collaborative venture between West Midlands Trust and CCGs.
- WMQRS works in partnership with the West Midlands Clinical Senate and Strategic Clinical Networks, and with NHS England specialist commissioners.



Quality Standards Available

- ⇒ Acquired Brain Injury
- ⇒ Care of Critically Ill & Injured Children
- ⇒ Chronic Pain
- ⇒ Critical Care
- ⇒ Dementia
- ⇒ Enhanced Primary Care Services
- ⇒ Generic Pathway
- ⇒ Haemoglobin Disorders
- ⇒ Imaging Services
- ⇒ Long-Term Conditions
- ⇒ Mental Health
- ⇒ Paediatric Diabetes
- ⇒ Paediatric Long-Term Ventilation
- ⇒ Paediatric Palliative Care
- ⇒ People with Learning Disabilities
- ⇒ Stroke (Acute Phase) & TIA
- ⇒ Theatres & Anaesthetics
- ⇒ Towards Children & Young People's Emotional Health & Well-being
- ⇒ Transfer from Acute Hospital Care & Intermediate Care
- ⇒ Urgent Care
- ⇒ Vascular Services
- ⇒ Vulnerable Adults

In Development:

- ⇒ Eye Care
- ⇒ Alcohol
- ⇒ Frail Older People

'No Credit' Opportunities

Reviewer training

Access to WMQRS Quality Standards and self-assessments

Updating of WMQRS Quality Standards

Good practice sharing events

Overview Reports

Input to leadership programmes on 'Using WMQRS products to improve quality'

Evaluation of draft consultation proposals against expected Standards

How to get the best from WMQRS:

- Choose topics where providers and commissioners have concerns about quality or have limited information on service quality
- Engage clinical staff in planning the work from the beginning
- Having chosen a topic, do not commission separate, un-coordinated work on the same subject
- For peer review visits: Follow WMQRS advice on 'reducing the burden'. Consider 'no folder' approaches!
- Encourage your staff to become reviewers. It's highly effective CPD!
- Link WMQRS work with your other quality improvement initiatives

Commissioned Reviews

Providers and commissioners can commission additional work from WMQRS. Commissioned reviews in 2014/15 covered Emergency Departments (2) and Theatres and Anaesthetic Services.

Reviewers

WMQRS can only run review visits if organisations are prepared to release staff to act as reviewers. This is Continuing Professional Development for NHS staff and over 80% of reviewers make improvements to their own services as a result of the learning gained.

Queries?

Any queries about your 2015/16 work programme, please contact :

Claire Launders claire.launders@nhs.net; 0121 507 2891

Website: www.wmqrns.nhs.uk

Purpose of Report:

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

Key Points:**Post of Quality Manager**

- 1 Interviews for the post of Quality Manager will take place on 7th December. A verbal update will be given to the Board.

Establishment changes

- 2 Redeployment of the WMQRS administrative assistant and increases in the two Band 4 posts to 0.8 and 0.67 w.t.e. took place in September.

WMQRS Financial position

- 3 Table 5 summarises the WMQRS 2015/16 current financial position. There are no significant issues for the Board to consider.
- 4 Table 6 summarises the 2015/16 estimated end of year position and forecast for 2016/17.

UKAS accreditation

- 5 A formal decision on UKAS accreditation is still awaited. The Board will be informed as soon as any news is received!

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 current position

INCOME				
Source	Annual Budget £	Income Year to Date¹ £	Variance Year to Date £	Notes
Carry forward from 2014/15	52,500	52,500	0	
CCGs	308,471	308,471	0	
Commissioned reviews:				
Isle of Man	56,778	12,478	-44,300	Invoiced April - July only
Haemoglobin Disorders	19,200	19,200	0	
Dublin	3,250	0	-3,250	Invoice not yet raised
Neonatal surgery	11,000	0	-11,000	Invoice not yet raised
London renal	26,250	0	-26,250	Invoice not yet raised
Urgent Care (Bham CrossCity) ²	5,200	0	-5,200	Invoice not yet raised
Chronic Pain (Bham CrossCity) ²	5,200	0	-5,200	Invoice not yet raised
Commissioned review subtotal	126,878	31,678	-95,200	
TOTAL	487,849	392,649	-95,200	Redundancy fund excluded from total

¹ Total value of carry forward and invoices paid

² Unconfirmed

EXPENDITURE					
Allocated funds	Annual Budget	Budget Year to Date (M7)	Spend Year to Date (M7)	Variance Year to Date (M7) £	Notes
	£	£	£		
Pay	234,160	123,622	126,131	-2,509	Director spend incorrect. Adjustment to be made.
Hosting costs	76,000	44,333	43,708	625	
Non-Pay	213,489	94,435	91,293	3,142	
Carry forward from 2014/15	-35,800	-35,800	-35,800	0	
Subtotal	487,849	226,590	225,332	1,258	

Note:

Excludes income and expenditure related directly to reviewer expenses for commissioned reviews.

Table 5: 2015/16 estimated end of year position and 2016/17 forecast

	2015/16	2016/17 Forecast
INCOME		
Brought forward	52,500	39,100
Core funding (CCG)	308,500	306,000
Isle of Man	56,800	69,500
Haemoglobin Disorders	19,200	4,400
Other commissioned reviews	50,900	26,300
Total Income	487,900	445,300
EXPENDITURE		
Pay	234,200	292,900
Non-pay	142,300	118,600
Non-recurring expenditure	108,100	20,000
Brought forward	-35,800	0
Total non-pay	214,600	138,600
Total Expenditure	448,800	431,500
Income - Expenditure	39,100	13,800
Carry forward	39,100	13,800

Notes:

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

Income 2015/16: Includes unconfirmed income of £10,400 from NHS Birmingham Cross-City CCG for urgent care and chronic pain work.

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

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