

WMQRS BOARD MEETING

Date: 18th September 2015
Time: 10.00am – 12.00pm
Location: **Telephone Conference**

AGENDA

- | | | |
|-----|-----------------------------------------------------------------------------------|-------------|
| 1. | Apologies for absence | |
| 2. | Notes of the meeting held on 10 th July 2015 | Enclosure 1 |
| 3. | Actions and matters arising from the last meeting | Enclosure 2 |
| 4. | Review Programmes: Progress Report | Enclosure 3 |
| 5. | WMQRS 2014/15 Evaluation Report | To follow |
| 6. | Progress against WMQRS 2015/16 Annual Plan | Enclosure 5 |
| 7. | DBS/Risk Assessment Process for User/Carer Reviewers | Enclosure 6 |
| 8. | WMQRS Issues and Finance Report | Enclosure 7 |
| 9. | Any other business | |
| 10. | Date of next meeting:
11th December 2015, 10am – 12pm | |

Present: Simon Hairsnape (Chair), Andy Butters, Salma Ali, Jacquie Whitaker (on behalf of Roger Stedman), Beverly Ingram, Karen Deeley (on behalf of Sue Doheny), Andy Matthews, Nick Flint, Richard Kirby, Kate Burley (on behalf of Rob Wilson), Val Jones (via telephone), Jane Eminson, Sarah Broomhead

1 Apologies for absence were received from Steve Snart, David Orme, Rachel O'Connor, Rob Courteney-Harris, Roger Stedman, Sue Doheny and Rob Wilson.

2 Notes of the meeting held on 20th March 2015 were agreed as a correct record.

3 **Actions and matters arising from the last meeting:** All actions had been completed except for improving the health economy agreement to the work programme, including information about their responsibilities and the cost of cancellation. The Board discussed the stage at which this should take place. It was agreed that confirmation should be sent to the WMQRS Leads in all relevant organisations after the Scoping Meeting. This communication should indicate the scope of the work being undertaken, timescales for completion, mutual responsibilities and implications of cancellation. CCG CEO / Accountable Officers should be copied into the communication.

Action: WMQRS to introduce confirmation of work programme topics after Scoping Meetings.

4 **Election of Chair and Vice-Chair:** The Board agreed to elect Simon Hairsnape as Chair and Richard Kirby as Vice-Chair for a further two year period. Board members thanked Simon and Richard for their work on behalf of WMQRS.

5 **Review Programmes: Progress Report**

The Board discussed and noted the progress report. In relation to the West Midlands work programme, the Board considered the work involved with topics that were suggested but then not taken forward. Jane Eminson explained that this sometimes involved several meetings, a literature review and significant WMQRS time; other topics could involve almost no WMQRS work. Other points suggested by Board members were:

- Monitoring use of the WMQRS website and use of WMQRS Standards
- Including a local summary at the front of the WMQRS Annual Report

Progress on these issues should be reported to the next Board meeting.

The Board also discussed the pressure on the Standards development and revision programme, especially because of pressure on the capacity of the WMQRS Acting Director and Assistant Director. The Board agreed the following:

- Priority should be given to finalising reports and preparations for review visits
- Standards which had reached their review date should remain on the website but be marked clearly as beyond their review date and 'use with caution'.
- The next Board meeting should receive a report on the Standards currently available and planned, opportunities for rationalisation and priority order for revision / development. Also, opportunities for linking with the West Midlands Clinical Senate and Networks to reduce potential for overlap and maximise collaboration.
- Health economies without agreed work programmes should be escalated (above WMQRS leads) as soon as possible.

Actions: WMQRS to:

- a. Monitor use of the WMQRS website and WMQRS standards and report to the next Board meeting.
- b. Prioritise finalising reports and preparations for review visits.

- c. For Standards on the website that have reached their review date: clearly mark as beyond their review date and 'use with caution'.
- d. Bring report on Standards covering items detailed above to the next Board meeting.

6 **WMQRS Issues and Finance Report**

Board members discussed and noted the report on WMQRS issues and finance. Board members asked that they be informed of the outcome of the UKAS assessment. Andy Matthews asked whether it was possible to see the detail behind the Board level reporting. It was agreed that Andy would arrange to talk with Claire Launder about this rather than including additional detail in Board reporting. The Board stressed, due to the pressure on management costs, WMQRS would need to become cheaper in the future.

Action: WMQRS to contact Andy Matthews to discuss the finance report.

7 **2014/15 Annual Report**

The Board agreed that the draft Annual Report could be circulated for sign off by email. The Board requested that this should happen as soon as possible, ideally within two weeks. The Board also agreed that a local summary should be put on the front of the Annual Report.

Actions: WMQRS to:

- a. Include a local summary at the front of the Annual Report.
- b. Circulated the draft Annual Report for sign off by email, ideally within two weeks.

8 **Evaluation of WMQRS**

The Board discussed the outline of plans for the evaluation of WMQRS. The Board supported the proposed approach with the following amendments:

- Options for the future should include consideration of closer alignment with the Clinical Senate and Networks, other NHS improvement architecture, Academic Health Science Networks as well as the CSU Strategy Unit
- The evaluation should also cover:
 - The benefits resulting from WMQRS work, including the impact on patient care (plus consequences and value added)
 - Stakeholder involvement and understanding
 - Benefits for commissioners and providers (separately)

Board members agreed to send any further comments on the proposed evaluation as soon as possible.

The Board agreed that open procurement from the Framework should be undertaken.

Actions:

- a. Board members to send any further comments on the proposed evaluation as soon as possible.
- b. WMQRS to amend the approach to include the amendments detailed above and move forward with procurement.

9 **Any other business**

Jane tabled an analysis of reviewers by employing organisation which had previously been requested by the Board.

There were no other items of business.

10 **Date of next meeting:** 18th September 10am – 12pm

ENCLOSURE 2

ACTIONS & MATTERS ARISING FROM LAST MEETING

Note	Action / Matter Arising	Who	Progress
3	Introduce confirmation of work programme topics after Scoping Meetings.	WMQRS	Done
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
5	Prioritise finalising reports and preparations for review visits.	WMQRS	Ongoing
5	For Standards on the website that have reached their review date: clearly mark as beyond their review date and 'use with caution'.	WMQRS	Done
5	Bring report on Standards to next Board	WMQRS	Covered in agenda item 6 (2015/16 Annual Plan)
6	Contact Andy Matthews to discuss the finance report.	WMQRS	Contacted by email on 6th August but no response
7	Include a local summary at the front of the Annual Report.	WMQRS	Done
7	Circulate the draft Annual Report for sign off by email, ideally within two weeks.	WMQRS	Circulated 17th August
8	Send any further comments on the proposed evaluation as soon as possible.	Board members	No further comments received
8	Amend the evaluation approach and move forward with procurement.	WMQRS	Done

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 28th August 2015. This is the final report of the 2014/15 programme. Overall, WMQRS delivered 46 of the 58 West Midlands 2014/15 'credits'.

Commissioned Reviews

- 2 Isle of Man: A review of women's and children's services will take place 12th-15th October 2015.
- 3 Haemoglobin Disorders: This review programme is progressing satisfactorily with 14 of 17 visits undertaken.
- 4 London renal: A planning workshop will take place on 9th October 2015. Review visits in summer 2016 are proposed.
- 5 Neonatal surgery: A strategic review will take place on 20th and 21st October 2015.

Standards Development

- 6 Progress with development of Quality Standards is covered under agenda item 6.

WMQRS Standards

- 7 Table 3 gives the final report on achievement of 2014/15 WMQRS standards:

	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	Final report issued within 85 working days
Yes	7	8	5	4	3	27	26	30	28
No	1	0	3	4	5	3	4	0	2
Total Yes + No	8	8	8	8	8	30	30	30	30
% YES	88	100	63	50	38	90	87	100	93

Table 4 shows the 2015/16 position.

- 8 Agreements of the 2015/16 work programme are more advanced than at this time in 2014/15. Work programmes for several health economies are still not fully agreed.

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 28th August 2015

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															x	0.3				x									x	
Coventry and Rugby								1.5							1			x	0.3			x										x
South Warwickshire	3	2.3				x	1		0.5						0.5																	
Worcestershire	7	5							2			3	x										x									
Herefordshire	2	3							1			2																				
Dudley	3.5	3							x			2	x																	1		
Wolverhampton	3	3		x							x	2	x								1											
Walsall	3	3										2																				
Sandwell & W. Birmingham	6	5		1	x		1		1		x	2	x										x									
South & Central Birmingham	3	3		1		x					x	1												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 28th August 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
------	---	----------------------------------------	----------------------------------------------------------------------------------------------------------	--------	-----------------------------------

Health Economy	No. Credits	Accountable organisations	Anticoagulant services	Problem Alcohol Use	Care Bundles	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/falls	Imaging	MENTAL HEALTH						Musculo-skeletal	Primary care	Reducing follow up appts	Neonatal surgery	Stroke	Strategy/system re-design	Transition	Theatres	Patient representative training	Urgent Care						
								Community /network	Critically Ill children	Emotional well-being	Looked After Children								Care of People with Learning Disabilities	Community services	Dementia	Acute pathway	Mental Health – aspects	Crisis Teams																
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						x	x				x																												
Coventry and Rugby							x	x				x																												
South Warwickshire	3														x																									
Worcestershire	7						x																																	
Herefordshire	2																																							
Dudley	3.5																																							
Wolverhampton	3																																							
Walsall	3																																							
Sandwell & W. Birmingham	6	x																																					0.5	
South & Central Birmingham	3																																						0.25	
N. & E. Birmingham (X city)																																						1		
Solihull	2.5					x																																	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	Final report issued within 85 working days	Notes
Dudley FEP	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 FEP	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 FEP	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	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	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 3rd 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	Y	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	Draft report was sent to Trust two days late due to checking amendments. Final report was sent thirteen days late to Trust, due capacity within the WMQRS team.
Sheffield HD	26 Mar 15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	
	Yes	7	8	5	4	3	27	26	30	28	
	No	1	0	3	4	5	3	4	0	2	
	Total Yes + No	8	8	8	8	8	30	30	30	30	
	% YES	88	100	63	50	38	90	87	100	93	

Table 4: 2015/16 Compliance with WMQRS Standards

<p>Visit Key: CIC: Critically Ill Children ED: Emergency Department HD: Haemoglobin Disorders TACIC: Transfer from Acute Hospital Care & Intermediate Care</p>	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 OA) Group within 35 working days of receiving HE comments	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	Y	Y	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	Y	
North Staffs 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 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	N	Issue of final report delayed due to handover of work
RJAH CIC	13-May-15	Y	Y	Y	Y	Y	Y	Y	Y	Y	
SATH CIC	12-May-15	Y	Y	Y	N	Y	Y	Y	Y	Y	
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	Y	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	Y	N	Issue of final report 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	N/A	
Dublin HD	21-May-15	N/A	N/A	N/A	N/A	N/A	Y	Y	N	N/A	Late consideration by SG due to cancellation of August meeting by leads.

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 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
Lewisham & Greenwich HD	02-Jun-15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	N/A	
Walsall Chronic Pain	09-Jun-15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	N/A	
North Staffs Theatres & Anaesth	10-Jun-15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	N/A	
SWB TACIC	16, 17 Jun 15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	N/A	
Guys & St Thomas' HD	17-Jun-15	N/A	N/A	N/A	N/A	N/A	N	Y	N/A	N/A	Draft report sent one day late to reviewers
SWB CIC	01-Jul-15	N/A	N/A	N/A	N/A	N/A	Y	Y	N/A	N/A	
BCHC Chronic Pain	02-Jul-15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	N/A	
Kings HD	08-Jul-15	N/A	N/A	N/A	N/A	N/A	Y	Y	N/A	N/A	
RWHT CIC - ED	14-Jul-15	Y	Y	N	Y	Y	Y	Y	N/A	N/A	IR response received one day late from Trust
				% standards met							
Yes		4	5	4	3	4	16	18	14	6	
No		1	0	1	2	1	4	2	2	2	
Total Yes + No		5	5	5	5	5	20	20	16	8	
% YES		80	100	80	60	80	80	90	88	75	

Purpose of Report:

This report updates the Board on progress with the WMQRS 2015/16 Annual Plan

Key Points:

- 1 The WMQRS 2015/16 Annual Plan was agreed in March 2015. This report shows progress with the work. Progress is satisfactory. Some work is behind schedule and will not be progressed until a) full implementation of the organisational development work and b) recruitment of a replacement Quality Manager.
- 2 The Quality Standards work is behind the original plan. WMQRS is planning to focus on updating Quality Standards during the winter 'lull' in review visits.

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 recommended to note the contents of this report.	

APPENDIX 1: Progress against WMQRS 2015/16 Annual Plan

Plan for 2015/16	Progress	
General		
Improve service user and carer involvement across all aspects of WMQRS work	Some progress has been achieved, especially involvement in development of Quality Standards for the Care of Older People living with Frailty and for the Problem Alcohol Use Pathway. A training session for users and carer reviewers has been arranged in Wolverhampton in January. Development and implementation of an action plan for this work was a specific objective for the WMQRS Quality Manager but was not achieved. Significant further work will not be possible until a new Quality Manager is appointed.	
Continue collaborative work with SCNs and Midlands & Lancashire CSU	Ongoing collaboration on metrics and proposal for work with South Warwickshire CCG.	
Achieve compliance with ISO/ IEC 17020 and UKAS accreditation	Two review assessments and a two-day office assessment took place in July. WMQRS has been verbally informed that it has been recommended for accreditation, although this still has to be scrutinised, approved and ratified.	
Participate in national 'Accreditation Alliance' work	WMQRS has continued to be involved in this work.	
Improve communication with QRS leads and CCGs. Arrange three to four times a year meetings/teleconferences	Telephone conferences have taken place more often with health economies where the programme has not been completely agreed. Regular monitoring meetings / teleconferences have not yet been implemented. Monthly bulletins and updates on progress with the work programme have been issued.	
Attend relevant NHS England meetings of Quality & Safety Leads / Directors of Nursing at least once a year	Achieved in part. Changes in meeting arrangements have made this difficult to achieve in full.	
Analyse participation in WMQRS work by organisations and reviewers	Participation of reviewers, by health economy, in peer review visits has been analysed and reported in the WMQRS Annual Report 2014/15. Participation by health economies is identified in the monthly health economy update.	
Meet with organisations with low participation to increase awareness and involvement	Some meetings have taken place but not yet a systematic approach to this issue.	

Plan for 2015/16	Progress	
Develop and implement a programme of awareness raising about WMQRS	Not yet started.	Red
Quality Standards		
See Quality Standards development and updating plan		Yellow
Develop and implement a feedback mechanism for Quality Standards	Not yet started	Red
Reviewer Recruitment		
Introduce video clips for WMQRS website and reviewer training	Filming of video clips has been completed. Editing, scripting and voice-over work is outstanding.	Yellow
Explore using senior managers and clinical 'champions' as reviewers	Not yet started	Red
Review Preparation		
Increase face to face and telephone support to organisations preparing for review	An offer to meet clinical teams is now made at visit planning meetings. An 'on-track' telephone call takes place seven weeks in advance of a review.	Green
Review visits		
2015/16 Review Plan to be developed through agreement with Health Economies	Progress with agreeing the 2015/16 programme is better than at this point in 2014/15. A full work programme has not yet been agreed.	Yellow
Reports		
Support Clinical Leads in improving report writing	Training sessions were held with Haemoglobin Disorders review programme. Clinical leads meeting was held on 10 th September and considered consistency of reports	Green
Evaluations		

Plan for 2015/16	Progress	
Fully implement evaluation arrangements	<p>To improve response rates:</p> <ul style="list-style-type: none"> • Reviewer training evaluations and visit evaluations are now issued on the day • Health economy visit evaluations are now undertaken via telephone <p>Health economy product evaluations have been undertaken in some instances as a part of health economy sign-off conference calls. Others have been sent to health economies via email three months post-publication of the visit report.</p>	
Explore approaches to independent evaluation	A specification for an external customer review was issued to five potential suppliers in August. Proposals have been received from two; GE Healthcare Finnermore and Midlands & Lancashire Commissioning Support Unit. Proposals will now be assessed against the specification criteria and discussion held with those suppliers meeting the criteria. Timescale for completion: 31 st December 2015.	
WMQRS Team		
Continue arrangements for meetings, team briefs and objectives	Team meetings take place every month, team briefings are circulated weekly along with weekly objectives.	
Consider project management software to improve scheduling and workload planning	Considered but unable to pursue in 2015/16 due to budget constraints. The WMQRS work programme therefore continues to be scheduled on excel software. Discussions on scheduling and capacity take place at monthly team meetings.	
Improve links from WMQRS work programme to calendars to clearly identify timelines	Work on establishing links between the software has yet to take place.	
Decision in relation to contacts database / CRM system	Decision taken not to pursue contacts database in 2015/16 due to budget constraints. Work to simplify existing spreadsheets still needs to be pursued.	
Introduce standardised WMQRS word templates	Not yet achieved.	
Implement changes proposed in the Establishment Review	Nearly completed (dependent on successful trial of alternative employment)	

Plan for 2015/16	Progress	
Improve team-working among WMQRS staff, including empowering more junior staff (may include a repeat/review of organisational work)	Some progress. Further progress will be made when establishment review is fully implemented.	
Identify and implement programme of work to improve WMQRS 'customer service'	Development and implementation of an action plan for this work was a specific objective for the WMQRS Quality Manager but was not achieved. Significant further work will not be possible until a new Quality Manager is appointed.	

Quality Standards due for revision	Revision due	Notes
Services for People with Stroke (Acute Phase) & Transient Ischaemic Attack	2015 Apr	Front cover updated to include statement that QS beyond review date and should be used with caution. Literature review undertaken. Revision originally planned for June 2015 but will be undertaken in Sept/Oct 2015.
Urgent Care Services	2015 Apr	Front cover updated to include statement that QS beyond review date and should be used with caution. Revision originally planned for June 2015. Full revision will start in Nov/Dec 2015.
Services for People with Vascular Disease	2015 Apr	Front cover updated to include statement that QS beyond review date and should be used with caution. Literature review undertaken. Revision originally planned for June 2015 but will be undertaken in Nov/Dec 2015.
Theatres and Anaesthetic Services	2015 May	Originally approved only for one year. Subsequent use has shown need for minor revisions only. Revision date to be extended to October 2015 to allow for revisions following planned review visits.
PICS and CIC Standards for the Care of Critically Ill Children	2015 June	Being revised. Revised draft Standards (version 5) will be available before revision date. Expected publication December 2015.
Enhanced Primary Care	2015 July	Originally approved only for one year. No further amendment required by Solihull CCG following experience of use.
Dementia Services	2015 Dec	Revision not yet started
Mental Health Services		
Health Services for PWLD		
Care of Vulnerable Adults in Acute Hospitals	2015 Dec	Further work needed following development of Qs for Care of Older People living with Frailty

Quality Standards in development	Expected completion	Notes
Clinical governance	2015 Oct	Regional consultation ended 10th June. To be considered by QAG in October.
Eye care	2015 Sept - Dec	Completion delayed due to original sponsoring CCG withdrawing from development process. It has taken some time to engage other interested stakeholders. Timescales for completion are still not clear.
Problem alcohol use	2015 Sept	Regional consultation ended 24th July. Considered by Steering Group in September. Publication by 30 Sept.
Care of older people living with frailty	2015 Oct	Regional consultation ended 14th Aug 2015. Considered Steering Group in September. Publication by 30 Sept.
Gynaecological services	2015 April (draft)	Developed. Draft Qs will be used by the Isle of Man for review visit in October 2015.
Care of children with long-term conditions	2015 April (draft)	No longer required. Alternative approach being taken for Isle of Man review.
School nursing	-	Isle of Man have developed their own Standards
Health visiting		
District nursing	To be confirmed	Topic for Isle of Man review visit in March 2016. WMQRS still investigating availability of appropriate Qs. Further discussion with Isle of Man in October planned.
Continence and other supportive services for older people		
Wound management		
Safeguarding adults		

Purpose of Report:

This report recommend a change to the WMQRS Principles & Approach in relation to a) the DBS/risk-assessment process for user and carer reviewers and b) the definition of serious incident.

Key Points:

- 1 The WMQRS Principles and Approach document states that WMQRS:
 - Will only use as reviewers service users and carers who have been vetted (DBS checked), or risk-assessed in accordance with the Sandwell & West Birmingham Hospitals NHS Trust policy where timescales have precluded vetting.
 - WMQRS (through Sandwell & West Birmingham Hospitals NHS Trust) will arrange for user and carer reviewers to be vetted.
- 2 For some months WMQRS has sought, unsuccessfully, to arrange a process with Sandwell & West Birmingham Hospitals NHS Trust Human Resources department for obtaining DBS checks. Local and national guidance and advice received is inconsistent as to whether reviewers are required to have a DBS check given the frequency of type and of reviews undertaken.
- 3 WMQRS therefore proposes the following process:
 - WMQRS will accept current enhanced or health or social care-related DBS checks undertaken for other organisations.
 - Where a current enhanced or health or social care-related DBS is not in place, WMQRS will a) ask user and carer reviewers to submit a self- declaration form in accordance with the Sandwell & West Birmingham Hospitals NHS Trust policy, b) risk-assess the reviewer prior to each review and c) notify the clinical lead for the visit that the reviewer will need to be accompanied whilst undertaking a review.

Financial, Human Resources and Legal Implications:	No financial, human resources or legal implications are identified.
Equality impact	Consistent application of the agreed DBS process will reduce inequalities in the approach to user reviewers undertaking visits.
Recommendation:	
The Board is recommended to approve the changes to the WMQRS Principles & Approach in relation to the DBS/risk-assessment process and definition of serious incident.	

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 took place on 23rd and 24th July. Initial feedback was that WMQRS would be recommended for UKAS accreditation with some 'improvement notices'. All 'improvement notices' were addressed during the office assessment. The full report is expected from UKAS to confirm this and an update will be given at the Board meeting.

Post of WMQRS Director Post

- 2 Jane Eminson commenced employment with Sandwell & West Birmingham Hospitals NHS Trust as WMQRS Director on 1st September 2015.

Quality Manager

- 3 Sue McIldowie has now left WMQRS. 'Key Opps' who have experience of running the previous Haemoglobinopathy Disorders programme under WMQRS governance have taken on the running of the National Haemoglobinopathy Disorders programme until the end of March 2015. WMQRS will commence recruitment to the vacant post, with the aim of someone starting post in early 2016.

Establishment changes

- 4 Redeployment of the WMQRS administrative assistant has commenced.

WMQRS Financial Position

- 5 Table 5 summarises the WMQRS financial position as at July 2015. There are no significant issues for the Board to consider.

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 4

INCOME				
Source	Annual Budget £	Income Year to Date (M4) £	Variance Year to Date (M4) £	Notes
Carry forward from 2014/15	52,500	52,500	0	
CCGs	305,978	180,250	-125,728	Invoices raised to 22 CCGs. Payment received from 14.
Commissioned reviews:				
Isle of Man	55,812	0	-55,812	Invoice not yet raised
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
Commissioned review subtotal	89,262	19,200	-70,062	
TOTAL	447,740	251,950	-195,790	Redundancy fund excluded from total

EXPENDITURE					
Allocated funds	Annual Budget £	Budget Year to Date (M4) £	Spend Year to Date (M4) £	Variance Year to Date (M4) £	Notes
Pay	263,486	73,443	70,899	2,543	
Hosting costs	75,000	25,000	24,976	24	
Non-Pay	145,054	55,155	35,107	20,048	Late submission of Director invoice
Carry forward from 2014/15	-35,800	-35,800	-35,800	0	
Subtotal	447,740	117,797	95,182	22,615	