

WMQRS BOARD MEETING

Date: Wednesday 24th January 2018

Time: 2.00 pm – 4.00 pm

Location: Barnsley Hall, Barnsley Hall Road, Bromsgrove, Worcs, B61 0TX

Option to join by telephone conference:

- Please dial 0800 917 1950
- When prompted, enter the Participant Passcode: 83298861 then #

AGENDA

1.	Apologies for absence	
2.	Notes of the meeting held on 27 th September 2017	Enclosure 1
3.	Actions and matters arising from the last meeting	Enclosure 2
4.	Review Programmes – Progress Report	Enclosure 3
5.	Strengthening User and Carer Engagement	Enclosure 4
6.	2018/19 'Offer'	Enclosure 5
7.	WMQRS Issues and Finance report	Enclosure 6
8.	Reflections two weeks in post, and other work progress	Enclosure 7
9.	Any other business	
10.	Date of next meetings: Friday 16 th March 2018, 11.00 am -1.00 pm, Barnsley Hall Wednesday 27 th June 2018, 2.00 pm – 4.00 pm, Barnsley Hall Wednesday 19 th September 2018, 10.00 am – 12.00, Barnsley Hall Wednesday 19 th December 2018, 2.00 pm – 4.00 pm, Barnsley Hall	

ENCLOSURE 1

NOTES OF THE TELEPHONE CONFERENCE HELD ON 27TH SEPTEMBER 2017

Present: Simon Hairsnape (Chair), Prof Simon Brake, Helen Lancaster, David Orme, Dr John Oxtoby, Rob Wilson

In Attendance: Sarah Broomhead

Formal apologies for absence were received from Dr Matthew Banks, Andy Butters, Chris Day, Nick Flint and Richard Kirby.

Difficulty in maintaining quoracy for Board meetings and telephone conferences was noted and Simon Hairsnape agreed to reflect on the issue.

1. Notes of the meeting held on 13th July 2017 were agreed as a correct record.

2. **Actions and matters arising from the last meeting**

Actions and matters arising from the last meeting were noted.

3. **Review Programmes – Progress Report**

Sarah briefed the Board on the position of the review programmes.

It was noted that the 2017/18 West Midlands work programme was broadly on track apart from a delay in agreeing a work programme with Sandwell and West Birmingham health economy. Concern was raised that the Sandwell and West Birmingham health economy was at risk of not utilising their credits. The Board suggested that the issue should be escalated to Andy Williams Accountable Officer at the CCG.

The Board enquired if reasons had been given why the Health Foundation Eye Care review programme bid had been unsuccessful. Sarah updated the group on the feedback received. The panel had recognised that the proposal was seeking to address a significant health issue of improving standards of eye healthcare services using a peer review approach. However, the panel felt more detail was expected around the delivery plan, key metrics as well as the process of data collection and analysis.

SB reported that updating of other Quality Standards remains behind schedule but this was expected due to the capacity issues within the team.

The Board noted the Review Programmes – Progress Report.

Action: Sarah to contact Andy Williams Accountable Officer

4. **Access to Quality Standards for Trusts in non-subscribing areas**

The Board discussed the question of access to the Quality Standards for non-subscribing areas and agreed the actions that had been proposed. WMQRS to continue to monitor usage and Sarah to contact higher user organisations to enquire of their reasons for accessing the Quality Standards.

Action: WMQRS to continue monitoring and Sarah to contact higher user organisations.

5. **WMQRS Issues and Finance Report**

The Board noted the contents of the WMQRS Issues, WMQRS 2017/18 Action plan and Finance Report, including the Month 5 financial position.

The Board asked to be updated on the outcome of the Director interviews being held on the 29th September. Simon Hairsnape agreed that if an appointment was unsuccessful then the Board would need to have some discussion about a way forward.

The meeting with Simon Hairsnape, Peter Spilsbury and other CSU members to plan the marketing approach for the 2018/19 discussions with CCGs and others would be taking place on the 29th September.

The Board wished the team well for their UKAS annual accreditation review taking place on 28th September 2017.

The Board expressed their thanks to Sarah and the team for their hard work in managing the review programmes in the absence of a Director and Assistant Director.

Action: WMQRS to update Board members on the outcome of the Director recruitment processes.

6. **Date of next meeting:**

Planned for Tuesday 12th December 10.30 – 12.30 as face to face meeting.

Chair and Vice Chair have sent apologies. Simon Hairsnape to confirm if he will be able to attend or whether another date will need to be identified.

Action: WMQRS to liaise with Simon Hairsnape. Date and venue to be confirmed.

ENCLOSURE 2 ACTIONS & MATTERS ARISING FROM LAST MEETING

Note	Action / Matter Arising	Who	Progress
13th July 2017			
4	Ensure Trusts in areas which do not have WMQRS credits (ie. Subscription or non-funding areas) are aware of the new arrangements and that they can commission work from WMQRS. Briefing to be copied to Richard and Helen.	New Director to address	In process of being developed
27th September 2017			
Attendance	Consider any actions to help improve attendance at Board meetings	Simon Hairsnape	Update at the meeting
3	Sarah to contact Andy Williams Accountable Officer	Sarah	Done
4	WMQRS to continue monitoring QS website downloads and contact higher user organisations	Sarah	Done
5	WMQRS to update Board members on the outcome of the Director and Assistant Director recruitment processes.	Simon Hairsnape	Done
6	Confirm date for next meeting	Simon Hairsnape and WMQRS	Done

ENCLOSURE 3 REVIEW PROGRAMMES – PROGRESS REPORT

Purpose of Report:

This report updates the Board on progress with the WMQRS review programmes.

- 1 Appendix 1 shows the position of the 2017/18 West Midlands work programme as at 11th January 2018. A number of planning and scoping meetings have taken place and reviews planned. For February – April. The outlier remains Sandwell Health economy where no progress has been made since the last Board meeting.

West Midlands Reviews

- 2 **Sandwell Health Economy:** a work programme has still not been agreed. The topics identified with the CCG in September awaiting agreement by SWBH are no longer being pursued. The Accountable Officer is aware and further discussions with WMQRS Director are taking place. As a consequence, it will not be possible to deliver all the Sandwell credits by March 2018.
- 3 **Walsall Health Economy:** Work on the ‘deteriorating patient’ topic has suspended due to other issues at the Trust. The CCG are aware and will discuss at their February CRM. There is a risk that the health economy will not utilise all their available credits.
- 4 **Worcestershire Acute Trust:** Quality Improvement work has been completed.
- 5 **Spire Healthcare: Parkway Hospital Solihull:** Theatres and Anaesthetic services. The report is in the process of being finalised.

Commissioned reviews:

- 6 Isle of Man review programme: A review visit took place on the 3rd, 4th and 5th October the report is in the process of being finalised. Following feedback from the IOM Executive Team, Tim Cooper and Jane Eminson have held discussions with the IOM Department of Health and Social Care Chief Executive and Executive Leads and changes have been made to the final review (March 2018).
- 7 National Inherited and Acquired Blood Disorders Programme (IABD) in partnership with the United Kingdom Haemophilia Centre Doctors’ Organisation (UKHCDO): Quality Standards and the review programme process are due to be finalised at the UKHCDO meeting in January. Securing funding for the work undertaken to date and the review visit programme has been delayed due to lack of agreement of participating Trusts to agree to the programme. There is also an issue that the clinical lead for the programme at the UKHCDO has being off work since November. WMQRS is liaising with the Chair of the UKHCDO to resolve this issue. To date there is a risk that the £73,000 expected income for this year will not be forthcoming. This poses a considerable financial risk to WMQRS. An update will be given at the meeting.
- 8 Support to the design of a programme of peer review visits to Canada’s services for people with haemoglobin disorders has commenced.
- 9 NHS Coventry and Rugby and NHS Warwickshire North CCG have commissioned a review of Community Paediatrics. WMQRS has agreed to undertake this review at a lower cost this year with the agreement that the CCG will be subscribing to WMQRS in 2018/19.

Pipeline work:

- 10 British Rheumatology Service (BRS): WMQRS has been contacted to submit a proposal to develop Quality Standards, review programme and to undertake 10 review visits. A meeting to discuss further with BRS is taking place on 15th January and an update will be given at the meeting.

Standards Development

- 11 Updated Quality Standards for Services for People with Stroke or Transient Ischaemic Attack have been finalised.
- 12 Updated Quality Standards for Health Services for People with Haemoglobin Disorders have been finalised

<p>13 A suite of Generic Quality Standards with added prompts for a range medical specialities (initially developed for use by the IoM health services) has been finalised.</p> <p>14 Updating of other Quality Standards is still behind schedule.</p> <p>WMQRS Standards</p> <p>Appendix 2 gives the current position on achievement of WMQRS standards.</p>

Financial, Human Resources & Legal Implications:	Progress with securing commissioned reviews has implications for the WMQRS financial position in 2017/18 and 2018/19.
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.	

Appendix 1: 2017/18 WMQRS West Midland Reviews

Key:	x	Topic considered but not being pursued		Discussed but awaiting confirmation (NB. Provider & commissioner agreement needed for topic to go ahead)		Agreed		Completed		Standards development involvement		
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Health Economy	Credits committed to date	Available Credits	STP Area Total credits	[Children & Young People] Critically Ill children	[Children & Young People] Emotional well-being	Cancer Waiting Times	Community OT & Physiotherapy	Children's Occupational Therapy	Community Nursing	Deteriorating Patient	Eye care	End of Life Care	Frail elderly incl safeguard/falls	Imaging	Minor injury Units	[Mental Health] Crisis Teams/	Patient flow / Inter dept. handover	Maternity	Medical Pathways	Musculo-skeletal	Quality Improvement	Reducing follow up appts	Strategy/system re-design	Theatres	Ambulance Services	
Worcestershire	6.5	5.5	7.5				1	1							x						2.5		x	2		
Herefordshire	2	2				x			x		1	1					x									
Wolverhampton	2	2.5	10	1							*		*	1				x	x							
Walsall	3	3								1				1			x	1								
Sandwell & W. Birmingham	0	5.5									x										2.5		1.5	x	2	
Birmingham CrossCity	1	0	0	1																						
Solihull	2	2.5	0		1																			1		
Totals	16.5	21																								

* Subject to CCG agreement: to carry forward 0.5 credit and undertake as part of 2018/19 programme

Appendix 2: Compliance with WMQRS Standards

Visit Key: CIC: Critically Ill Children	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
2017/18 Work Programme										
Dudley Eye Care Pathway	07-Jun-17	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	N/A
ROH CIC	21-Jun-17	Y	Y	Y	N	Y	Y	Y	Y	Y
Shropshire Quality	11-Jul-17	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y
Worcs Acute Quality - Wards	25th & 26th Sep 17	N/A	N/A	N/A	N/A	N/A	N/A	Y	Y	Y
IOM Review 7	4th & 5th Oct 17	Y	Y	Y	N	Y	Y	Y	N	
Wolv CIC ED	17-Oct-17	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	
Spire Theatres	02-Nov-17	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	
% standards met										
Yes		2	2	2	0	2	6	7	6	3
No		0	0	0	2	0	0	0	1	0
Total Yes + No		2	2	2	2	2	6	7	7	3
% Yes		100	100	100	0	100	100	100	86	100

ENCLOSURE 4 STRENGTHENING USER AND CARER INVOLVEMENT

Purpose of Report:

As part of the WMQRS Annual Plan 2017/18 this report updates the Board on the action being taken to improve service user and carer involvement across all aspects of WMQRS work. This paper was also considered by the WMQRS Quality Assurance Group on the 10th January 2018.

Key Points:

1. The involvement of service users and carers in the WMQRS work programme is crucial to helping improve the quality of health services.
2. Those who participate have a variety of knowledge and experience and can reflect on their current or previous experience of accessing care and treatment to offer insights and expertise with regards to the work programme.
3. Involvement of users and carers in the WMQRS Board and Quality Assurance Group has remained stable and our thanks go to everyone for their ongoing support. However, involvement in other aspects of WMQRS work has not always been achieved and it is becoming increasingly difficult to secure input. This risks undermining the programmes credibility.

Some of the concerns identified are:

- a. Quality Standards development: Often able to identify users and carers but involvement is not consistent. People engage for the first few meetings and then do not attend.
 - b. Involvement to date has been restricted, in the main, to those who do not require payment for their time. Reviewers are reimbursed for any travel and WMQRS pay for hotel accommodation, if required. However, WMQRS is not funded to pay an honorarium unless funded by the sponsoring network.
 - c. Reliance on a small number of existing user and carer representatives may not have the correct level of expertise across various topics or the appropriate level of independent input.
 - d. Recruitment: particularly from children (under 18) and young person (18-25+) age groups.
 - e. Changes to the review programme has broadened the geographical area covered which may reduce the ability to recruit more 'local' representatives.
4. The attached action plan includes specific actions to be taken in order to try and improve user and carer engagement.

Financial, Human Resources & 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.

Recommendations: The Board is asked to note the contents of this report and approve the attached action plan.

Action		Output	Target date	Review date	Outcome	Comments
1.	Identify potential new sources of user and carer groups (including established local and national network groups)	List of potential groups by health economy	March 2018 and then ongoing as work programme is developed	March 2018	Increase WMQRS awareness of related health groups in the WM	
2.	Identify patient and public leads in Trusts and CCGs	List of Lead contacts	March 2018	March 2018	Increase WMQRS awareness of related health groups in the WM	Admin to support development of list of PPI leads/contacts in Trusts and CCGs
3.	Identify and make contact with WM Healthwatch groups	List of groups and named contacts	February 2018	March 2018	Increase WMQRS awareness of related health groups in the WM	Admin to identify groups and lead contact names
4.	Contact those identified in 1-3 to discuss function of WMQRS and how they could be involved in its work		April / May 2018 and then ongoing as work programme is developed	May 2018	Increase WMQRS awareness of related health groups in the WM	
5.	Attend groups identified above, where appropriate, to discuss potential involvement in the WMQRS work programme		Ongoing	May 2018	Increase awareness of related health groups in the work of WMQRS	
6.	Develop information detailing how user and carers can be involved and the benefits that they can bring.	<ul style="list-style-type: none"> • Flyer • FAQs • Website • Social media 	May 2018	May 2018	Information developed for future use	Admin to support development of docs (formatting etc.)
7.	Develop / amend training material for user and carer training	Training package	May 2018	May 2018		

ENCLOSURE 5: 2018/19 OFFER

Purpose of Report: Is to update the Board on the progress to secure funding for 2018/19

Key Points:

1. For 2017/18 the offer to West Midlands Health economies resulted in some health economies subscribing to a review programme and others subscribing to access WMQRS products only (Quality Standards, Reviewer opportunities and bulletins).
2. The proposal is that WMQRS should offer both opportunities for 2018/19.
3. It is proposed to contact all those organisations in January 2018
4. Those who have subscribed to products only will be approached to do the same again. These include: Coventry, Rugby & N Warwickshire have committed to subscriptions; Dudley, Birmingham Cross City, South and Central (now BSOL- supported us with a programme but only for this year because of the merger), Shropshire and Telford & Wrekin.
5. As organisations change within the new systems; WMQRS will need to have a flexible approach, especially during any transition.
6. The offer for beyond 2018/19 is under review and may be better targeted at STP's.
7. Work with Staffordshire health economy on community nursing and self-sustaining teams is looking to identify previously declined activity to this work.

Financial, Human Resources & 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.

Recommendations: The Board is asked to discuss the proposed way forward

ENCLOSURE 6: WMQRS ISSUES AND FINANCE REPORT

Purpose of Report: This report updates the Board on issues relating to the WMQRS team.

Key Points:

- 1 WMQRS second Assistant Director Racheal Blackburn commenced in post at the beginning of November.
- 2 Tim Cooper, Director commenced on the 1st January.
- 3 UKAS undertook their annual accreditation review on 28th September 2017. Accreditation was achieved with no recommendations. Dates for UKAS to undertake their review visit witness assessments have been offered and likely to take place in April.
- 4 Andy Butters has retired from his current post and therefore resigned from the WMQRS Board as Acute Trust/ Clinical Governance representative. The Board are asked to consider a replacement member in terms of the overall composition of the Board.
- 5 Table 1 summarises the WMQRS 2017/18 budget spend to date and the forecast for the year.
- 6 The budget shows that we have used the historic funding (£79k) from the IoM to support this year's budget.
- 7 The risk to budgets is on the Haemophilia Review Programme. A change in plan is requiring us to bill providers. Should they refuse to pay, this may impact 18/19 budget.
- 8 Overall; the budget is set to break even, with a slight surplus. This surplus relates to IoM Review 7 and so (as its non-NHS) can be carried forward to 18/19 budget.
- 9 A plan to negotiate funding and identifying additional commissioned reviews for 2018/19 has commenced.

Financial, Human Resources & 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.

Recommendations: The Board is recommended to note the contents of this report.

Table 1: 2017/18 Financial Position (Month 09)

INCOME						
Source	Annual Budget £	Year to date	Variance year to date	Forecast Outturn	Forecast outturn Variance	Notes
Carry forward from 2016/17	79,000	79,000	0	79,000	0	
CCGs	135,193	135,193	0	135,193	0	
Commissioned reviews:						
Isle of Man	65,000	0	-65,000	65,000	0	May not all be invoiced in 17/18.
NHS England Eye care Qs	5,000	5,000	0	5,000	0	
Shropshire CCG Quality review	5,000	0	-5,000	5,000	0	
Haemophilia review programme	73,251	0	-73,251	73,251	0	Some additional costs not yet included in forecast expenditure.
Commissioned review subtotal	148,251	5,000	-143,251	148,251	0	
TOTAL INCOME	362,444	0	219,193	-143,251	362,444	0 Redundancy fund excluded from total

EXPENDITURE							
Allocated funds	Annual Budget £	Budget Year to Date £	Spend Year to Date £	Variance Year to Date £	Forecast Outturn	Forecast outturn Variance	Notes
Pay	250,527	187,562	130,295	57,267	250,527	0	Includes apprenticeship levy.
Hosting costs	38,419	28,809	28,809	0	38,419	0	Not yet agreed. Subject to discussion with M&L CSU. WMQRS estimate £36211. Does not include haemophilia income.
Non-Pay	57,000	42,714	16,655	26,059	57,000	0	Includes £5,000 relating to 16/17 activity. Does not include additional non-pay costs relating to haemophilia programme.
TOTAL EXPENDITURE	345,946	259,085	175,759	83,326	345,946	0	
INCOME - EXPENDITURE	16,498				16,498	0	

ENCLOSURE 7: Reflections – two weeks in

This paper is written to reflect on my first two weeks in post, and propose to the board a programme of work to be considered.

Governance

Quality Assurance Group. The QAG is the group that (largely) has oversight of the quality of reports. It is chaired by a user representative and has clinical and management involvement. The QAG signs off reports for publication and ensures they have sufficient quality and depth of challenge. This is an important function; however, I cannot see how and where the board are sighted on this activity other than by default from the work in progress. The board should receive at a minimum a summary of the work programme of QAG.

We now have two assistant directors in post (Sarah Broomhead and Rachael Blackburn). With the boards agreement I would like to invite them to be observers at the board on occasions. Given their senior role in the team and its decision making, and also that they would deputise for me; it would seem sensible that they are hearing the board discussion.

Widening the brief

I have met with senior leads from NHS Improvement in both the North and West Midlands patches. These have been productive, and it is clear there is a potential role for WMQRS in answering questions relating to the difficult challenges within the system. A targeted approach to known problems. They sketched out three well known local problems, and we were able to make a constructive response to all three.

Much of the work to date has had a greater focus on clinical review against quality standards. With the appointment of Rachael Blackburn in November (who has a strong background in trust and system governance) we can strengthen our offer in this area.

The strategy unit are developing (with my input) a model to support innovative development of teams to empower enhanced delivery. The early thinking of this is that it would initially be focussed on community nursing teams. This is focused on self-improving teams. Early discussions with the Staffordshire STP have shown some traction. As part of this the WMQRS may be asked to develop some quality standards with teams based on models of delivery and peer review against those standards. This is early work; but is believed to have both benefit nationally and beyond healthcare.

In support of this I have been invited to join a meeting on the Buurtzorg Model (19 January) at Guys and St Thomas' Trust. The Buurtzorg model is one such model of innovation of community nursing. It will also give us an opportunity to raise the profile of WMQRS beyond the West Midlands.

We have been approached by the Deputy Chief Executive of the NHS Transformation Unit in Manchester. The TU provides comprehensive programme and project management support to large scale major transformation programmes. They do not have a model of peer review and are interested in exploring whether WMQRS could fill that gap. This is on 26 January.

Raising the profile

If WMQRS is to avoid being dependent on a narrow income stream (with its associated risks) then we must diversify and seek business elsewhere. We are the only UKAS accredited review team in the country and have a unique offering to those who want a review that has wider credibility.

We have looked at the opportunity of attending conferences where we might raise our profile and develop new business.

We have looked at the Patient Safety First Conference in London in June 2018. Last year there were 6,000 delegates; 50% of attendees are Board level or Director level posts; 96% of all delegates said they have purchasing influence; 93% of CCGs and 86% of NHS trusts were represented. This has a large reach.

I am proposing to take a small stand area in one of the delegate halls. The cost is £559 per sqm for the two days. I am suggesting a small area to test out whether this is likely to generate leads. As such 2-3sqm would cost less than £2,000, and yet if it generated one lead it would begin to pay for itself.

Some of the display areas are process specific (e.g. Theatres) where some are more general. I am not clear whether to target a niche market (we have good theatre standards and a strong record of review) or be more general (and risk getting lost in the masses).

This will help assess whether there is a market for WMQRS beyond the West Midlands.

Canada

Jane Eminson had begun a piece of work with clinicians in Canada about training reviewers. It is not thought we have capacity for this at present and would suggest that if Jane is willing to continue with this, we should let this happen. It is unlikely to lead to wider work and may become a distraction. WMQRS will still receive an income from hosting this work.

I propose to review my observations at the end of February

Tim Cooper

Director WMQRS

January 2018