

WEST MIDLANDS QUALITY REVIEW SERVICE

ESTABLISHMENT AGREEMENT

Version 8

Version No.	Date	Section Amended	Change from previous version
V6	07.04.15	3.1 3.6 5.5	Amendment to WMQRS Board section Addition of new section on term of appointment Minor amendment
V7	13.07.17	3.2	Change to Board membership
V8	20.07.18	3.2 5.1 5.2	Minor amendment to wording to reflect funding arrangements. Increase to provider board membership to reflect a representation from each STP Area. Approved at 19 th September 2018 Board Meeting.

1. PURPOSE

This paper sets out the principles, working arrangements and accountability of the West Midlands Quality Review Service which supports NHS organisations in improving quality. This forms part of these organisations' strategies to improve the quality of health care, in particular, by ensuring a robust framework of clinical quality assurance across their portfolio of services.

2. BACKGROUND

The West Midlands Quality Review Service (WMQRS) was set up on 1st April 2009 as a collaborative venture by NHS organisations in the West Midlands to help improve the quality of health services by:

- Developing evidence-based Quality Standards (suitable for inclusion in service specifications)
- Carrying out developmental and supportive quality reviews – often through peer review visits
- Providing development and learning for all involved

Expected outcomes are:

- Improvements in the quality, safety and outcomes of services reviewed
- Increased organisational confidence and competence in clinical quality assurance
- Organisations with better information about the quality of clinical services

3. WMQRS BOARD

3.1 The work of WMQRS is overseen by a Board with responsibility for:

- Agreeing the strategic direction for WMQRS
- Deciding the annual WMQRS work programme 'offer' to participating NHS organisations

- Supporting the WMQRS team in agreeing the annual work programme with participating NHS organisations
- Agreeing the WMQRS 'Principles and Approach' and any changes to this
- Oversight of delivery of the annual programme
- Ensuring evaluation of WMQRS.

3.2 The Board has the following membership:

- Two patient members¹
- Four commissioner representatives:
 - Three Clinical Commissioning Group Board (CCG) Members, one from each of the a) Shropshire and Staffordshire, b) Arden, Herefordshire and Worcestershire and c) Birmingham and the Black Country areas.
 - One NHS England representative with responsibility for commissioning specialised services for the West Midlands
- Six representatives, one from each STP area, from participating acute and non-acute Trusts: Chief Executive, Medical Director, Nursing Director (or other board level clinical healthcare professional) and Head of Governance.
- One representative from each participating Sustainability and Transformation Partnership
- One NHS England Regional Team representative from NHS England North Midlands or NHS England West Midlands.
- Representative of the West Midlands Clinical Senate and Networks
- Representative of the host organisation
- WMQRS Director

3.3 The Board is quorate when at least five Board members or deputies are present, including at least two representatives from commissioners and at least two representatives from Trusts. Board members will seek to ensure that they represent the views of the organisations they represent and that they communicate with the organisations they represent about the work of the Board.

3.4 Deputies will be allowed but should be individuals of similar standing to the representative who is unable to attend.

3.5 The Board will elect a Chair and Vice-Chair from among its members and will agree a period of office for the Chair and Vice-Chair.

3.6 All members of the Board will be appointed for an initial two year term. After two years the WMQRS Board Chair will review membership, taking into account the overall composition of the Board and its geographical and skills balance. Members may be asked to continue on the Board for a further two years after which a further review will be undertaken. There is no time limit to membership of the WMQRS Board.

3.7 The Board will meet at least three times a year. Special meetings of the Board may be convened by at least seven days prior notice at any time and for any purpose.

3.8 The Board will aim to achieve collective decision-making in a collaborative way through consensus. If the Board needs to take a formal vote on any issue, each member / deputy will have a single vote. In the event of a tied decision, the Chair will have a second and casting vote.

3.9 If any member becomes aware of any conflict of interest which relates to the decisions of the Board, this will be declared to the Chair for them to take action as appropriate. Such a conflict of interest could exclude the Member from voting on the matter.

¹ In order to ensure patient representation at meetings, a pool of up to six patient members will be recruited. This may mean that, on occasion, Board meetings are attended by more than two patient members.

4. HOST ORGANISATION

- 4.1 WMQRS will be hosted by a West Midlands NHS organisation. A separate WMQRS Hosting Agreement will cover this arrangement.

5. Funding Model

- 5.1 Contributions towards the core costs of WMQRS will be shared by participating STPs areas, through CCG contributions. These will be calculated on a capitation basis.
- 5.2 WMQRS will also generate income from other work to support the shortfall.
- 5.3 Participating NHS Trusts and CCGs will fund the cost of reviewers' time and travel expenses and will provide refreshments for reviewers during visits to their premises.
- 5.4 Funding for service user and carer expenses is included within the core team funding.
- 5.5 In the event of Chief Executives (or Accountable Officers) of participating NHS organisations deciding to cease support for WMQRS, all participating NHS organisations will cooperate in attempting to offer suitable alternative employment to WMQRS staff. If suitable alternative employment cannot be found, redundancy costs are covered by the WMQRS Hosting Agreement.
- 5.6 Commissioned reviews may be undertaken by WMQRS. The use of funding acquired through commissioned reviews will be decided by the WMQRS Board. If the WMQRS Board does not decide otherwise, any net savings or financial gain from these reviews will be distributed to participating CCGs on a capitation basis or used to reduce contributions in future years.

6. WITHDRAWAL FROM WMQRS

Any CCG or STP wishing to withdraw from funding WMQRS core team costs will give six months' notice in writing of their intention to withdraw. The WMQRS Board will then consider the financial implications and the implications for the viability of the overall WMQRS programme of work.

7. ACCOUNTABILITY

The WMQRS Board is accountable to the Chief Executives (or Accountable Officers) of participating NHS organisations for all its activities and has no power to commit additional resources without their agreement.

8. CONDUCT OF BUSINESS

The WMQRS Board will:

- Ensure notes are kept of its decisions
- Establish appropriate Steering Groups for the main clinical services within the annual programme
- Establish other appropriate sub-groups as required
- Communicate and provide regular reports to participating NHS organisations about the work of WMQRS
- Ensure prompt responses to requests for information about its work.

9. RESOLUTION OF DISPUTES

All parties agree to co-operate where practical in resolving disputes about the running and policy consequences of WMQRS's decisions. Where a major difference of opinion cannot be resolved the following options will be considered:

- Look for an option that does not dissolve WMQRS but allows a differential approach
- Refer the matter to the Chief Executives (or Accountable Officers) of participating NHS organisations for a decision.

10. AGREEMENT

This Establishment Agreement was agreed by on behalf of participating Clinical Commissioning Groups and Trusts:

CCG Agreement: Name: Professor Simon Brake Position: Chief Officer Date: 19th September 2018

Trust Agreement: Name: Richard Kirby Position: Chief Executive Date: 19th September 2018