

## WMQRS BOARD MEETING

Date: 20<sup>th</sup> March 2015  
 Time: 11.00am – 12.30pm  
 Location: Room 2, Jubilee House, Bloxwich Lane, Walsall WS2 7JL

### AGENDA

- |     |   |                            |
|-----|---|----------------------------|
| 1.  | Apologies for absence   |                            |
| 2.  | Notes of the meeting held on 12 <sup>th</sup> December 2014         | Enclosure 1                |
| 3.  | Actions and matters arising from the last meeting                   | Enclosure 2                |
| 4.  | Update on Board membership  | Verbal                     |
| 5.  | Review Programmes: Progress Report                                  | Enclosure 3                |
| 6.  | WMQRS Annual Review and Plan  | To follow                  |
| 7.  | WMQRS Principles and Approach                                       | Enclosure 4 and Attachment |
| 8.  | WMQRS Establishment Agreement                                       | Enclosure 5                |
| 9.  | WMQRS Issues and Finance report                                     | Enclosure 6                |
| 10. | Any other business  |                            |
| 11. | <b>Date of next meeting: 10<sup>th</sup> July 2015, 10am – 12pm</b> |                            |

Present: Simon Hairsnape (Chair), Nick Flint, David Orme, Val Jones, Rachel O'Connor, Richard Kirby, Rob Courteney-Harris (until 10.30am), Beverly Ingram, Ben Parfitt (on behalf of Richard Hancox), Jacqui Whitaker (on behalf of Roger Stedman), Jane Eminson

- 1 Apologies for absence were received from Salma Ali, Roger Stedman, Richard Hancox and Paul Martin
- 2 Notes of the meeting held on 12<sup>th</sup> December were agreed as a correct record.
- 3 Actions and matters arising from the notes of the last meeting were noted. In particular;
  - a. The revised WMQRS Establishment Agreement has been agreed by Simon Hairsnape and Richard Kirby on behalf of West Midlands CCGs and Trusts respectively.
  - b. WMQRS has reviewed the paediatric services section of four CQC reports published to date looking at consistency with WMQRS findings on the care of critically ill and injured children. The only inconsistencies were in the Burton Hospitals report. The view of the Critically Ill Children Standards and Peer Review Steering Group is that the WMQRS findings are correct and that the CQC have reached a different conclusion for reasons of which we are not aware. No actions are required.
  - c. Patient representative vacancy: seven expressions of interest were received. Following discussions with all the applicants, three applicants will be undertaking reviewer training and a review visit to gain more insight into the work of WMQRS, before being invited to join the Board.
  - d. No response has been received to date in relation to the WMQRS offer to Arden CSU regarding becoming an associate.

**Action: WMQRS to publish revised WMQRS Establishment Agreement on the WMQRS website**

#### 4 Board Membership and Deputies

The Board discussed whether it would be appropriate to have named deputies to alleviate the difficulties in achieving quoracy. Some concerns were expressed about the possible loss of consistency and the need for appropriate decision-making authority. It was agreed not to formalise deputy arrangements but to keep this under review.

#### 5 Review Programmes: Progress Report

The Board noted the report and supported the submission of a proposal for peer review of London's renal services, which, if accepted would help to reduce the budget shortfall in 2016/17.

#### 6 Evaluation Report

The Board received and approved the Evaluation Report of the 2013/14 WMQRS programme which expanded on the presentation made at the September WMQRS Board meeting and guidance given by Board members.

**Action: WMQRS to publish and circulate the 2013/14 Evaluation Report**

#### 7 2015/16 WMQRS Work Programme

The Board commented on the proposed arrangements for agreeing the 2015/16 work programme with health economies. The content, structure and style were well received and with the amendments detailed below, the 2015/16 Work Programme flier was approved:

- a. Addition of a section to the front of the flier to clearly state the purpose of the communication
- b. Addition of a section to describe what WMQRS is and its relationship with CCGs and providers.

**Action: WMQRS to amend and distribute the 2015/16 work programme flier.**

## 8 WMQRS Issues and Finance Report

**Accreditation:** A scoping meeting with the UK Accreditation Service took place on 12<sup>th</sup> November 2014. The meeting included discussion on the need for accreditation for a 'flexible scope' (ie. to review any health service, rather than accreditation only for review of specific services). The implication of this is that UKAS will look very closely at WMQRS processes for the development of Quality Standards. WMQRS will look at this in more detail in preparation for the pre-assessment which has now been arranged in March. The Board noted that if the requirements for this are more onerous than WMQRS can achieve, then the decision to go forward with UKAS accreditation may need to be re-visited and this would be brought back to the Board meeting in March.

**Organisational Development Work:** Recommendations from the organisational development work were implemented on a trial basis in November. This has identified opportunities for improving efficiency and changes in team roles that will need to be considered.

### **Director Post:**

The Board discussed the position in relation to the appointment of a substantive WMQRS Director. The Board agreed not to proceed with a full-time appointment at this stage. The Board supported the appointment of the Acting Director to a substantive post given a) the length of service in an acting role (five years nine months) and b) the lack of an appointment following an external recruitment process. It was agreed that the Chair should liaise with Sandwell and West Birmingham Hospitals NHS Trust human resources department to progress this matter.

**Action: Simon Hairsnape to liaise with Sandwell and West Birmingham Hospitals NHS Trust human resources department in relation to the WMQRS Director appointment**

### **WMQRS Financial Position:**

The Board noted the contents of the financial report and agreed the changes in the core team staffing.

### **Action:**

**WMQRS to submit a Business Case for the proposed staffing change.**

**WMQRS to request carry forward of the estimated end of year underspend to 2015/16.**

## ENCLOSURE 2

## ACTIONS &amp; MATTERS ARISING FROM LAST MEETING

Note	Action / Matter Arising	Who	Progress
3	Publish the revised WMQRS Establishment Agreement on the WMQRS website	WMQRS	Completed
6	Publish and circulate the 2013/14 Evaluation Report	WMQRS	Published and circulated to WMQRS Lead Contacts in Trusts and CCGs with copy to Chief Executives/Chief Officers on 19 <sup>th</sup> December.
7	Amend and distribute the 2015/16 work programme flier	WMQRS	Distributed to WMQRS Lead Contacts in Trusts and CCGs with copy to Chief Executives/Chief Officers on 19 <sup>th</sup> December.
8	Liaise with Sandwell and West Birmingham Hospitals NHS Trust human resources department in relation to the WMQRS Director appointment	Simon Hairsnape	Completed although confirmation still awaited.
8	Submit a Business Case for the proposed staffing change	WMQRS	Establishment review completed. Awaiting HR confirmation of required process.
8	Request carry forward of the estimated end of year underspend to 2015/16	WMQRS	Approval of carry forward received.

**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 Table 1 shows the position on the 2014/15 work programme as at 11<sup>th</sup> March 2015. This shows that several health economies are under-using their 'credit' allocations for this year. Some of these (Staffordshire, Shropshire, Worcestershire, Dudley, Wolverhampton and Sandwell & West Birmingham) are because sufficient topics were not identified. Others (Solihull and Herefordshire) asked for review visits to be rescheduled into 2015/16 thereby losing 2014/15 credits.
- 2 The table also shows how much of the work programme is 'back loaded'. As last year, review visits taking place up until July 2015 are counted against the 2014/15 WMQRS 'credit' allocation. The table also highlights the amount of WMQRS time taken up in scoping work which is not then taken forward.
- 3 The table probably underestimates the benefit to health economies of the WMQRS work on development of Quality Standards. Standards for eye care, care of frail older people and the problem alcohol use pathway are being developed. Several health economies are participating in this work even though they had not chosen the particular topic. WMQRS is also working with the Paediatric Intensive Care Society on revising the Standards for the Care of Critically Ill and Critically Injured Children.
- 4 WMQRS experienced a particular problem with health economies asking for visits scheduled in January and February 2015 to be deferred. Reviews of 'transfer from acute hospital care and intermediate care' in Walsall, Sandwell & West Birmingham, North and East Birmingham and Solihull, and Herefordshire were all deferred as was the review of care critically ill children in Sandwell and West Birmingham.
- 5 As previously agreed by the Board, WMQRS is trying to engage sooner and more proactively with health economies in relation to the 2015/16 work programme. This is proving valuable and, hopefully, 2015/16 work programmes will be agreed earlier in the year. The discussions have identified that Birmingham CrossCity CCG is unlikely to support any WMQRS work in 2014/15 or 2015/16 even when providers are keen to take part. Further information on this will be available at the Board meeting.

**Commissioned Reviews**

- 1 A 'pause' of six months in the Isle of Man review programme was agreed. This review programme will restart in June with the next review visit in October 2015. The review programme has been redefined and WMQRS is submitting a revised proposal for the remainder of the programme.
- 2 The haemoglobin disorders programme is progressing well with Scotland and Ireland now also signed up to participation (one centre each).
- 3 The London renal network is still considering the proposal submitted by WMQRS. This may not go ahead because of the delay in transfer of renal services out of specialised commissioning arrangements.

**WMQRS Standards**

- 1 Table 2 shows the achievement of WMQRS Quality Standards for review visits.

<b>Financial, Human Resources and Legal Implications:</b>	Commissioned reviews bring additional income to WMQRS
<b>Equality impact:</b>	WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.
<b>Recommendations:</b>	
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 11.03.15

Health Economy	No. Credits	Credits committed 2014/15 <sup>1</sup>	CHILDREN & YOUNG PEOPLE											MENTAL HEALTH																							
			Acquired Brain Injury	Alcohol problems	Cardiology	Community /network	Critically ill children	Long-term ventilation	Emotional well-being	Neonatal surgery	Palliative or EOL Care	Chronic pain	Community /Practice Nursing	Discharge pathway / cty. hosp	End of Life pathway	Eye care	Frail elderly incl safeguard	Learning Disabilities	Maternity	Community services	Dementia	Acute pathway	Psychological services	Musculo-skeletal	Oncology	Primary care	Renal	Sepsis management	System re-design	Theatres & anaesthetics							
North Staffordshire	5.5	4						X																												X	
South Staffordshire (West)	3	0				X	*						*							X	X															*	
S. East Staffs & Seisdon Pen.	2.5	0				X														X					X												
East Staffordshire	1.5	2											XX							X																	
Shropshire & Telford & Wrekin	5.5	5					XX		X				X	XX												X								*			
North Warwickshire	7	6				*			X				X					X	X				X														
Coventry and Rugby						*			X					X		X			X	X				X													
South Warwickshire	3	2.5				X	X		(X)				*	*					(X)																		
Worcestershire	7	5							XX				XX	X								X				*											
Herefordshire	2	1						*	X				*																								
Dudley	3.5	3							*				XX	X																						X	
Wolverhampton	3	2		X			(X)		*				X	XX	X				*																		
Walsall	3	3							*			X	XX					*																			
Sandwell & W. Birmingham	6	5		X	X		X		X		X	*	XX	X									X														
South & Central Birmingham	3	2		X		X				X	X	X*	*		X					X							X	X									
N. & E. Birmingham (X city)	0	0										*	X																								
Solihull	2.5	1	X										*														X										

<sup>1</sup> Number of credits for blue (completed), green (agreed) and amber (awaiting confirmation) topics. Does **not** include cancelled topics or topics deferred to 2015/16.

**Table 2: Compliance with WMQRS Standards**

Visit	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 addressed issue raised	All IR actions completed within 15 working days or less	Draft report to reviewers within 10 working days	Draft report to HE within 20 working days	Report considered by Steering (or QA) Group within 35 working days of receiving HE comments	Final report issued within 85 working days	Notes
Dudley 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. Access to evidence had to be negotiated so that compliance could be checked.
Sandwell TCYPHWP	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 TCYPHWP	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.

Visit	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 addressed 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	
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	N/A		
Homerton HD	20 Jan 15	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	N/A		
East Staffordshire TACIC	20,21 Jan 15	N/A	N/A	N/A	N/A	N/A	Y	Y	N/A	N/A		
Southampton HD	22 Jan	Y	Y	Y	Y	Y	Y	Y	N/A	N/A		
Barts HD	4,5 Feb	N/A	N/A	N/A	N/A	N/A	Y	Y	N/A	N/A		
Dudley Day Theatres	13 Feb	N/A	N/A	N/A	N/A	N/A	Y	Y	N/A	N/A		
Worcestershire TCYPHWB	23, 24 Feb	Y	Y	Y	*	N/A	Y	N/A	N/A	N/A	* Awaiting reviewer comments on immediate risk action plan	
Bradford HD	24 Feb	N/A	N/A	N/A	N/A	N/A	Y	N/A	N/A	N/A		
Leeds HD	26 Feb	N/A	N/A	N/A	N/A	N/A	Y	N/A	N/A	N/A		
Dudley TACIC	3, 4 Mar	Y	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
				% standards met								
	No. Yes	7	7	5	3	3	23	20	18	16		
	No. No	1	0	2	3	3	2	2	0	0		
	Total Yes + No	8	7	7	6	6	25	22	18	16		
	% YES	88	100	71	50	50	92	91	100	100		



**Purpose of Report:**

This report outlines proposed changes to the WMQRS Principles and Approach document.

**Key Points:**

As part of the preparation process for UKAS accreditation, WMQRS has reviewed the *Principles and Approach* document. Revisions to the document are required to satisfy the requirements of accreditation. The revised document is attached showing changes in red text. The main changes are the addition of the following:

- 1 Any changes to the WMQRS *Principles and Approach* require approval of the WMQRS Board. This simply documents the previous position.
- 2 The insertion of the WMQRS Appeals Procedure into the WMQRS Principles and Approach document as an appendix.
- 3 Appeal Panel members should have no involvement in the visiting team or service/area to which the report relates.
- 4 A 'WMQRS Annual Review and Plan' will be considered by the WMQRS Board annually.
- 5 Any complaint about the work of WMQRS will be dealt with in accordance with the Sandwell & West Birmingham Hospitals NHS Trust Policy on the Handling of Complaints with the exception that for 'Trust Board' read 'Trust Board and WMQRS Board' and for 'Chief Executive' read 'Trust Chief Executive and WMQRS Board Chair'. If a complaint is received about a service, WMQRS will advise the complainant to address their complaint direct to the relevant organisation's complaints procedure.
- 6 The management of records will be dealt with in accordance Department of Health Records Management NHS Code of Practice, Part 2 (Second Edition), for Business and Corporate (Non-Health) Records Retention Schedule, as defined in the Sandwell and West Birmingham NHS Trust policy on Information Governance

**7 Steering Group Terms of Reference:**

Declaration of interest: Where meetings consider and approve reports of quality reviews, Steering Group members should make a declaration of interest if:

- a. they have been a member of the visiting team
- b. they or a close family member work or have recently worked at the organisation to which the report relates
- c. they or a close family member have recently used the service to which the report relates

At the discretion of the Chair of the Group, Steering Group members who have made a declaration of interest may take part in the discussion of the report to which the declaration relates.

Steering Group members who have made a declaration of interest must be discounted from the group quorum for the meeting to which the declaration relates.

<b>Financial, Human Resources and Legal Implications:</b>	No financial, human resources or legal implications are identified.
<b>Equality impact</b>	WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.
<b>Recommendation:</b>	
The Board is recommended to approve the changes to the WMQRS <i>Principles and Approach</i> .	

**Purpose of Report:**

This report outlines proposed changes to the WMQRS Establishment Agreement.

**Key Points:**

As part of the preparation process for UKAS accreditation, WMQRS has reviewed the WMQRS Establishment Agreement. Revisions to the document are shown below in Appendix 1 in red text. The main changes are:

- 1 Amendment to the description of the role of the WMQRS Board.
- 2 Addition of a new section on term of appointment for Board members.

**Implications:**

<b>Financial, Human Resources and Legal</b>	No financial, human resources or legal implications are identified.
<b>Equality impact</b>	WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.

**Recommendations:**

It is recommended that the revisions are agreed by Simon Hairsnape and Richard Kirby on behalf of participating CCG and Trust Chief Executives.

**APPENDIX 1: WMQRS Establishment Agreement****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
  - ~~Recommending the annual programme of clinical quality reviews to Chief Executives (or Accountable Officers) of participating NHS organisations~~
  - 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 members<sup>1</sup>
  - 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
  - Four representatives from participating Trusts: Chief Executive, Medical Director, Nursing (or other healthcare professional) Director and Head of Governance, from a range of acute and non-acute Trusts
  - 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 both commissioners and 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.

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<sup>1</sup> 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.

- 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.

#### **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. SUBSCRIPTIONS**

- 5.1 The costs of the WMQRS core team will be shared among Shropshire and Staffordshire, Arden, Herefordshire and Worcestershire, and Birmingham and the Black Country CCGs on a capitation basis.
- 5.2 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.
- 5.3 Funding for service user and carer expenses is included within the core team funding.
- 5.4 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.
- 5.5 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 ~~decides~~ 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 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:                    Position:                    Date:

Trust Agreement:    Name:                    Position:                    Date:

**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 An initial visit by the UK Accreditation Service took place on 9th March. This identified some further work which needs to be undertaken before the assessment visit in June. UKAS will also be observing two review visits in June and July 2015.

**Post of WMQRS Director Post**

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

**2013/14 Evaluation: Progress on Actions**

- 3 The 2013/14 Evaluation Report outlined several areas of improvement and an accompanying action plan. The action plan requested progress on the following actions to be reported to the March Board meeting:
- The inclusion of 'reviewing is not for everyone' in reviewer recruitment and training materials, stating that a two-way discussion about reviewers' suitability may be needed after training or after the first visit: This has now been included in training.
  - Electronic visit evaluations should identify the visit to which they relate and the respondent's organisation so that response rates can be calculated: Electronic evaluations are no longer used. Reviewer training and visit evaluations are now paper-based and collected as far as possible 'on the day'. Health economy visit evaluations are conducted by telephone within five working days of the visit.
  - Return to 'on the day' paper-based training evaluation forms: The training lead now collects evaluations at the end of each training session resulting in a higher response rate.
  - Further work is taking place on:
    - Provision of more easily accessible support materials (for example, videos)
    - Improvement of training materials, including the use of video clips during training sessions
    - Use of video clips on the website to promote recruitment of reviewers
 Some video recording has taken place at two visits and a training session, in addition to an interview with the WMQRS Director. Work still needs to take place on editing, recording of voice-overs and possible additional visit recording.

**WMQRS Financial Position**

- 4 Table 3 summarises the WMQRS financial position. Sandwell and West Birmingham Hospitals NHS Trust has agreed to carry forward £88,300 of WMQRS funds.

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

<b>INCOME</b>				
<b>Source</b>	<b>Annual Budget £</b>	<b>Income Year to Date (M10) £</b>	<b>Variance Year to Date (M10) £</b>	<b>Notes</b>
Carry forward from 2013/14	43,300	43,300	0	
CCGs	339,800	339,800	0	
<b>Commissioned reviews:</b>				
Isle of Man	52,500	47,233	-5,267	Final invoice issued in March
UHCW	4,250	4,250	0	
Burton	4,250	4,250	0	
Southend	9,000	0	-9,000	Payment run will take place before end of financial year
Haemoglobin Disorders	27,160	27,160	0	
<b>Commissioned review subtotal</b>	<b>97,160</b>	<b>82,893</b>	<b>-14,267</b>	
<b>TOTAL</b>	<b>480,260</b>	<b>465,993</b>	<b>-14,267</b>	Redundancy fund excluded from total

<b>EXPENDITURE</b>						
<b>Allocated funds</b>	<b>Annual Budget £</b>	<b>Budget Year to Date (M10) £</b>	<b>Spend Year to Date (M10) £</b>	<b>Variance Year to Date (M10) £</b>	<b>Expected end of year variance</b>	<b>Notes</b>
Pay	386,760	314,826	277,771	37,055	41,000	UKAS accreditation costs, database costs and consultancy support for deferred TACIC reviews falling into 2015/16 financial year.
Hosting costs	75,000	62,500	62,434	66	0	
Non-Pay	18,500	13,509	10,412	3,097	0	
<b>Subtotal</b>	<b>480,260</b>	<b>390,835</b>	<b>350,617</b>	<b>40,218</b>	<b>41,000</b>	
<b>Unallocated funds</b>						
Carry forward from 2013/14	0	0	-47,214	47,214	47,214	
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>-47,214</b>	<b>47,214</b>	<b>47,214</b>	
<b>TOTAL</b>	<b>480,260</b>	<b>390,835</b>	<b>303,403</b>	<b>87,432</b>	<b>88,214</b>	