

## ENCLOSURE 6 WMQRS ESTABLISHMENT AGREEMENT AND *PRINCIPLES AND APPROACH*

### **Purpose of Report:**

This report recommends changes to the WMQRS Establishment Agreement and *Principles and Approach*. These are key documents governing the work of WMQRS.

### **Key Points:**

#### **Establishment Agreement**

1 The Board previously agreed to invite representatives from West Midlands Sustainability and Transformation Partnerships to join the WMQRS Board. The Establishment Agreement was not amended at this time. It is recommended that Simon Hairsnape and Richard Kirby, on behalf of participating CCGs and Trusts, agree the addition of 'One representative from each participating Sustainability and Transformation Partnership' to section 3.2 of the Establishment Agreement:

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 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

#### ***Principles and Approach***

2 The Board agreed in 2014 that all user and carer reviewers should have a Disclosing and Barring Service check undertaken. Further information from the recruitment service at the CSU has identified that DBS checks are not undertaken for 'limited or incidental' contact with patients. Regulated activity is defined as where the activity is carried out by the same person once a month or more and relates to healthcare delivery, child care or personal care, provision of social work, assistance with finances of affairs or transporting adults and children. None of these activities are undertaken by user and carer reviewers. The guidance provides advice for those undertaking work experience whereby no regulated activity is undertaken and suggest that a risk assessment should be undertaken and the user and carers be supervised when in patient areas. Meetings with patient representatives are usually with members of the public.

3 A revision to Appendix 5 section 16 of the *Principles and Approach* is therefore proposed:

#### **Proposed new section:**

16 Service user and carer reviewers will not normally be engaged in a 'regulated activity' as defined by national guidance. WMQRS will risk assess service user and carer reviewers prior to each visit. Service user and carer reviewers will always be accompanied by an appropriate member of staff when in areas which are not open to the public. Service user and carer reviewers will not normally undertake meetings or visits to public areas alone without the agreement of the WMQRS member of staff leading the visit. This expected behaviour will be explicit in the WMQRS reviewer agreement for service users and carer reviewers.

**Previous wording:**

16 Service user and carer reviewers will not normally be engaged in a 'regulated activity' as defined by national guidance. There is the possibility that, for some, that the frequency of their involvement with WMQRS and / or other organisations could reach the level where they should be vetted. There is also the possibility that user and carer reviewers may become separated from the NHS staff who normally accompany them. WMQRS therefore:

- a. Will only use as reviewers service users and carers who have provided a current health or social-care related DBS or who have been risk-assessed prior to undertaking a review.
- b. Will accept current enhanced or health or social care-related DBS checks undertaken for other organisations.
- c. 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 M&LCSU PSD008 – Disclosure & Barring Service (DBS) Declaration Form 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.
- d. If the self-declaration or current DBS identifies issues which should be considered, WMQRS staff will take the advice of the Human Resources Department on whether the individual should act as a reviewer.

The requirement for vetting (DBS checking) does not apply to service users or carers who are involved with the WMQRS Board or a programme Steering Group but who do not act as reviewers.

<b>Financial, Human Resources and Legal Implications:</b>	The proposed requirement to cease DBS checking has implications for service user and carer reviewers.
<b>Equality impact</b>	No equality implications have been identified.
<b>Recommendation:</b>	
The Board is recommended to:	
<ul style="list-style-type: none"> <li>a. Recommend that Simon Hairsnape and Richard Kirby agree the change to the WMQRS Establishment Agreement.</li> <li>b. Agree the proposed change to the WMQRS <i>Principles and Approach</i>.</li> </ul>	