

WMQRS BOARD MEETING

Date: 12th December 2014
 Time: 10am – 12pm
 Location: Room 2, Jubilee House, Bloxwich Lane, Walsall WS2 7JL

AGENDA

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|-----|---|--------------------------|
| 1. | Apologies for absence | |
| 2. | Notes of the meeting held on 24 th September 2014 | Enclosure 1 |
| 3. | Actions and matters arising from the last meeting | Enclosure 2 |
| 4. | Board Membership and Deputies | Verbal |
| 5. | Review Programmes: Progress Report | Enclosure 3 |
| 6. | 2013/14 Evaluation Report | Enclosure 4 and Attached |
| 7. | 2015/16 WMQRS Work Programme | Enclosure 5 and Attached |
| 8. | WMQRS Issues and Finance Report | Enclosure 6 |
| 9. | Any other business | |
| 10. | Date of next meeting: 20th March 2015, 11am – 1pm (venue to be confirmed) | |

Present: Simon Hairsnape (Chair), Rob Courteney-Harris (by phone), Nick Flint, David Orme, Beverly Ingram, Salma Ali, Ben Parfitt (on behalf of Anna Morton), Jane Eminson

1. Apologies for absence were received from Richard Kirby, Beryl Nock, Rachel O'Connor, Sue Doheny, Roger Stedman, Anna Morton, Paul Martin and Val Jones.
2. Notes of the meeting held on 1st July 2014 were agreed as a correct record.
3. Actions and matters arising from the notes of the last meeting were noted. In particular;
 - a. Val Jones and Rachel O'Connor have both received a new Board member briefing although neither could attend this meeting.
 - b. Revised management costs: agreement had been reached for this to include 5% of income from commissioned reviews. The hosting agreement was now just awaiting Trust agreement. Once this has been received, the WMQRS Establishment Agreement will be amended as agreed at the WMQRS Board meeting on 1st July.

Action: Simon Hairsnape and Richard Kirby to agree changes to the WMQRS Establishment Agreement on behalf of West Midlands CCGs and Trusts respectively (following S&WBH signing of Hosting Agreement).

4. Commissioned Review of Care of Critically Ill & Critically Injured Children in Burton

The Board noted that the Chair had agreed that WMQRS should undertake a commissioned review of the care of critically ill and critically injured children at Burton Hospitals NHS Foundation Trust. This decision was required shortly after the last Board meeting. The visit had raised interesting issues in relation to inconsistencies between WMQRS and CQC findings. WMQRS was proposing to look at other West Midlands CQC findings to see if these included similar issues. The Board supported this approach and requested feedback at its next meeting.

Action: WMQRS to review West Midlands CQC reports relating to children and report findings to next meeting.

5. Update on Board Membership

- a. The appointment of Rachel O'Connor (Specialised Commissioning) and Val Jones (in place of Rob Lusuardi, representing Shropshire and Staffordshire CCGs) as new members of the Board was noted. Both have been briefed on WMQRS and its work.
- b. The Board was advised that Beryl Nock had resigned from the Board. The Board agreed to advertise for an additional user member from geographical areas where the board has less representation.

Action: WMQRS to circulate information to WMQRS leads and HealthWatch

6. Review Programmes: Progress Report

The Board noted the final position on the 2013/14 review programme. On the 2014/15 programme the Board noted that more agreements were in place than at the same time in 2013, but several areas still did not have an agreed programme. The Board noted the report and agreed the following actions:

Actions:

- a. **WMQRS: Inform Accountable Officers where programmes had not yet been agreed.**
- b. **WMQRS: Contact Area Teams to ask if they could attend relevant meetings to raise awareness**
- c. **Beverley Ingram: Raise at Nurse Directors meeting**

7. Evaluation Report

The Board received a presentation on the Evaluation of the 2013/14 WMQRS programme. The Board agreed the following:

- a. Reviewer training should include the possibility of two-way feedback on the suitability of reviewers
- b. Videos developed for training could also be used for supporting health economies in their preparations for review. WMQRS should consider other ways of improving support to organisations during the preparation period.
- c. All Board members should be encouraged to undertake a review visit.
- d. Topic evaluations should in future be done as booked telephone calls.

The Board agreed that an evaluation report, including actions based on the Board discussion, should be brought to the next meeting for approval.

Action: WMQRS to bring Evaluation Report, including action plan, to next meeting.

8. WMQRS Issues

The Board noted the report including the position on recruitment of a substantive WMQRS Director. The Chair agreed to update the Board following short-listing:

Action: Simon Hairsnape to update Board on WMQRS Director recruitment following short-listing, including panel membership and interview arrangements.

In relation to use of the predicted WMQRS 2014/15 underspend of approximately £70,000, the Board agreed the following uses:

- a. A recurring 10% reduction of CCG contributions, in recognition of the required reduction in CCG management costs
- b. Additional support, if required, for the new Quality Director (if appointed).
- c. Development work to link relevant metrics to Quality Standards
- d. Carry forward of any remaining underspend, if agreed by Sandwell and West Birmingham Hospitals NHS Trust. Any remaining underspend should be less than the Isle of Man income for the year.

9. Any Other Business

Midlands and Lancashire CSU had asked WMQRS if it would become an Associate to the CSU. The Board supported this so long as the same offer was made to the Arden CSU.

Action: WMQRS to respond positively to the Midlands and Lancashire CSU and make the same offer to the Arden CSU.

Ben Parfitt reported that the future of the National Peer Review Team was under consideration and he would keep WMQRS informed.

ENCLOSURE 2

ACTIONS & MATTERS ARISING FROM LAST MEETING

Note	Action	Who	Progress
3	Simon Hairsnape and Richard Kirby to agree changes to the WMQRS Establishment Agreement on behalf of West Midlands CCGS and Trusts respectively (following S&WBH signing of Hosting Agreement).	Simon & Richard following WMQRS confirmation of hosting agreement sign-off	Hosting agreement now signed off. Changes to WMQRS establishment agreement sent to Simon Hairsnape and Richard Kirby for approval.
4	Review West Midlands CQC reports relating to children and report findings to next meeting.	WMQRS	See below
5	Circulate information regarding vacant patient representative role to WMQRS leads and <i>HealthWatch</i>	WMQRS	Flyer circulated to WMQRS leads and HealthWatch's in Coventry and Warwickshire. Four expressions of interest were received. Two have withdrawn Two remain interested and will attend a review visit in the New Year.
6	2013/14 Review Programme: a. Inform Accountable Officers where programmes had not yet been agreed. b. Contact Area Teams to ask if they could attend relevant meetings to raise awareness c. Beverley Ingram: Raise at Nurse Directors meeting	WMQRS Beverley Ingram	Done
7	Bring Evaluation Report, including action plan, to next meeting.	WMQRS	Agenda Item 6
8	Simon Hairsnape to update Board on WMQRS Director recruitment following short-listing, including panel membership and interview arrangements.	Simon	Done
9	Respond positively to the Midlands and Lancashire CSU regarding WMQRS becoming an associate to the CSU, and make the same offer to the Arden CSU.	WMQRS	Done

MATTERS ARISING:

WMQRS and CQC Findings

WMQRS has reviewed the paediatric services section of four CQC reports published to date (Royal Wolverhampton NHS Trust (RWT), Heart of England NHS Foundation Trust (HEFT), Burton Hospitals NHS Foundation Trust and Royal Orthopaedic Hospital NHS Foundation Trust) looking at consistency with WMQRS findings on the care of critically ill and critically injured children. The methodologies employed are different and so exact concordance would not be expected. CQC reports included some issues which are outside the scope of the WMQRS Standards for the care of critically ill children. For example, RWHT was criticised for not having

specialist support for children with learning disabilities and HEFT for the lack of an agreed approach (staff training, guidelines, risk assessments) for children with mental health problems. The only inconsistencies were in the Burton Hospitals report:

- a. WMQRS Standards accept mobile equipment for provision of high dependency care whereas the CQC inspectors expected a dedicated room.
- b. WMQRS would not have categorised the Emergency Department as an immediate risk (equivalent to CQC 'unsafe') just because of the lack of paediatric resuscitation training. This would have been a 'concern' but WMQRS would have accepted the mitigation that paediatric staff had appropriate training, were nearby and, given the size of the unit, would usually be able to respond. The 'unsafe' decision by the CQC may have been because of the combination of issues identified or may have been linked to neonatal staffing, although as only 46% units meet the national standards for neonatal staffing this would be surprising.

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 24th November 2014 position on agreement of the 2014/15 work programme
2. North & East Birmingham / Birmingham Cross-City Health economy have agreed to be involved in the Transfer from Acute Hospital and Intermediate Care Services peer review visit and in work on development of Quality Standards for problem alcohol use pathway.
3. As reported at the last board meeting, WMQRS escalated to CCG Chief Officers of those health economies who had not agreed their work programme. All work programmes are now agreed, although provider support for some reviews is still awaited.
4. In general, the position is similar to 2014/15 with the programme heavily back-loaded to February and March with insufficient reviewing days available for all health economies. Many visits are now being booked into April, May and June to ensure that health economies are able to use their full 'credit' allocation. WMQRS has taken the same stance as 2013/14, that review visits with a date agreed before June 2014 can be counted as part of the 2014/15 work programme.
5. In view of the workload in quarter four, temporary support for the Transfer from Acute Hospital and Intermediate Care Services review programme has been commissioned. It is envisaged that this support will need to be extended into the first three months of 2015/16.
6. The main themes for 2014/15 are:
 - a. Transfer from Acute Hospital and Intermediate Care Services including community hospitals: This is almost a regional programme with all but one health economy involved in 14/15 or 15/16.
 - b. Care of frail older people (up to 10 health economies). A steering group to support progress of this work will meet for the first time in January 2015.
 - c. Problem Alcohol Use: Pathway and Quality Standards work is underway. A steering group will oversee this work and will be chaired by Dr Richard Mendelsohn (South and Central Birmingham CCG).
 - d. Children's emotional health and well-being: Review visits to four health economies have been completed. Two health economies have review visits planned for 2014/15. Three other health economies are interested in this topic for 2015/16

Commissioned Reviews**7. Isle of Man**

The review of Acute Surgery, Surgical Specialties and Cancer Care on the of Isle of Man health services took place 7th and 8th October 2014. The report of the review of Clinical Governance has also been finalised.

The new executive team for the Department of Health and Social Care have asked to defer the programme of visits, so that actions from the first four visits can be implemented. The latest communication is that the March and July visits will not go ahead and that the next review visit will be in the Autumn of 2015. WMQRS met with the Isle of Man Executive Team on 27th November 2014 and a revised proposal has been submitted

to the Isle of Man Department of Health and Social Care. This includes a five month pause followed by a 're-focused' review programme. The impact on WMQRS funding is discussed under agenda item 8.

In view of the intense political and media scrutiny for all the WMQRS work, WMQRS will agree a statement with the Isle of Man in order to limit any adverse publicity and impact on WMQRS credibility.

8. Haemoglobin Disorders

The programme of reviews of services for people with haemoglobin disorders (children and adults) across England has commenced. The first visit to Barking Havering and Redbridge NHS Trust took place in October 2014.

- 9. A commissioned review of the Emergency Department at Southend University NHS Foundation Trust took place on 1st October.
- 10. WMQRS has been asked to submit a proposal for peer review visits to renal services across London. These reviews could bring income to WMQRS. An outline proposal with indicative costs has been sent to the London renal network which makes clear that this is subject to WMQRS Board agreement
- 11. Table 2 shows the achievement of WMQRS Quality Standards for review visits. The proportion of immediate risk responses which address the issues identified has reduced. WMQRS has also failed to achieve the expected Standards for turnaround of some reports, although some Isle of Man report delays have been due to delays in being given access to electronic evidence. This issue is being addressed through the organisational development work discussed under agenda item 8.

Implications:	
Financial, Human Resources and Legal	Commissioned reviews bring additional income to WMQRS.
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:

- a. Note the contents of this report and
- b. Support the submission of a proposal for peer review of London's renal services.

Table 1: 2014/15 WMQRS West Midlands Reviews – Position at 25.11.14

Health Economy	No. Credits	Used Credits	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	Key:					
																														x					
Discussed but awaiting confirmation (NB. Provider & commissioner agreement needed for topic to go ahead)																																			
North Staffordshire	5.5					x							x				x															x	x	Topic suggested but not being pursued	
South Staffordshire (West)	3				x	*							x							x	x													Discussed but awaiting confirmation (NB. Provider & commissioner agreement needed for topic to go ahead)	
S. East Staffs & Seisdon Pen.	2.5				x															x					x									Agreed	
East Staffordshire	1.5												x							x														Completed	
Shropshire & Telford & Wrekin	5.5					x		x				x	x	x											x				x					Possible topic for 2015/16	
North Warwickshire	7				x			x					x		x				x	x				x											
Coventry and Rugby					x			x					x		x				x	x				x											
South Warwickshire	3				x	x		(x)					*	*	x					(x)															
Worcestershire	7							x					x									x				*									
Herefordshire	2					*		x					x																						
Dudley	3.5							*					x	x																					x
Wolverhampton	3	x					15/16					x	x	x						*															
Walsall	3						*						x							*															
Sandwell & W. Birmingham	6		x	x		x		x		x	x		x										x												
South & Central Birmingham	3		x		x				x	x		x			x					x							x	x							
N. & E. Birmingham (X city)	0		x										x																						
Solihull	2.5												*												x										

Table 2: Compliance with WMQRS Standards

2014/15 Review Visits

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 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
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	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	N/A for	

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 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
	14									Dec Board	
Southend ED	1 Oct 14	Y	Y	Y	N	N	Y	Y	Y	N/A for Dec Board	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	N/A for Dec Board	N/A for Dec Board	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	N/A for Dec Board	N/A for Dec Board	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	N/A for Dec Board	N/A for Dec Board	
% standards met											
2014/15 to date	No. Yes	4	5	3	2	2	14	14	13	11	
	No. No	1	0	2	3	3	2	2	0	0	
	Total Yes + No	5	5	5	5	5	16	16	13	11	
	% YES	80	100	60	40	40	88	88	100	100	
2013/14	% YES	64	100	67	100	33	100	88	94	94	

Purpose of Report:

This report presents the 2013/14 Evaluation Report for the Board's approval.

Key Points:

- a. The 2013/14 Evaluation Report is attached as a separate document. This builds on the presentation made to the September WMQRS Board meeting and the guidance given by Board members.
- b. The report summarises the results of the various evaluations undertaken during 2013/14, draws conclusions and presents an action plan. The action plan includes monitoring and reporting arrangements.
- c. The Evaluation Report will be put on the WMQRS website following Board approval.

Implications:

Financial, Human Resources and Legal	No financial, human resources or legal implications are identified.
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 approve the 2013/14 Evaluation Report.

ENCLOSURE 5 2015/16 WMQRS WORK PROGRAMME

Purpose of Report:

This report proposes arrangements for agreeing the WMQRS 2015/16 work programme with health economies.

Key Points:

1. A draft 'flier' for circulation to WMQRS leads in West Midlands CCG and Trust (copied to Chief Executives / Accountable Officers) is attached to the Board papers. This is based on the following principles:
 - a. Core funding has been reduced by 10% as agreed at the September WMQRS Board meeting.
 - b. 'Credits' have not been reduced.
 - c. The proposed work programme is split into topics which are 'ready to go', 'up and coming', local priorities or 'should do' with a suggestion that health economies may wish to choose a mixture of these.
 - d. Timescales and arrangements for agreeing the work programme are outlined, with a cut-off date of 31st May 2015, after which topics may be taken forward without health economy-wide agreement.
2. The Board's advice is sought on the 'offer' in relation to a review of the care of critically ill and critically injured children in Herefordshire. By summer 2015 the critically ill children programme will have reviewed all units in the West Midlands except those in Wye Valley NHS Trust and University Hospitals Birmingham NHS Foundation Trust. In the last two years the Herefordshire health economy has not considered this topic as a priority.

Implications:

Financial, Human Resources and Legal	This report builds on the reduced core WMQRS funding agreed at the September WMQRS Board meeting.
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 comment on and then agree the proposed arrangements for agreeing the 2015/16 work programme with health economies.

Purpose of Report:

This report is to update the Board on issues relating to the WMQRS core team and its finances.

Key Points:**1. Accreditation of WMQRS**

A scoping meeting with the UK Accreditation Service took place on 12th November 2014. WMQRS will be reviewed using the ISO/IEC 17020 *Conformity assessment – Requirements for the operation of various types of bodies performing inspection*. WMQRS and the National Peer Programme are the first applicants to be assessed by UKAS for review of health services. A one day pre-assessment will take place in January 2015. There will then be two witnessed assessments (Experts and UKAS attending review visits), probably in February and March 2015. If sufficient progress has made towards achieving the ISO/IEC 17020 Standard then a full assessment by UKAS will be undertaken in May/June 2015. The scoping meeting identified some areas where WMQRS processes, quite rightly, need to be improved. The meeting also discussed the need for accreditation for a 'flexible scope' (ie. to review any health service, rather than accreditation only for reviews 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 January pre-assessment. It may be that the requirements for achieving UKAS accreditation in relation to the development of Quality Standards may be more onerous than WMQRS can achieve. If so, the decision to go for UKAS accreditation may have to be re-visited.

2. Organisational Development Work

As reported to the last Board meeting, WMQRS has been doing some organisational development work with the core team looking at roles and working practices with the aim of improving the efficiency and quality of the team's work. This has been a helpful process and changes are being implemented on a trial basis during November.

3. Post of WMQRS Director Post

Two candidates were interviewed on 30th October 2014 but the panel concluded that neither was appointable. Jane Eminson has agreed to continue in the role as Acting Director in the interim. One of the issues raised during the interview process was that the post may be more attractive if full-time (rather than 0.6 wte as advertised). The Board therefore needs to consider the next steps in this recruitment process. The advantages of a full-time post are:

- a. Recruitment to a full-time post may be easier than to a part-time post.
- b. The more varied WMQRS programme requires a different WMQRS skill mix and, in particular, places heavier demands on more senior WMQRS staff than running region-wide programmes.

The financial implications of moving to a full-time Director post are discussed below.

4. WMQRS Financial Position

Table 2 shows the 2014/15 WMQRS core budget financial position. (This does not include the £256,000 redundancy fund held by Sandwell and West Birmingham Hospitals NHS Trust or the expenditure on reviewers' costs which are recharge to the Isle of Man or other commissioned review programmes.) Several financial issues require the Board's consideration:

- a. The Board's decision (September 2014) to reduce WMQRS core subscriptions by 10% would reduce WMQRS funding by £38,110 if all CCGs contributed the full amount. In practice, WMQRS has had a £41,291 in 2014/15 because of the reduced Birmingham Cross-City CCG funding. Cross-City have commissioned a review for

2015/16 which will improve this position by £11,500.

- b. The 'pause' in the Isle of Man review programme will reduce income in 2014/15 and 2015/16 by £10,990 and £9,188 respectively, assuming the revised proposal put to the Isle of Man Department of Health and Social Care is accepted. It will, however, increase projected income in 2016/17.
- c. Funding for the haemoglobin disorders review programme will cease in 2016/17.
- d. The additional cost of a full-time Director post over and above the budgeted level is estimated at £4600 (mid-point of scale) to £18100 (top of the scale).
- e. Further commissioned work, such as the London renal reviews, is possible but not guaranteed.
- f. The estimated 2014/15 under-spend, taking the reduced Isle of Man funding into account, is £47,214. Using this reduces the projected deficit in 2015/16. A reduction in the core team is therefore proposed from April 2014. This would result in a recurring saving of £12,000 although this may involve some use of the redundancy fund held by Sandwell and West Birmingham Hospitals NHS Trust. Further details will be available at the Board meeting.

The impact on the WMQRS budget (at 2014/15 pay rates) assuming the 2014/15 under-spend can be carried forward is as follows¹:

	2014/15	2015/16	2016/17
INCOME			
Core funding	339,800	317,478	305,978
Isle of Man	54,010	55,812	54,167
Haemoglobin Disorders	27,160	19,200	4,438
Other commissioned reviews	17,500		
Carry forward	90,514	47,214	
Total Income	528,984	439,704	364,583
EXPENDITURE			
Baseline budget	451,526	451,526	451,526
Non-recurring expenditure	30,244	0	0
Additional Director	0	4,600	4,600
Reduced core team	0	-12,000	-12,000
Total Expenditure	481,770	444,126	444,126
Income - Expenditure	47,214	-4,422	-79,543

Further reductions in 2015/16 are not proposed at this stage. There may be flexibility either to reduce the baseline expenditure on short-term staff or to increase the commissioned review income, for example, if the London renal proposal is accepted. A further reduction in the core team may be necessary in 2016/17. It is proposed that the results of the 2014 organisational development work are reviewed again in May 2015 and further budget reduction proposals may be brought to the Board in June 2015.

If core team numbers are reduced, WMQRS will seek to negotiate a reduced hosting payment to Sandwell and West Birmingham Hospitals NHS Trust.

¹ Core funding shown in this table takes account of the Birmingham Cross-City CCG contributions and therefore is different to the funding shown in the 2015/16 WMQRS Work Programme proposal.

Implications:	
Financial, Human Resources and Legal	This report identifies reduced funding for WMQRS. It includes proposals for changes to the WMQRS staffing establishment consequent on a) the reduced funding and b) the different skill mix required to respond to a more varied work programme.
Equality impact	No equality implications have been identified.

<p>Recommendations:</p> <p>The Board is recommended to:</p> <ul style="list-style-type: none"> a. Note the contents of this report. b. Agree the next steps on recruitment of a substantive WMQRS Director. c. Agree to the changes in the core team staffing as outlined in this report.

INCOME				
Source	Annual Budget £	Income Year to Date (M7) £	Variance Year to Date (M7) £	Notes
Carry forward from 2013/14	43,300	43,300	0	
CCGs	339,800	302,010	-37,790	2 invoices remain unpaid (Shropshire CCG £19, 443 and Stoke on Trent CCG £18,347)
Commissioned reviews:				
Isle of Man	54,010	31,600	-22,410	Apr - Sept 14 invoice paid Oct - Dec - to be raised in Dec Jan - Mar - to be raised in Mar (revised proposal)
UHCW	4,250	4,250	0	Income received
Burton	4,250	0	-4,250	Invoice to be raised
Southend	9,000	0	-9,000	Invoice to be raised
Haemoglobin Disorders	27,160	27,160	0	Income received
Commissioned review subtotal	98,670			
TOTAL	481,770	408,320	-73,450	Redundancy fund excluded from total

EXPENDITURE						
Allocated funds	Annual Budget £	Budget Year to Date (M7) £	Spend Year to Date M7) £	Variance Year to Date (M7) £	Expected end of year variance	Notes
Pay	388,570	190,644	173,668	16,976	0	a) Includes end yr adjustment of -£10,150 b) Oct invoice for Acting Director not received at this point
Hosting costs	75,000	43,750	51,531	-7,781	0	Hosting charge requires adjustment by finance
Non-Pay	18,200	8,696	6,652	2,044	0	
Subtotal	481,770	243,090	231,850	11,240	0	
Unallocated funds						
Carry forward from 2013/14	0	0	-47,214	47,214	47,214	
Subtotal	0	0	-47,214	47,214	47,214	
TOTAL	481,770	243,090	184,636	58,454	47,214	