

Finance & QIPP Meeting Minutes
Friday 29 September 2017 08:30 – 10:30
King Edward VII Hospital, Board Room

Attendees	Debbie Fraser	(DF)	Deputy Director of Finance (Chair)
	Arthur Ferry	(AF)	GB Lay Member WAM CCG
	Jennie Ford	(JF)	GB Practice Manager Member B&A CCG
	Mike Hoskins	(MH)	GP Member Slough CCG
	Adrian Ashe	(AA)	CSU Delivery Director
	Alan Mackay	(AM)	GB Practice Manager Member WAM CCG
	Fiona Slevin-Brown	(FSB)	Director of Strategy & Operations
	Nigel Woods	(NW)	Head of Programme Management Office
	Ben Cox	(BC)	Commissioning Manager Unplanned Care
	Jonathon Pettit	(JP)	Head of Financial Management and Reporting
	Ian Murdock	(IM)	AD of Contracting & Performance
In Attendance	Alesha Williams-Roban	(AWR)	Notes
Apologies	Judith Kinder	(JK)	GB GP Member WAM CCG
	John Lisle	(JL)	Accountable Officer

Item No	Item	Action
1.	<u>Welcome and Apologies</u> Chair welcomed members. Apologies listed above. Introductions.	
2.	<u>Conflicts of Interest / Declaration of interest</u> No new declarations of interest or conflicts declared.	
3.	<u>Notice of Any Other Business</u> Terms of Reference amendment	
4.	<u>Minutes of the Last Meeting</u> Agreed	
5.	<p><u>Action Log</u> The action log was updated and closure was agreed for the following items: 83 – CLOSED, but with an update on benchmarking required for the next meeting. 88 – PRGs to confirm via email if they have access to the Urgent Care dashboard. ACTION: NW to liaise with IT regarding getting access to Intelligence Point for Practices</p> <p>The following actions were updated: 86 – AA to discuss with DF 93 - PRG Packs – ACTION: NW to have quarterly meetings with PRG Chairs to discuss the PRG information and to incorporate their feedback into the packs</p>	<p>AWD/NW</p> <p>NW</p> <p>NW</p>

6.	<p><u>QIPP Report</u></p> <p><u>2017/18 Month 5 QIPP Report</u></p> <p>NW highlighted the key figures of the QIPP report summary:</p> <ul style="list-style-type: none"> • YTD QIPP savings (net of investments) are at 70% of the planned YTD level (£3,320k actual vs £4,745k plan) • At Month 5, the FY forecast (net of investments) is 80% of our gross target (£12,763k against a target of £15,926k) • At Month 5, the FY forecast (net of investments) is 89% of our NHSE target (£10,508k against a target of £11,838k) • Where the YTD position is currently behind plan, the key schemes to note are: <ul style="list-style-type: none"> - Improved Value through Contracting - £1,298k - Ambulatory Care - £537k - Complex Case Management - £481k - MH and LD spot purchases - £306k • Anticipated level of FY investment in QIPP schemes has been reduced by £2,777k from the original plan • FY forecast has deteriorated by £79k in the past month, but due to a further reduction in the planned level of investment the net effect is an improved position, by £42k <p>It was noted that full-year gross forecast was down in comparison with the previous month for the following:</p> <ul style="list-style-type: none"> • Heart failure nursing had a change of -£333k. • End of Life Care changed by -£265k • Continence Advisory Service changed by -£100k <p>AF questioned why WAM was not performing as well as the other CCGs in terms of Ambulatory Care and was informed that the QIPP challenge for WAM was higher than for the other CCGS.</p> <p><u>Deep Dive – AIRS</u></p> <p>BC went through the deep dive report. It was noted that there had been a reduction in spend at Slough and Bracknell & Ascot, however the WAM spend figure required improvement. AF questioned if the difference in the figures was related to specific age groups and was informed the variances were due to general demographics rather than solely to age-related reasons.</p> <p>ACTION: BC to investigate if factors other than demographics have contributed to the spend figures produced by WAM.</p> <p><u>Length of Stay (LOS)</u></p> <p>BC explained the LOS activity comparison data of 2016/17 and 2017/18. There were major improvements in the case of discharge, patient experience and reduced spend.</p> <p><u>QIPP targets</u></p> <p>It was anticipated that during winter months there would be a higher impact on activity and spend. It was agreed that the data for March – September should be seasonally adjusted in order to facilitate meaningful seasonal analysis.</p>	BC

	<p><u>Moving Forward</u></p> <p>The Lead Respiratory Nurse Consultant was impressed with how the service was operating despite the capacity issues; there has been continued positive feedback from GPs and patients. It was felt that the downward trend in activity and spend would continue, subject to staff being retained.</p> <p>Overall the committee agreed that AIRS was an impressive project and GPs should be encouraged to use the service to benefit patients. ACTION: FSB to arrange advertising an AIRS patient experience story in the local GP newsletter.</p> <p>FSB recommended that BC contact Berkshire West CCGs for further ideas and suggested that some of the budget could be used to support practice nurses. ACTION: BC/NW to investigate flexibility within the budget to see if the funds can be utilised to support the GP practices.</p> <p><u>Mental Health Out-of-Area Placements</u></p> <p>FSB advised to the committee that the CCG had terminated the contract held with Horizons Care Solutions Ltd. EW will conduct an extensive review and update the committee at the next meeting on the internal solutions to reducing spend in this area. ACTION: EW to provide update on internal solutions.</p>	<p>FSB</p> <p>BC/NW</p> <p>EW</p>
7.	<p><u>Provider Performance</u></p> <p><u>Provider Performance Report Month 4</u></p> <p>The committee noted the contents of the report. AA highlighted that the information data from FHFT showed the previous year of 2016/2017. There had not been an adjustment for the year of 2017/2018 as the identification rules relating to specialised commissioning were not yet been fully established. Frimley Health had not been designated as a specialist provider and was discussing options with commissioners and NHSE. The matter has been escalated to the Trust’s Medical Director for resolution.</p> <p>IM reported that a meeting was arranged for Thursday 12 October 2017 to discuss a report of exceptional items surrounding FHFT. The Trust has conducted work without the approval of NHSE, so FHFT would require reassessment from NHSE and support from WAM. ACTION: IM/AA will report back to the next meeting of the Committee regarding the decision made by the Medical Director</p> <p>IM requested that the £11m variance on page 5 of the Provider Performance Report be removed until further review. AA agreed. ACTION: AA to ensure the specific variance is removed subject to further review.</p> <p>FSB questioned if the CCG could commission directly from the independent sector. AA replied that the option could be explored. ACTION: AA to explore the possibilities of commissioning from independent providers</p> <p>FSB raised the point that service prices for Frimley North and Frimley South varied significantly in prices, and proposed that both locality areas should have the same prices. It was agreed the topic would be placed on the next meeting agenda for further</p>	<p>IM/AA</p> <p>AA</p> <p>AA</p> <p>AWD</p>

	<p>discussion. ACTION: AWD to place on agenda for next meeting</p> <p>AA tabled the 'Changing standards and demands' document, which consisted of a comparison table of new and existing response standards implemented by SCAS to come into effect on 1 November 2017. JF mentioned that the changing standard table was a good reference guide and suggested that it be displayed in the reception area at each of the practice surgeries.</p> <p>ACTION: The Urgent Care team to place information in the GP Newsletter about advertising the 'Changing Standards' table in the reception areas of each practice.</p>	Urgent Care Team
8.	<p><u>2017/18 Month 5 Finance Reports</u></p> <p>Full details about the financial positions are contained within the individual finance reports. In summary:</p> <p><u>Bracknell & Ascot CCG</u> The Bracknell & Ascot financial figures have improved by £276k in the past month. BACCG has £2m in uncommitted reserves, including the contingency fund.</p> <p><u>Slough CCG</u> Slough CCG's position has worsened by £682k in the past month. Slough CCG has used all available reserves including contingency, and more prior year accruals have been released following review. JP reported that there was an approximate total of £9K of uncommitted reserves in Slough.</p> <p><u>Windsor, Ascot & Maidenhead CCG</u> Overall for Windsor, Ascot and Maidenhead CCG the financial figures have improved by £398K. This is the result of reduced acute contract expenditure of £600K and various other improvements of £100K, offset by Mental Health placements of £300K</p> <p>It was noted that there has been a continued rise in expensive Mental Health Out-of-Area placements. FSB mentioned that it was important to investigate solutions to help improve local services for Mental Health.</p>	
9.	<p><u>QIPP and Performance Sub Groups update</u></p> <p><u>Bracknell & Ascot CCG</u> JF said practice surgery visits were underway. Follow up visits with the practices would be completed after a 6 month period.</p> <p>AM added that PRG meetings had been rearranged for late in the month to ensure all the PRG members can view the most up-to-date information and to allow time for efficient and timely reports to be submitted.</p> <p>AM raised concern that the referral targets were unrealistic and not achievable. JF reported that she had been informed BACCG would not be penalised if the desired target was not achieved.</p> <p><u>Slough CCG</u> MH reported that Slough CCG required further improvement. He believed the issues could be a result of the following factors:</p>	

	<ul style="list-style-type: none"> • Poor quality of referral letters • Peer reviews not being conducted in practices <p>MH has planned to visit several practice surgeries in Slough to outline a 12 month action plan on how to make effective improvements, including levels of IT literacy and DXS Training.</p> <p>FSB commented that the meeting minutes produced by Slough CCG had an excessive number of actions included. She advised this could lead to staff being overstretched and could be a factor in the underperformance issues.</p> <p><u>Windsor, Ascot & Maidenhead CCG</u> The committee noted the contents of the document.</p>	
10.	<p><u>AOB</u></p> <p>The Committee made a unanimous vote to elect DF as the new Chair of the Finance & QIPP Committee. It was agreed that the Terms of Reference would be updated to reflect the change of Chair and will be circulated</p>	AWD

Next meeting: Friday 27 October - 8.30 – 10.30 – Board Room
 Bracknell and Ascot Clinical Commissioning Group
 Slough Clinical Commissioning Group
 Windsor, Ascot and Maidenhead Clinical Commissioning Group
'Thinking locally, working together'