



Finance & QIPP meeting Minutes (Draft)
26th May 2017, 09:30 – 11:30
King Edward VII Hospital, Board Room

Item No	Item	Action
	<p>Present:</p> <p>Nigel Foster (NF) Chair Director of Finance & Performance Alan Mackay (AM) GB Practice Manager Member WAM CCG Nigel Woods (NW) Head of Programme Management Office Adrian Ashe (AA) CSU Delivery Director Debbie Fraser (DF) AD of Finance Arthur Ferry (AF) GB Lay Member WAM CCG Anna Wilson-Doyle (AWD) Senior Project Support Officer Naomi Garnett (NG) Senior Manager of Planned Care Ian Murdock (IM) AD of Contracting & Performance Sarah Bellars (SB) Director of Nursing & Quality Judith Kinder (JK) GB GP Member WAM CCG</p>	
	<p>Apologies:</p> <p>Sally Kemp (SK) GB Lay Member B&A CCG John Lisle(JL) Accountable Officer Lalitha Iyer (LI) Medical Director Martin Kittel (MK) GB GP Member B&A CCG Jennie Ford (JF) GB Practice Manager Member B&A CCG Fiona Slevin-Brown (FS-B) Director of Strategy & Operations Sarah Hoverd (SH) Financial Controller CSU</p>	
	Introduction	
1	<p><u>Welcome and Apologies</u></p> <p>In the temporary absence of NF due to another meeting, AF stepped in as chair until NF was able to join the meeting. AF welcomed attendees to the meeting and apologies were noted as above.</p>	
2	<p><u>Conflicts of Interest / Declaration of interest</u></p> <p>AF invited any new or unknown conflicts of interest, no new conflicts were confirmed.</p>	
3	<p><u>Notice of Any Other Business</u></p> <p>No additional business was raised.</p>	
6	<p><u>QIPP Report</u></p> <p><u>6.3 Cancer Deep Dive</u></p> <p>NG provided an overview of the Cancer Project to explain the key aims and priorities as well as progress to date.</p>	

Three main drivers for the Cancer Project:

- The Constitutional Standards – Performance across the 3 CCGs is good but there is always the need to be vigilant.
- The CCG Improvement & Assessment Framework – Contains 4 cancer metrics which all 3 CCGs need to improve on.
- The National Cancer Strategy – The strategy issued 9 ‘must dos’ that all CCGs need to roll out by 2020.

AF asked why Slough’s Bowel Screening uptake was so low (at 40.2%), it was explained that this was due to some cultural factors but there is a specific bowel screening programme now in place in Slough to improve this.

100% of patients will need to have access to the Rehab Service Package by 2020. This supports patients beyond treatment whether its assisting them back to work or in areas like palliative care. This will be a financial pressure within the CCG next year which has been flagged up.

The key focus of the project is prevention and early diagnosis. It started in January 17 and will run for the next 3 years; it aims to ensure all East Berkshire CCG’s meet the mandatory cancer targets.

This project is split between 4 work streams :

- Prevention & Early Diagnosis
- Patient Experience
- Living With & Beyond Cancer
- Commissioning & Accountability

For prevention and diagnosis, the team have linked with the STP early prevention work stream. The hope is that the initiatives around smoking and alcohol will begin to move forward with the support of funding from the STP. The team are also linking with Public Health to assist progress.

Cancer Locally Commissioned Services (LCS) have been issued to the practices as part of the Quality Premium. All bar 2 practices within East Berkshire signed up. The aim is to support practices in knowing what is available to help them to deliver change and identify any ‘quick wins’. LCS is based around raising awareness of symptoms, looking at breast and bowel cancer screening and supporting practices to engage with non-responders.

AF asked why practices would choose not to participate with the LCS; NG’s team are currently working on finding this out which will be fed back to the committee. JK advised that it was important for the PRG data packs to include this information so they can work closely with them.

Progress to date:

- LCS scheme is in place.
- Cancer Champions have been appointed and first training session has been completed.
- 2 week wait forms have been revised and due to be reissued.
- A full training plan for all staff in partnership with Macmillan and Cancer UK.

	<p>Next Priorities:</p> <ul style="list-style-type: none"> - Scope the patient experience work stream. - Development of a cancer dashboard, available in the summer. - Planning and specification for the rehab service (delayed to Q2). - Link with STP cancer leads. <p>There isn't a QIPP saving with the Cancer project but requires investment approved at £120k. £40k of this is allocated to the Primary Care Incentive Scheme, £15k to GP Education Masterclasses (Macmillan have provided another £5k to support this); Leaving a remaining budget of £65k. The main outstanding cost is the recruitment to the Macmillan bowel screening project.</p> <p>Thames Valley Cancer Alliance put in a transformation bid and is awaiting the response. It is likely to be successful but awaiting final confirmation and how much funding would be received.</p> <p>There is a multi-diagnostic centre piloting in Oxford supporting practices with complex patients presenting numerous symptoms which are difficult to diagnose. There is a proposal to open one at Wexham. However, if successful isn't likely to open until 2019.</p> <p>Action – NG to advise which two practices didn't sign-up to the LCS.</p>	NG
4	<p><u>Minutes of the Last Meeting</u></p> <p>AF requested two amendments to item 6.1 <i>2016/17 Month 12 QIPP Report</i>. AWD noted these changes to update following the meeting.</p> <p>AF queried the zero referral rate confirmed for MSK Physiotherapy Paediatric within <i>7.1 Provider Performance Report Month 12</i> as it was noted but no official action was taken. AWD to update this point with an action.</p> <p>No additional amendments required and minutes were agreed as a correct record once the corrections were made.</p>	
6	<p><u>QIPP report</u></p> <p><u>6.1 - 2017/18 Month 1 QIPP Report</u></p> <p>NW presented the 2017/18 Month 1 Progress Report to the committee. There was no activity data for month 1 but from month 2 this would be available.</p> <p>In the absence of activity data, the summary indicates that year to date savings across the QIPP are on schedule.</p> <p>The Ambulatory Emergency Care Project start date has been delayed by six months to October 2017. There is a £1.7m saving assigned to this project. Profiling for the six months' worth of savings are yet to be confirmed. Worst case scenario, £580k would need to be found elsewhere either through further savings within the current programme or through additional projects.</p> <p>OptimiseRX Business Case was approved at BP&CC in May, with a</p>	

	<p>newly-identified QIPP saving of £60k in 2017/18.</p> <p>The committee reviewed a copy of the month 1 report as an example of the report going forward. JK noticed that the IV Lounge was also showing a delay which is down to the recruitment of nurses.</p> <p>AF felt that the report could indicate the savings more clearly. Having the overall RAG rating for the financials is important; however there may be months where the project is on schedule to deliver to overall savings but not within the current financial year. He asked whether it was possible to split the project savings into the financial years they are expected to be seen in. NW to look into AF's suggestion.</p> <p>AM suggested the Referral Management deep dive move to September/October time and ensure representatives for the 3 PRG are present.</p> <p>Action – NW to look into whether it is possible to add a column into the report to indicate which financial year the savings will be realised.</p> <p>Action – AWD to review work plan and move the Referral Management Deep Dive to later in the year (September/October time).</p> <p><u>6.2 – Referral Top Tips</u></p> <p>JF dialled in to discuss the top tips which will be distributed to all practice managers. A copy of these was circulated to F&Q attendees. Discussions took place regarding imbedding processes within practices and also about the importance of outcome audits.</p>	<p>NW</p> <p>AWD</p>
<p>7</p>	<p><u>Provider Performance - CSU</u></p> <p>The year-end settlement between Frimley Health and the CCGs has been agreed at £204m.</p> <p>The 2017/19 contract was signed with Frimley Health on 23rd December 2016. However, work on the schedules and additional items is ongoing. In the last meeting AA confirmed that the activity plan assumptions had been agreed. However, the Trust has since expressed some concerns due to the number of complaints received from GPs regarding the CCG Consultant to Consultant Policy. AA and his team are working with the trust to resolve the issue as quickly as possible, but if this work does not result in a resolution, AA will send a formal communication directly to the Trust to discuss the previously agreed activity plan assumptions.</p> <p>The Indicative Activity Plan work is progressing well and should be signed off by mid June.</p> <p>There was a brief discussion about the system-wide and patient benefits of QIPP schemes.</p> <p>NF advised that there is still work required to rationalise systems across the Frimley Health patch. For example, the two Acute sites have different IT systems which makes it difficult to share patient records. SB mentioned that although there is still a lot of work to be done, they have come a long</p>	

	<p>way in a short space or time and the quality of patient care has improved.</p> <p>Royal Berkshire had a settlement figure of £25.9m which is broken down into £13m for B&A, £5.5m for Slough and £7.4m for WAM, with the details as outlined in the report.</p> <p>On the Berkshire Health block contract, there remain some issues in terms of data validation, discrepancies with SUS data and reporting on the national data set in order to produce a reliable KPI set.</p> <p>AA is now working alongside IM to ensure the contract log is up to date which is to be provided to the committee on a quarterly basis.</p> <p>NF wanted to reiterate the importance of ensuring the Risk Register is reviewed and updated.</p> <p>Action – AA to confirm the settlement figure to IM once this is established.</p> <p>Action – AA to investigate why the CPE figures are below plan at 19% and the reasons.</p>	<p>AA</p> <p>AA</p>
<p>8</p>	<p><u>2017/18 Month 1 Finance Reports</u></p> <p>DF presented the Month 1 Finance Reports to the committee. No national reporting is currently required as accounts are being closed down for 2016/17. During month 1, the team has been checking the budgets and ensuring everything is in order and any risks have been highlighted.</p> <p>The prior year surplus have been returned including the 1% non-recurrent that had to be released from the bottom line in month 12 and there is a small adjustment for draw down.</p> <p>NF asked how we show the in-year surplus within our reporting to ensure the figures are representing a true picture. DF advised that once the guidance on the changes is received, the team will work through how it will look going forward but currently no further information has been issued.</p> <p>Risks - The Frimley contract has been agreed which is lower than the final agreed position at 16/17. The contract has factored in all the 17/18 QIPP programmes; this will therefore need to be monitored closely once the activity data starts to come through. Further risks may also arise with the changes to Specialist Commissioning Identification Rules (IR rules) and the move to the HRG4+ coding methodology. The CCG allocations for 2017/18 were adjusted to reflect some of the impact of this, but the calculations were based on a historical analysis and the final impact will only be known once actual data starts coming through for 2017/18. We have been made aware of a significant RTT backlog at Oxford University Hospitals Foundation Trust. The financial implication has been estimated at £350k for Berkshire East. This not yet shown in the forecasting but has been highlighted within the risks.</p> <p>The Primary care (GP) budgets have now been fully delegated to the CCGs. Currently there is not a lot of data as the waiting on the mapping from the area team.</p>	

	<p>Approvals have been received for additional funding across the STP: Diabetes (c£750k), Mental Health Liaison (c£600k) and Learning Disabilities (c£250k). Still waiting for approval on the Cancer bids.</p> <p>NF has been working on an STP Capital Bid which he confirmed has now been submitted.</p> <p>Following a recent review of NHS Property and Estates which was presented to the Department of Health (DoH), it was suggested that there be improved incentives for Trusts and STP areas to dispose of surplus land.</p> <p>Draft budgets were presented to the Joint Governing Body in February 2017. There have since been further iterations to the plan. The only change that affects the bottom line is the addition of Primary Care delegated budgets and agreed with NHS England. Summary shown in Finance Paper Cover Sheets.</p> <p>NF added to the point around uncommitted STP funding and the potential of £5m being uncommitted. It is understood that at least one other STP area is to be brought into the senior cohort of STP's to work towards an accountable care system. This dilutes the pot of money for all the STP's within the cohort. It may be lower than £5 but yet to be confirmed.</p>	
<p>9</p>	<p><u>QIPP & Performance Review Groups - Update</u></p> <p>AM discussed the update from the most recent WAM PRG. The meeting reviewed the local commissioned services sign-up which identified 2 practices that have not signed up to the diabetes enhanced service and 1 that hasn't signed up to the cancer diagnosis service. Work is ongoing with these practices to aim for 100% sign-up across WAM.</p> <p>Marianne Hiley provided a Better Care Fund update, her message was that the non-electives are over target but without the hard work of their team it would be a lot more over target.</p> <p>AM has viewed the new Urgent Care dashboard. It has been requested that Practice Managers get access to this data.</p> <p>Helen Beardsell presented a deep dive into diabetes and the slides have gone out to the practices to look at their individual performance.</p> <p>NF mentioned that going forward IM will be the senior point of contact from the team to support the 3 PRG meetings.</p> <p>Action – AM advised that Practices would like access to the Urgent Care dashboard.</p>	<p>AWD</p>
<p>10</p>	<p><u>2017/18 Work Plan Update</u></p> <p>DF presented the reviewed work plan.</p> <ul style="list-style-type: none"> - Referral Management deep dive to move to September - Cardiology deep dive did not take place in April; AWD to find out if 	

	<p>this has been rescheduled.</p> <p>Action – AWD to find out whether the Cardiology Deep Dive has been re-scheduled and update the work plan.</p>	AWD
11	<p><u>Review of the Terms of Reference</u></p> <p>Committee reviewed the Terms of Reference and agreed. There is the need for at least one clinical representative on the committee. NF requested that the F&Q meeting be moved to another day to enable a clinical representative to attend.</p> <p>Action – AWD to rearrange the QIPP meetings to avoid Monday & Fridays.</p>	AWD
12	<p><u>2016/17 Month 12 STP Finance Report</u></p> <p>Work currently being carried out:</p> <ul style="list-style-type: none"> - A monthly finance report going forward. - A reconciliation between the numbers submitted for the STP in October 16 against the 17/18 budgets. - There is piece of work to look at the QIPP schemes across the 5 CCG's and the 3 trust CIP schemes to see how they relate and if real savings are being realised. - A piece of work how extra money for the STP is mapped. Where and how it is spent and where collective decisions are made. <p>The dashboard indicates a planned surplus of £13m and an actual surplus of £22m which links back to increase of 1% which had to be reported at year end.</p> <p>Frimley's reported surplus is £25m. NF explained that most trusts received one off extra funding from the Sustainability Transformation Fund to support their positions. For some that was to reduce the size of their deficit and for other it increased their surplus. Frimley received about £25m from this fund which they weren't allowed to spend and had to report it as a surplus. The £25m takes them back down to zero/breakeven.</p> <p>There is another £25m of support which relates to the agreement when taking over Heatherwood and Wexham Park. (As Wexham had asignificant deficit). Over a 5 year period there was a phased profile of deficit support so the overall position for the new Frimley Trust would not be impacted by the deficit they were inheriting. Over that 5 year period they needed to recover the position. This deficit support for 16/17 for Frimley Health was also about £25m. Therefore the underlying position for the Trust is a £25m deficit.</p> <p>Going forward NF will suggest there is further narrative within the report to support the figures.</p>	
5	<p><u>Action Log</u></p> <p>Action 56, 75, 79 & 88 – Committee agreed to close items following</p>	

	discussion during the meeting of the top tips	
	Action - AWD to follow up with leads on outstanding items.	AWD
11	<p><u>AOB</u></p> <p>NF provided further clarity on the Ambulatory Care Project. It was agreed at BP&CC that there would probably be around a 6 month delay.</p> <p>AF asked if we knew how we would bridge the gap in savings if the delay were to continue as expected. NF confirmed this will form part of the month 2 review.</p>	

Next meeting: 30th June 2017 09:30 – 11:30 Boardroom
 Bracknell and Ascot Clinical Commissioning Group
 Slough Clinical Commissioning Group
 Windsor, Ascot and Maidenhead Clinical Commissioning Group
'Thinking locally, working together'