

Finance & QIPP Part 1 Minutes
Friday 28th September 08:30 – 10:30
King Edward VII Hospital, Boardroom

Present	Initials	Job Title & Organisation
Debbie Fraser	DF	Deputy Director of Finance – CCG (Chair)
Fiona Slevin-Brown	FSB	Director of Strategy & Operations – CCG
Sarah Bellars	SB	Director of Nursing and Quality - CCG
Ian Murdock	IM	Associate Director of Contracting & Performance- CCG
Jennie Ford	JF	Practice Manager – B&A Locality
Mike Hoskin	MH	Governing Body Member – Slough Locality
Arthur Ferry	AF	Governing Body Lay Member – East Berkshire CCG
Alan Mackay	AM	Practice Manager – WAM Locality
Jonathan Pettit	JP	Head of Financial Management & Reporting - CCG
Iain McKenzie	IMcK	Interim Lead Contracts Manager – CSU
Sangeeta Saran	SS	Associate Director planned care and Slough Operations -CCG
Andy Brooks	AB	Chief Officer - CCG
Danielle Durbauree	DD	Interim Senior Project Support Officer & PA – CCG
Apologies:		
Catriona Kheytaar	CK	Head of Medicines Optimisation Team - CCG
Tong William	WT	Clinical Chair – East Berkshire - CCG
Mark Dillon	MD	Deputy Director of Provider Management - CSU
Nadia Barakat	NB	Associate Director of Mental Health – CCG
Nigel Woods	NW	Head of Programme Management Office - CCG

Item No	Item	Action
1	Welcome and Apologies	
	Chair welcomed members. Apologies listed above.	
2	Declarations of interest	
	None	
3	Notice of Any Other Business	
	Terms of reference. (TOR).	
4	Minutes of the Last Meeting held	
	Minutes accepted.	
5	Action Log	
	Actions closed during meeting; 164, 183, 185, 187 and 188.	
6	2018/19 Month 5 QIPP Report	
	<p>IM presented the Month 5 QIPP report to the committee.</p> <p>The plan for 2018/19 is £13,820k, to be delivered via 35 individual schemes. The proposed total level of investment against QIPP schemes in 2018/18 is £3,400k. Therefore, the total net planned savings for 2018/19 is £10,420k. The year to date performance 89.1% of the year to date plan, meaning £2,587k is against the year to date plan of £2,904k.</p> <p>The full year forecast is £8,513k, which has decreased by £350k since month 4. This is 81.7% of the full year plan, meaning a decrease of 3.4% on month 4.</p> <p>At month 5 the position reported is based on, and estimated via year on year comparisons of activity/costs, as well as feedback from SRO's for each scheme.</p> <p>A number of schemes planned forecast savings are at risk, these are described by exception and are on the slides provided by IM (Please refer to QIPP report for further information).</p>	

	<p>The key improvements to forecasts since last month, are as follows;</p> <ul style="list-style-type: none"> • End of life care’s full year forecast has increased by £177k since last month and is now £151k above plan. The forecast savings improvement for this month is largely due to the release of a £150k planned investment in the LCS which had previously been refunded as it is no longer required. • The full year forecast for over the counter prescribing is showing as £150k, against a planned figure of zero. As this is an additional scheme it is to be monitored, which then relates to the expected cost benefit to the CCG following the NICE. Action: SB asked to check that this is not a double count. Furthermore, due to generic drugs being available for patients over the counter in the future, guidance to end the prescribing of a number of generic drugs is suggested. • Additionally, the full year forecast for OptimiseRX has increased by £45k since last month and is now above plan by £195k. <p>The key deteriorations to forecasts since last month are as follows;</p> <ul style="list-style-type: none"> • Neurology’s full year forecast has decreased by £336k since last month and is now £881k below plan. In terms of progression a new Neurologist has been appointed at the HWPB site with a start date of 22nd October, as well as a second to be interviewed, though some delays in recruitment mean an impact on implementation milestones. • The full year forecast for Diabetes medication has decreased by £90k since last month and is now £275k below plan. The predicted savings from educating individuals with diabetes and resulting lifestyle changes are not being achieved. The Medicine optimisation team is working to make savings through other methods. (Please see QIPP report pg. 5 for examples). • The full year forecast for Diabetes, foot ulcerations and amputations has decreased by £132k since last month and is now £92k below plan. The total number of amputations has dropped considerably in comparison to last years, the inpatient length of stay has also shown a considerable drop compared to last year. Despite the reductions, the mix of Ulceration patients compared to amputations is higher than planned which is affecting the value of savings achieved. • The full year forecast for Dermatology has decreased by £99k since last month and is now £29k below plan. The reduction in savings has been compounded by a large increase in referrals and subsequent first attendances from the Bracknell area into Frimley Park Hospital. • The full year forecast for the AIR’s service has decreased by £57k since last month and is now £143k below plan. The single tender waiver for the AIR service contracts (FHFT and BHFT) has now been approved by CCG Governing body. Analysis of Hospital emergency and A&E reports show that year on year activity levels have not decreased, the cost of the cohort of patients has also increased over time. (Please see QIPP report pg. 6 for more details). • The full year forecast for Stoma Product prescribing has decreased by £53k since last month and is now £53k below plan. To ensure products are prescribed as per stoma specialist advice, further analysis will be carried out, as well as further engagement from relevant clinical teams. • The full year forecast for Paediatric advice helpline has decreased by £52k since last month and is now £111k below plan. The current forecast saving for the year is £287k against an investment of £130k. (Please see QIPP report pg. 7 for further details). <p>Other key risks are as follows;</p> <ul style="list-style-type: none"> • MH placements, the full year forecast is £451k below plan, meaning a 50% achievement. Last month’s update shows that the project delivery plan is in place and 	<p style="text-align: center;">SB</p>
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	<p>that BHFT have started the recruitment process to deliver this function. Forecast savings remain at £450k by March 2018.</p> <ul style="list-style-type: none"> • Referral support's full year forecast is at £289k below plan, meaning a 53% achievement. Project planning is underway with Liz Head leading in FHFT. • Audiology tariff change's full year forecast is £111k below plan, meaning a 50% achievement. The procurement of a revised AQP service specification has closed and seven bids have been received, this to be assessed by an accreditation panel during October. 	
7	2018/19 Month 4 Provider Performance Report	
	<p>IMck presented the month 4 Provider performance report to the committee.</p> <p>Frimley Health Foundation Trust: At month 4 there is currently an over performance of £1,498k for Frimley Health Foundation Trust. The ICS has reported a £3.5million over performance for year end. The IR has agreed to 2018/19, though there has also been a small reallocation between CCG's to be agreed. IMck stated that a reallocation exercise has to take place; IMck also relayed optimism in this happening next month. Activity has increased in month 3 freeze verses the month 4 flex, which has increased by £78k, in comparison to last month where it had improved by £400k. IMck commented on how that shows the volatility in the estimated numbers between flex and freeze. The IAP will be uploaded into SLAM pending the IR re-allocation.</p> <p>Royal Berkshire hospital: For the Royal Berkshire hospital, the final IR is to be agreed and the IAP to be input. The 2018/19 financial value and the FYE adjustments are still to be agreed. IMck confirmed that they have come back and are looking for a higher budget plan, which hasn't been agreed as of yet, though a £1.4 million adjustment has been offered. He hopes to have this agreed and moved forward for next month. In the month 4 analysis based on the IAP draft, is showing a £27million spend rather than the £26million as initially planned.</p> <p>Buckinghamshire Health: For Buckinghamshire Health, at month 4 critical care is showing an £90k overspend, the year to date overspend is £276k.</p> <p>Oxford University hospital: Within the Oxford University hospital there has been an overspend of £35k. IMck confirmed that this had rolled forward from month 1 and month 2 with drugs and devices, particularly around C-PAP machines. Catriona is looking into this, and IMck hopes to have this understood as to why this is the case this year.</p> <p>Ashford and St Peters: Ashford and St Peters are reporting an overspend of £245k against plan. IMck mentioned the quarterly contract meetings that have been arranged, to give more of an understanding and relationship with Ashford and St Peters, so that the contract can be managed effectively.</p> <p>Independents: IMck shared some positive news regarding the Independents, as there has been a £230k under performance against plan in month 4.</p>	
8	2018/19 Month 5 Finance Report	
	<p>JP presented the month 5 finance report to the committee.</p> <p>At month 5 the CCG reported a year to date surplus, which is in line with the planned surplus of £124k for the year. There is an adverse movement of £146k but there is a sizeable risk of £3.3million on the Frimley contract. JP has confirmed that the risks have been reflected on, and this has not been moved as there is a need to find a balance across the ICS.</p>	

	<p>The main movements are as follows;</p> <p>Acute contracts: Acute contracts are at £761k, which is moving adverse with an additional adverse movement at London Trusts at £313k, Ashford and St Peters at £172k and Oxford University hospital at £151k.</p> <p>Mental Health: Mental Health is at £718k including a budget change of £336k for CAMHS. Mental Health is also showing an improved position from last month, though part of the budget adjustment £336 is for CAMHS, which was mentioned last month. Though there is forecasting for slippage against this £300k and further underspends of £100k.</p> <p>Prescribing: Prescribing has moved adverse by £230k and is now reflecting a number of centrally driven pressures. These include further price pressures from drug shortages as seen last year, this is partly due to further shortages but also from these prices being increased and now becoming embedded into the price list going forward. Additionally, there is a further pressure being seen in 'category M prices' where we have been receiving a temporary benefit in prices, though this has now ceased. These pressures are largely being mitigated within our forecast by other savings in the core prescribing forecast.</p> <p>The Key risks are as follows;</p> <ul style="list-style-type: none"> • The over performance of Acute contracts and QIPP delivery. • Contract values are still to be finalised; FT, Surrey and Borders partnership being the two contracts where values have not been agreed. • Continuing care costs (work is being carried out to review the spend against the patient database, early indications suggest that there may be a benefit from this exercise). <p>The forecast for the Acute provider is based on month 4 activity. Additionally, the level of activity at Frimley Health has increased slightly at 1683 spells, costed at £2.8million.</p> <p>DF has noted that there has been a fluctuation in figures, and has shared concern regarding understanding what is happening and the reality of the figures. The pressure being seen in London may evaporate and was down to costs that may have been from Spec com.</p> <p>Action: IM to chase and find out if this was correct. IM mentioned the QIPP scheme on mental health placements and how it has been confirmed that recruitment is in place and is due to start.</p>	<p>IM</p>
9	<p>Performance Review Group Updates</p>	
	<p>Slough MH presented the Slough referrals to the committee with SS supporting. MH shared some positive news regarding the referrals; overall at month 4, year on year the number of referrals have decreased by 4%. Within the first month they went down by 3.2%, then 4.23% in the second month, followed by a big drop in the third month which was 19.67%. Though by month 4, it went slightly back up and only dropped by 4.57%, resulting in the end referral reduction being a total of 5.59%. MH suggested that this was a result of the practice visits that they did, whereby a number of practices were visited and since they have all shown a reduction in referrals. Especially one practice in particular, which went down by 40%. MH discussed year on year referrals and how overall the year indicates that they have gone up by 20%. MH hopes that with more practice visits and education that they should be able to do better. SS commented on the practices that have had a steep reduction, and how a couple of them</p>	

	<p>have been introduced to the triage. The feedback that they have received regarding the triage is that it is helping. SS also added that the next steps are to move onto something that is much wider regarding the triage, also to improve the papers and guidelines on the system, this then will enable practitioners to treat appropriately, rather than just send them to hospital. AF asked SS if there are any consequent patient frustrations. SS response was that they are not seeing any at this stage, as they are not sending patients for treatments, but finding the appropriate place for them.</p> <p>SB asked SS if the number of outpatients have gone down. SS agreed to check this, before the next meeting.</p> <p>DF Suggested that this would be good to do, to be able to see the impact.</p> <p>IM also suggested showing year on year change, especially regarding the three localities.</p> <p>Action: MH & SS, to move forward and discuss in the next meeting; alignment of the reduction in referrals, how long that has taken to come through and the activity data.</p> <p>Windsor Ascot & Maidenhead</p> <p>AM was the representative for Windsor, Ascot & Maidenhead. AM informed the committee that the next PRG meeting was due at 12:30 on the 28th September, after the Finance & QIPP meeting. Due to this AM added that he did not have the data pack for the elective new referrals. During the meeting AM received an email containing the draft practice data pack, as suggested in the previous meeting, a routine practice visit should be done by the med optimisation team. AM added that the Banbury surgery has seen a 20% reduction last year in their referrals.</p> <p>SB suggested asking the practice what they think. AM replied; in terms of evidence, peer review has been the most effective way to help reduce the amount of inappropriate referrals. The practices have also found other benefits, from the time invested. This helps in education, mentoring and support. SB agreed with AM regarding the support aspect, in terms of clinicians having support behind saying 'no'. SB suggested investing in some time and support into practices. SB also asked AM how they are incorporating the softer performance metrics. AM's response was that the primary care dashboard is being developed, as well as the cancer screening programs and core performance. AM spoke to the practice managers the previous week. This will enable a place for practices to go and gather performance data, the softer performance data. SB queried the fact that the softer data will be looked at by the practice managers rather than the Clinicians. She suggested changing this to the softer data being looked at by the Clinicians, as they are the people who make a difference to the experience.</p> <p>Bracknell & Ascot</p> <p>No feedback as JF had left the call; this was due to difficulty with reception.</p>	<p>MH/SS</p>
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Next meeting:

Friday 26th October 2018
King Edward VII, SL4 3DP - Boardroom