

**Minutes of Finance & QIPP Meeting held on 27th November 2018 from 08:30 – 10:30
held in the Board Room, King Edward VII Hospital, Windsor, SL4 3DP**

Chair – Debbie Fraser

Present	Initials	Job Title & Organisation
Fiona Slevin-Brown	FSB	Director of Strategy & Operations – East Berkshire CCG
Debbie Fraser	DF	Deputy Director of Finance – East Berkshire CCG (Chair)
Sarah Bellars	SB	Director of Nursing and Quality – East Berkshire CCG
Jennie Ford	JF	Practice Manager – B&A Locality
William Tong	WT	Clinical Chair – East Berkshire CCG
Jonathan Pettit	JP	Head of Financial Management & Reporting – East Berkshire CCG
Iain McKenzie	IMcK	Interim Lead Contracts Manager – CSU
Alan Mackay	AM	Practice Manager – Windsor, Ascot and Maidenhead Locality
Ian Murdock	IM	Associate Director of Contracting & Performance- East Berkshire CCG
Apologies:		
Mark Dillon	MD	Deputy Director of Provider Management - CSU
William Tong	WT	Clinical Chair – East Berkshire CCG
Mike Hoskin	MH	Governing Body Member – Slough Locality
Arthur Ferry	AF	Governing Body Lay Member – East Berkshire CCG

Item No	Item	Action
1.	Welcome and Apologies.	
	The Chair welcomed members to the meetings and apologies were noted as above.	
2.	Declarations of interest	
	There were no further declarations of interest noted.	
3.	Notice of Any Other Business.	
	There were no items of any other business noted.	
4.	Minutes of the Last Meeting held on 26th October 2018.	
	The minutes of the last meeting held on 26 th October were accepted as a true record of the meeting with the following revisions: <u>Page 3, Item 7</u> <u>Items not for routine prescribing</u> <i>There has been good engagement from Primary Care; the team have been to all practices however there are some practices in East Berkshire that have not complied. This issue should be taken to the locality PRG meetings and to be actioned by the PRG Chairs.</i> <u>Page 5, Item 10</u> <u>QIPP and Performance Review Group</u> <u>Bracknell and Ascot</u> Action: SS to explore the EMT data and send on to the PRG chairs – should read: Action: SS to explore the ENT data and send on to the PRG chairs. (Also correct the action log). <u>Page 6</u> There was discussion regarding the Bradley Ward at Ashford and St Peter's Hospital –	

	<p>this discussion needs to be captured.</p> <p>Action: IMcK to write a minute for addition to the October minutes regarding the discussion of Bradley Ward at Ashford and St. Peter's Hospital.</p>	
5.	Action Log.	
	The action log was reviewed and updated.	
6.	QIPP Report.	
	<p><u>2018/19 Month 7 QIPP Report</u></p> <p>This item was not discussed.</p>	
7.	Provider Performance.	
	<p>This is a new style of provider performance report, graphs and tables have been pulled from the system automatically. There is a slight difference with the numbers – the report traditionally used raw SLAM, the new style is based on raw SLAM plus adjustments. DF and IMcK will agree which adjustments are necessary and this is the style that is proposed to be used going forward. The live version will be run for 4th January 2019.</p> <p><u>Key messages</u></p> <p><u>FHFT</u> East Berkshire CCG is £1,519k over plan at Month 6 which is a deteriorating position against the Month 5 position. FOT is £6.3m over for the year end. Over performance in NEL has improved slightly.</p> <p>There is some elective work being done by the Trust to maintain the RTT target; we are engaging with Trust to examine what that means with regard to the plan. There is a call today regarding IR and we are trying to secure the allocations we have agreed for this year. NHSE are challenging some of the specialist activity – we are responding robustly that this is not acceptable. We will be commencing the discussion early next year as to the preferred provider status on certain elements of speciality.</p> <p><u>RBH</u> Straight-line FOT £26.7m – we should have the year-end position signed off this month.</p> <p><u>BHT</u> There is a YTD over performance of £449k – the main reason is the increase in the estimated value of un-coded activity; this is an estimated cost but should come down.</p> <p><u>OUH</u> There is a YTD over spend of £150k mainly due to over-performance. There are also bone marrow transport costs included.</p> <p><u>ASPH</u> YTD over spend is £150k, this is an improved position from Month 5. Bradley Ward activity – the proposed block price is included, if we were to go on cost per bed per day it would be over the block price. The block price is a retrospective cost – the whole unit is charged at cost; therefore what you use in this year will form the basis of the charge for the following year.</p> <p><u>Independents</u></p>	

	This item was not discussed.	
9.	Finance Deep Dive	
	<p>JP and DF presented the Finance deep dive paper. The underlying surplus of the CCG represents the forecast position excluding all non-recurrent allocations and expenditure which will then give us a review of our current expenditure.</p> <p>Slide 1 – three categories:</p> <ul style="list-style-type: none"> - Non recurrent (NR) investment in areas where NR funding has been received; - NR investments in areas that the CCG is funding, possibly from a draw-down of surplus or using baseline funding - Other financial impacts that are NR in nature; e.g. the settlement of a contract from a previous year or a one off cost pressure (interim expenditure). <p>Slide 2 – The CCG has a planned surplus of £124k, which is forecast to be achieved at Month 7, the planned in year underlying surplus is £1.568k once planned NR expenditure of £1,444k is removed.</p> <p>DF informed the Committee of the importance of understanding that we are using a lot of NR funding – we should balance this year but there will be challenges for future years.</p> <p>Risk and Mitigations – this slide gives an indication of our current position with the PBR system in which we currently work.</p> <p>It was identified that the primary care budget and CAMHS budget are fully forecasted and allocated and for next year’s planning round the CAMHS funding will be ring-fenced.</p> <p>Financial plan – there is a £4.8m shortfall as a consequence of what we have been using this year and an assumed funding gap of £16.7m.</p>	
10.	QIPP and Performance Review Group	
	<p>There are some locally commissioned schemes that practices have signed up to and have received funding for up front; however, there has been a situation with one vulnerable practice not submitting returns which has now been escalated.</p>	
	<p>There was no further business discussed.</p>	