

**Draft Minutes of Finance & QIPP Meeting held from 08:30 held on 22<sup>nd</sup> January from 08:30 – 10:30 in the Board Room, King Edward VII Hospital, Windsor, SL4 3DP**

Chair – Dr William Tong

Part I

Present	Initials	Job Title & Organisation
Dr Andy Brooks	AB	Clinical Chief Officer, East Berkshire CCG
Fiona Slevin-Brown	FSB	Director of Strategy & Operations, East Berkshire CCG
Debbie Fraser	DF	Deputy Director of Finance, East Berkshire CCG
Dr William Tong	WT	Clinical Chair – East Berkshire CCG ( <b>Chair</b> )
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
Mike Hoskin	MH	Governing Body Member, Slough Locality
Arthur Ferry	AF	Governing Body Lay Member, East Berkshire CCG
Catriona Khetyar	CK	Head of Medicines Optimisation (deputising for Sarah Bellars)
Nooshin Khan	NK	QIPP and Performance Programme Manager
<b>Apologies:</b>		
Jennie Ford	JF	Practice Manager – B&A Locality
Sarah Bellars	SB	Director of Nursing and Quality – East Berkshire CCG
Jonathan Pettit	JP	Head of Financial Management & Reporting – East Berkshire CCG
Mark Dillon	MD	Deputy Director of Provider Management – CSU

Item No	Item	Action
<b>1.</b>	<b>Welcome and Apologies.</b>	
	The Chair welcomed members to the meeting and apologies were noted as above.	
<b>2.</b>	<b>Declarations of interest</b>	
	There were no further declarations of interest noted.	
<b>3.</b>	<b>Notice of Any Other Business.</b>	
	There were no items of any other business noted.	
<b>4.</b>	<b>Minutes of the Last Meeting held on 27<sup>th</sup> November 2018</b>	
	The minutes of the last meeting held on 27 <sup>th</sup> November were accepted as a true record of the meeting with two revisions as below:  <u>Page 1 – Item 4, Minutes of last meeting held on 26<sup>th</sup> October</u> This item has been actioned by the PRG chairs.  <u>Page 4 – QIPP and Performance Review Group</u>  <i>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 <b>not</b> been escalated. Change not to <b>now</b>.</i>	
<b>5.</b>	<b>Action Log.</b>	
	The action log was reviewed and updated.	

6.	<p><b>Finance Update</b></p>	
	<p><u>2018/19 – Month 9 Report</u></p> <p>There are adverse movements on the acute position around Royal Berkshire FT (£303k) and London Trusts (£307k), Oxford (£59k) and small movement for Ashford and St Peter's (£44k). There is a non-recurrent benefit upon revaluing the CHC provision, reflecting a reduced number of clients awaiting assessment, which is a benefit of £1.1m. This has impacted the underlying position for the CCG as recurrent cost pressures are being offset with non-recurrent benefits, so we are now forecasting a £0.5m underlying deficit for the year.</p> <p>Prescribing – there is a slight adverse movement around covering potential risk. A new report is available that is providing better information on our costs.</p> <p>CHC Admin has moved £100k adversely and increased to £800k, at the last Governing Body meeting we requested a further £250k to cover to the end of the year for the team.</p> <p>WT queried if we had not yet closed the position with RBH, DF confirmed that this is the second year of the contract and the spend is moving towards that figure. When the financial position is closed that will remove the risk. There is a Surrey and Borders meeting scheduled for Thursday.</p> <p>AB queried if the QIPP plan was correct with the right schemes. AB reflected that we need to be clear about activity and demand management and where the focus is. AB also stated the importance of recognising the quality outcome – this should be our focus as a CCG; it is important to manage the technical solution but this should be measured on the ground in terms of care.</p> <p>AF reflected that we need to manage demand and provide the right care within budget; in order to do this we need to understand what has gone wrong this year.</p> <p><u>Financial Planning Update</u></p> <p>DF presented and discussed the slides. There is an £8.0m assumed funding gap; there is still some work to do as this needs to be submitted in a weeks' time. We have previously never submitted a plan with unidentified QIPP. Within the ICS it has been agreed that everyone will be transparent and share their plans. It was noted that there is still a risk in terms of balancing the figures across the system and it will be important to agree what is recurrent and non-recurrent; we will also need to have aligned with the Trust regarding our activity.</p> <p><b>Action: DF to circulate a slide to identify where the QIPP is sitting.</b></p>	<p>DF</p>
7.	<p><b>Provider Performance Report</b></p>	
	<p><u>2018/19 Month 9 QIPP Report</u></p> <p>This is presented in the old style report. At the last meeting there was a template of the new report format; there is a new style report to hand out.</p> <p><b>Action: Send feedback for the new style report to IMcK.</b></p> <p>Frimley Health FT – a deep dive of activity/spend was carried out and a number of follow up actions are being carried out. Key challenges will be managing the A&amp;E and</p>	<p>All</p>

	<p>NEL activity. Out-patient procedures have increased. Royal Berkshire FT – need to agree the 2018/19 year-end financial settlement. Berkshire Healthcare FT – there was a YTD over performance of £500k. OUH – YTD over performance of £174k (7.2%). Mainly due to bone marrow transplant donor costs. ASPH – YTD over performance of £267k. Independents – YTD under performance in SPIRE of £115k and in BMI Princess Margaret Hospital £191k. YTD over performance in Circle Reading (acuity) of £48k.</p> <p>It was noted that there have been continued anomalies with BHFT data. A number of queries have been raised about the reports they share with us. There is to be a deep dive on the data and what is acceptable for EBCCG to receive on a monthly basis.</p> <p><b>Action: Agreed discussion at EMT regarding weighted information</b></p>	<p>AB/FSB</p>
<p>8.</p>	<p><b>Frimley Health Activity by Locality</b></p>	
	<p>An in-depth analysis was carried out using monthly activity data to inform the CCG of areas of over performance at Frimley Hospital.</p> <p>Four main areas were reported on:</p> <ul style="list-style-type: none"> <li>- Accident and emergency attendances.</li> <li>- Non-elective admissions.</li> <li>- Outpatients and Outpatient procedures.</li> <li>- Elective and Day Case admissions.</li> </ul> <p><b>Action: Compare Bracknell &amp; Ascot figures to Surrey Heath and North East Hants &amp; Farnham. Use the same datasets but expand to include SH and NEH&amp;F to include the speciality variations.</b></p> <p>AB reflected that it would be helpful for PRGs to focus on the variation between practices.</p>	<p>IM</p>
<p>9.</p>	<p><b>QIPP Report</b></p>	
	<p><u>2018/19 Month 9 QIPP Report</u></p> <p>IM outlined the QIPP 2018/19 position summary – the total QIPP savings plan for 2018/19 is £10,420k. YTD we are reporting a delivery of 76% and the forecast out-turn is 80% of the plan which is a shortfall of £2.1m for the year. The table (page 3 of the report) sets out the detailed schemes with plans, actuals and variances; the report continues to highlight on those exceptional items where you see movement in month.</p> <p><u>ICDM deep dive</u></p> <p>The review of data is still a work in progress and will be firmed up for next months' report. It has been a challenge getting access to the data on the Anticipatory Care LCS part of the scheme.</p> <p><u>Improved position since last month</u></p> <p>Three schemes have improved:</p> <ul style="list-style-type: none"> <li>- Heart Failure IV Lounge</li> <li>- Ophthalmology e-Referral</li> <li>- ENT Advice and Guidance</li> </ul> <p><u>Deterioration since last month</u></p>	

	<p><i>Audiology Tariff Change</i> – following an AQP Procurement earlier in the year this has taken longer to both complete the procurement and award contracts. There has been the added complication of at the point of awarding the contracts BHFT withdrew their bid. There is no additional work being undertaken to agree an exit strategy with BHFT for the circa 4,000 patients in the system who need to be diverted to new providers. In terms of QIPP delivery this means we are behind schedule in terms of the lower price we will be paying for the same activity.</p> <p><i>Community Dermatology Service</i> – the revised pathway is still under negotiation therefore we have looked at a phased delivery of the new pathway across the three localities – this has not yet commenced.</p> <p><b>Action: IM to check if this has gone live in one of the localities.</b></p> <p><i>Osteoarthritis</i> (contract with Arthritis UK) – there has always been a delay in terms of seeing the benefit. There have been increases of day case activity.</p> <p><i>AiRs</i> – the service is fully implemented, however, there is no real benefit in terms of reduction in emergency admissions. We are seeing elective stays decreasing. This continues to be reported below target.</p> <p><b>Action: Agenda item for next meeting – QIPP slippages which are material:</b></p> <ul style="list-style-type: none"> <li>- <b>Neurology.</b></li> <li>- <b>Mental Health placements.</b></li> <li>- <b>Diabetes.</b></li> </ul> <p>AB queried how in terms of actual activity savings this year's QIPP compares to previous years. FSB to take offline and check.</p> <p>There was discussion regarding ICS led QIPPs e.g. Neurology was a business case we had two years ago which we paused with our East Berkshire approach to play into the ICS system, this had a direct impact on our delivery in East Berkshire. DF reiterated that there have been issues in terms of delivering and monitoring ICS schemes and this is causing some financial pressures.</p>	<p>IM</p> <p>IM</p>
10.	<b>QIPP and Performance Review Group</b>	
	<p><u>Bracknell &amp; Ascot, Slough &amp; Windsor, Ascot and Maidenhead Localities</u></p> <p><u>Windsor, Ascot and Maidenhead</u> (Alan Mackay)</p> <p>Over the counter medicines – everyone is fully engaged.          Referrals – there are eight practices showing increases year on year and they were requested to review their activity speciality. Some of the practices stated that although their year on year activity is up they are still below their peers.          Rheumatology and Gastro - larger numbers and showing red in terms of increases.          The data is showing that if you use Advice and Guidance (A&amp;G) you wait 12 days for a response. WT encouraged colleagues to raise as a Clinical Concern (WT attends the A&amp;G at Frimley Health and thinks it is approximately 3 days on average).          Orthopaedics – larger numbers; we need to address overall numbers with the new orthopaedic triage service then that should show some results.          A&amp;E and NEL – AM is meeting with Amanda Wallis to understand granularity of data.</p> <p><u>Slough</u> (Mike Hoskin)</p>	

	<p>There was no meeting held in January 2019. There are two planned practice visits.</p> <p>Referrals – MH suggested a workshop could be planned for a future members' meeting to discuss referrals and how we can best plan them into future education sessions. This learning could then be shared across the three localities. AM mentioned that triage and referrals are moving around the system but never get fed into the educational agendas.</p> <p>AB was very supportive of this suggestion – it is a quality improvement target; we could be examining where things do not get through from an education perspective. This would be a large piece of work but would be a very good way to consider demand management from practices. It would need to be done as a programme and in a systematic way with the principles to be agreed.</p> <p><b>Action: FSB &amp; AB to consider how to get the strategic approach aligned. Have a conversation at EMT then respond to PRG chairs with next steps.</b></p>	<b>FSB/AB</b>
11.	<b>Risk Register</b> - to be circulated after the meeting and to ensure it is a regular item at the end of the agenda.	
12.	<b>For Information</b> – N/A.	
13.	<p><b>Any Other Business</b> There was no further business discussed.</p>	