

Minutes of Finance & QIPP Meeting on 26<sup>th</sup> February 2019, 08:30 – 10:30  
Board Room, King Edward VII Hospital, Windsor, SL4 3DP

Chair – Dr William Tong

(Part 1)

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
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
Nooshin Khan	NK	QIPP and Performance Programme Manager
Jennie Ford	JF	Practice Manager – B&A Locality
Kevin Wilkins	KW	ICS programme manager, Diabetes Lead
Melissa Fitzgerald	MF	Taking minutes
<b>Apologies:</b>		
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
Dr Andy Brooks	AB	Clinical Chief Officer, East Berkshire CCG

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 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 22<sup>nd</sup> January 2019</b>	
	The minutes of the last meeting held on 22 <sup>nd</sup> January were accepted as a true record of the meeting with two revisions as below:  <u>Page 3 – Item 7, Provider Performance Report</u> Context to be added on the action on a discussion at EMT discussion on weighting. Agreed discussion at EMT regarding weighted information.  <u>Page 4 – Item 10, QIPP and Performance Review Group</u> <i>Counter medicines reference change to over the counter.</i>	FSB
<b>5.</b>	<b>Action Log.</b>	
	<u>144. Provider Performance, Month 9</u> An offer has been made to close the year down based on the forecast, with adjustments to be made, the Trust have acknowledged receipt of the email and have arranged a meeting for the 11 <sup>th</sup> March 2019 with the intention of both closing down	

	<p>18/19 and also attempting to close down 19/20. A proposal has been received from RBH for next year which presents a financial gap compared to baseline in place.</p> <p><u>173. 2018/19 Provider Performance, Month 1</u> Governance arrangements with Berks West around BHFT and disaggregation of contract. Proceeding to agree a single contract in 19/20 - if/when Berks West proceed to in-house the contract management function of the CSU and Dept., it will likely take at least 6 months – a discussion on the future of the contract can then take place. No change enacted or proposed at present. WT questioned the likely impact of the CCG's contract with BHFT if Berkshire West bring the contracting mechanisms in house. Berks East continue to lead on the contract, so will be necessary to work out how they would continue as an active associate – a business case has not yet been submitted on in-housing the service. Action log to be amended to reflect this, taking this off as an action until a proposal comes in.</p> <p><u>180. QIPP &amp; Performance Review Groups</u> Paper coming to EMT on 26<sup>th</sup> March, which is on the same day as the next Finance and QIPP, so to discuss at April meeting.</p>	<p>MF</p> <p>FSB</p>
<b>6.</b>	<b>Finance Update</b>	
	<p><u>2018/19 – Month 10 Report</u> DF – position has been moved to accommodate ICS Frimley Health year end settlement figure, this increases forecast by £3.3m – ongoing work around differentiation between aspects of <i>support</i> and those of <i>activity</i>. Therefore £222.4 against contract value 214.6. Further cost pressures in other acute services, Ashford and St Peters, Oxford University and CHC, cost increased by £250k. £1m due back from Surrey Heath from last year, not possible to repay at present, so moved into plan for next year for contingency. To mitigate these pressures – accruals, and also the settlement of acute contracts from 16/17 and 17/18 have been released.</p> <p>Surrey and Borders, the block contract value has been agreed at the original plan value of £580k. The previously reported cost pressure of £500k has now been released.</p> <p><u>Budgets and underspends</u> The CHC forecast needs to be kept under review, the reporting issue on the database has been worked through and has created a pressure. A previously unreported underspend held whilst this investigation was underway will be released and will partly mitigate this pressure. The 19/20 financial plan submitted on 12<sup>th</sup> February 2019.</p> <p><b>ACTION: A summary to show the surpluses for the past 4 years, and the amount drawn over these years was requested.</b></p> <p><u>Financial Planning Update</u> DF presented the slides for the 19/20 financial Plan. JP took the committee through the Mental Health Investment Standard (MHIS) slides. The 18/19 MHIS is subject to an assurance review in the summer, and there will be a requirement to include a statement from the Clinical Chief Officer into the 18/19 Annual</p>	<p>JP</p>

	<p>Report to confirm the standard has been met.</p> <p>AF questioned 'out of area placements'. FSB explained that this is part of the 5 year forward view Mental Health target – reporting on acute overspill (reported nationally) – Q3 shows green, BFT on trajectory. Secondary area is longer term placements, i.e. housing – Nadia Barakat presenting paper on three local authorities, <b>ACTION: Fiona to share paper when completed.</b></p> <p>As per the Mental Health Standard, and corresponding guidance, a considerable part of the tariff must go towards pay awards, making it difficult for providers to create capacity. <b>ACTION: FSB to share mental health plan, which includes high level breakdown of contracts and ancillary costs. Plan to bring this back to next Committee, this will however need sign off by providers first.</b></p> <p>Primary Care - there is an additional recurrent £1.50 per head per year to maintain Primary Care Networks.</p> <p>At the time of submission, in order to balance, an assumption was made about £2.9m transformation monies being available to East Berkshire, and East Berkshire receiving an anticipated allocation of £900k for extended access for Primary Care.</p> <p><u>High level summary slide:</u></p> <p>FSB – Neurology did not start, so it has been built into next year. Prescribing presents a challenge as already low-prescribing, however efficiencies are consistently produced year on year. <b>ACTION: to ask Sarah Bellars to provide outline, and share strategies.</b></p> <p>Key issues – Assumption that contract is aligned with Frimley, however this is not the case and work needs to be done on how to close contract with Frimley.</p>	<p>FSB</p> <p>FSB/JP</p> <p>SB</p>
7.	<b>Provider Performance Report</b>	
	<p>Jain McKenzie presented the Month 9 report. A summary position of cumulative contract performance was presented.</p> <p><u>Hospitals</u> Frimley Health – work continues on deep dive analysis across the ICS and the analysis up to Month 6 is being updated up to Month 8 to report on a more up to date position. A further update will be made at next month's meeting.</p> <p>Key findings are with Zero Length of Stay over-performance where there is a reported overperformance of 18%. Operational team input is needed to analyse how this level of overperformance correlates with increases in cost..</p> <p>It has been identified that, in the North (Wexham Park area), the outpatient new to follow up ratio is much lower than in the south, and this will be analysed.</p> <p>Statutory targets – daily 4-hour target has not been met across the Trust. The Trust is working with SCAS to reduce handover delays as a priority. The new Emergency Care Unit at Wexham Park is due to open on April 3<sup>rd</sup>, however a number of inpatient beds in the new facility have already been made operational. Mixed accommodation breaches ongoing, this is due to the estates work which is also ongoing, but should be</p>	

	<p>complete by April 2019, so improvements are expected.</p> <p>Royal Berkshire Hospital:- Eye casualty overperformance has been queried with the Trust and a response is awaited. A year end settlement offer has been made and a meeting is taking place in early March to close down the year and have initial discussion on the 2019/20 baseline.</p> <p>Oxford University Hospitals: There was a reported increase in Month 9 for over-performance, mainly in Critical Care bed days, CPAP machines and donor bone marrow patients.</p> <p>Buckinghamshire Healthcare: Non-electives over-performance continues to be reported in Stroke admissions, higher acuity patients and Critical Care.</p> <p>Independent Hospitals:- BMI Princess Margaret Hospital continues to underperform however Circle Reading is now reporting an over-performance mainly in, Ophthalmology and Gynaecology.</p> <p><b>ACTION:-to find out why there was a shift to Circle, and if this is due to Royal Berks subcontracting Ophthalmology from Circle.</b> Royal Berks are currently subcontracting neuro-rehab beds from Circle.</p> <p><b>ACTION: to check CCG are not being billed for these separately, because this is under Royal Berkshire sub-contractual agreement.</b></p> <p><b>ACTION: look into Wexham large spend change – discussion with provider on numbers for data set needed, as there is an increase in non-elective activity which needs to be understood, as well as a change in acuity.</b> Suggested that this could be due to patients being managed more effectively in Primary Care and Community, so when patients do reach hospital their condition is very poor, and therefore their care costs more, and acuity is coded to reflect this.</p> <p>Page numbers were requested to be added to future reports.</p> <p>Acronyms are to be replaced with full descriptions.</p> <p>A summary of Independent Sector Provider positions are to be added.</p>	<p>IMcK</p> <p>IMcK</p> <p>IMcK</p>
<b>Quality Premium Update</b>		
	<p>Confirmed position for 17/18 against all of the cases is as reported, so is against target, or maximum potential, for the premium payment of £2.1m. Delivery was for £756k for full year of 17/18 – the areas where the previous CCG boundaries achieved or did not achieve presented.</p> <p>Second report showed performance against 18/19 quality premium standards. There is an ongoing query with NHS England to establish how the gateways operate, as potentially failure to meet the gateway requirements will result in the organisation not being funded for delivery of the standards beyond the gateway.</p> <p>EBCCG is currently achieving the RTT standard. Feedback is expected in July on the YTD position.</p> <p>There is an estimated £440k return for the 2018/19 position, subject to the formal position on gateway delivery.</p>	

8.	Procurement Register Update	
	<p>Update given on movement on contracts undergoing procurement planning – seven contracts where an extension is needed while procurement plan being finalised, expecting that new provider to be in place by 2020.</p> <p>Eleven Mental Health and Learning Disability contracts with voluntary sector requesting single tender waivers to be agreed whilst decisions are finalised regarding future commissioning arrangements.</p> <p>Three MSK contracts with a planned procurement in place for a single integrated service expecting to start April 2020 will also require single tender waivers to be proposed to extend current contractual arrangements. <b>ACTION: confirm single tender waiver has been completed</b></p> <p>Extensions also needed for AQP zero-value contracts (small value contracts) into next year including two Community ENT contracts, two Community Ophthalmology contracts and two Community Vasectomy contracts.</p> <p>Information will be updated and brought to the Finance and QIPP Committee on a quarterly basis.</p> <p>FSB commented that it was agreed at Governing Body to extend all contracts for Urgent Care to March 2020, aligning all expiry dates with the ongoing consultation process. <b>ACTION: to speak to Urgent Care Team to check if single waiver documentation was updated.</b></p> <p><b>ACTION: paper with a cover sheet required for Audit Committee on the various single waivers that require audit committee approval.</b></p>	<p>IM</p> <p>FSB</p> <p>IM</p>
9.	QIPP Report	
	<p>QIPP report presented by Nooshin Khan.</p> <p>Year to date, 76% achieved. Forecast outturn is delivery of 80% of target savings.</p> <p>ICDM – methodology has now been revised to give accurate updates. Operational update – each locality is in process of recruiting therapist mental health professionals by end of March. Increase of ambulatory care referrals has been noted, mainly in Slough.</p> <p>Neurology – recruitment has been an issue, but all four posts have now been recruited to. MDT Triage and non-diagnosis pathway is planned to go live on 4<sup>th</sup> March – savings in 2018/19 are therefore significantly reduced.</p> <p>Osteoarthritis – comparisons with other CCGs were requested at the last meeting and presented in report. East Berkshire has the highest number of referrals by GPs into the Arthritis Care service; uptake however is lower than expected at 33%. There will be a contract review meeting on 19<sup>th</sup> March to review uptake rates and levels of performance.</p> <p>Mental Health placements – three key posts now recruited into by BHFT. 50% of reviews have now been completed, however the team is confident all reviews will be completed by the end of March.</p>	

	<p>Referral management savings continue to be below plan. The project lead is aware, and the Trust has confirmed that there is an increase across referrals in general compared to last year. Further discussion is required to understand variations by Practice.</p> <p>Dermatology – the new pathway has not yet been introduced in any localities, but will start in April 2019 across each locality.</p> <p>Diabetes - Kevin Wilkins, ICS Programme Manager and Diabetes lead joined the meeting to provide an update on progress achieved in delivering the scheme. Ulcerations have increased by 31% year on year, whilst amputations have remained at the same levels.</p> <p><b>ACTION: The Diabetes Steering Group has been asked to provide an explanation on this rise from care clinical care perspective. With regards to QIPP delivery, the expected benefits from this financial year will be reconsidered by NHSE before making additional transformation funding available in 2019/20.</b></p>	<p>KW</p>
10.	<b>QIPP and Performance Review Group</b>	
	<p><u>Jennie Ford, PRG chair</u> - Patients confused by advice on triages. Patient education is required.</p> <p><b>ACTION: Comms team to be asked do E-referrals communication for patients – including consequences of not booking, and generally on processes.</b></p> <p>Positive feedback - Practice manager’s appreciate the new E-referral data has been passed on by the PRGs, and find it easy to understand.</p> <p><u>Mike Hoskin</u></p> <p><b>ACTION: 15 mins slot will be allocated at each locality meeting, to present discussions at Finance and QIPP meetings.</b></p> <p><u>Alan McKay</u> _Non electives deep dive is taking place shortly, to be feedback at next Finance and QIPP. Confusion on referrals management</p> <p><b>ACTION: Alan to input on Referrals management presentation at EMT.</b></p>	<p>COMMS</p> <p>MH</p> <p>AM</p>
11.	<b>For Information – <u>Part 2 deferred to next meeting .</u></b>	
12.	<b>Any Other Business</b> There was no further business discussed.	