



**Minutes of Finance & QIPP Meeting**

**(Part 1)**

**26<sup>th</sup> March 2019, 08:30 – 10:30**  
**King Edward VII Hospital, Board Room**

**Chair – Dr William Tong**

<b>Present</b>	<b>Initials</b>	<b>Job Title &amp; Organisation</b>
Dr William Tong	WT	Clinical Chair – East Berkshire CCG ( <b>Chair</b> )
Fiona Slevin-Brown	FSB	Director of Strategy & Operations, East Berkshire CCG
Debbie Fraser	DF	Deputy Director of Finance, 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
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
Angela Woolman	AW	Minutes
<b>Apologies:</b>		
Jennie Ford	JF	Practice Manager B&A Locality
<b>Item No</b>	<b>Item</b>	<b>Action</b>
<b>1.</b>	<b>Welcome and Apologies.</b>	
	The Chair welcomed members to the meeting and apologies were noted as above. WT noted that the meeting was not quorate.	
<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 26<sup>th</sup> February 2019</b>	
	The minutes of the last meeting held on 26 <sup>th</sup> February were accepted as a true record of the meeting with a revision as below:  <u>Page 6 – Item 10 QIPP and Performance Review Group</u>  Alan MacKay – spelling of surname corrected. Also correction of action: Alan to input on referrals management presentation at Practice Managers Forum (PMF) and not EMT.	
<b>5.</b>	<b>Action Log.</b>	
	The Action Log was reviewed and outstanding actions were updated or closed.	



<b>6.</b>	<b>Finance Report</b>	
	<p><u>2018/19 – Month 11 Report</u></p> <p>JP summarised the M11 position.          The CCG remains on target to deliver full surplus, absorbing additional cost pressures which are mainly CHC. The Royal Berks contract has been settled, which was £254k below the current forecast. This saving was offset by adverse movements from some of the smaller key contracts but overall the acute is slightly favourable (£36k).          The forecast has moved £1.4m adversely on CHC packages due to system reporting issues which had previously been flagged. The CCG had been holding some favourability on Funded Nursing Care packages (FNC) so that has now been released to offset. CCG has also released provisions, following on from the successful actions to reduce Waiting Lists and local appeals provisions by the CHC team.          There were also other small movements e.g. SCAS contract moved slightly more adverse, approx. £68K due to patient activity and vehicle maintenance.</p> <p>JP stated that risks are much reduced and that these risks are fully mitigated.</p> <p>AF enquired regarding key provisions that are otherwise carried over to help meet targets for 19/20, if they are eroding, how do we expect to manage the cost pressures in 19/20.          DF explained that provisions for CHC are the number of patients on the WL and the Turnaround team has reduced the numbers substantially therefore there is no reason to hold that position. DF stated that the CCG will look to have an audit team in, early in the new financial year to review and validate the database.</p> <p>The prescribing forecast – DF confirmed there have been issues with the PPA data forecasts and the CCG do not rely on this but use the forecast provided by CSU. It has been identified that there is a large debtor sitting on the balance sheet which is a consolidated figure from the previous 3 CCG's. The aim is to write off the debt for this year end, approx. £1.3m, and this has been flagged with the auditors</p> <p>DF also advised the group of an allocation of just under £400k for which has been received in Month 12 from NHS England to partly cover the NCSO pressures that the CCG has been experiencing.</p> <p>WT enquired on the QIPP Savings - running costs and only achieving 38%. DF confirmed that this is in relation to the QIPP anticipated against the CSU contract.</p> <p><b>6.1 <u>Mental Health Investment Standards (MHIS)</u></b></p> <p>FSB confirmed that we have a requirement to meet the national MHIS. FSB advised that an increase in investment was required of approx. 6.2%. MHIS should be signed by providers as per planning guidance. BHFT, the main providers have signed and agreed to the programme put in place.          MH requested if there are separate monies for suicide prevention. FSB stated that there is no separate funding as part of the suicide prevention strategy, led by the Local Authority Public Health teams who work on the schemes but the CCG is an active partner in the suicide prevention strategy, a multiagency strategy.</p>	



7.	Provider Performance Report	
	<p>IMcK presented the Month 10 report.</p> <ul style="list-style-type: none"> <li>• The Commissioners and Trust have agreed a year end 18/19 settlement with Royal Berkshire.</li> <li>• Buckinghamshire Healthcare – Stroke work is the main driver for overperformance</li> <li>• SCAS – main overperformance is the national implementation of a change in the way data is recorded and this is likely to continue however it appears to be going down so there is some mitigation.</li> <li>• Frimley Health (FH) – overperformance continues particularly in the non-elective (NEL) work. Deep dive analysis for MO8 is ready for release, system wide. IMcK reported that there is ability to go down further with the data and look at what the numbers are telling us.</li> <li>• Daycases – an increase in M10 which was a step change picked up in General Medicine and we have done a deep dive which is likely to be a movement to the RTT figures to get them back to the prior agreed levels.</li> <li>• Continued overspend in outpatient first appointment which is partially offset with underspend in follow ups. This is thought to be, in part, due to increase in Bracknell and Ascot patients using Frimley south as New:FU ratio is higher in the south than in the north; this was picked up as part of the deep dive and is on the agenda to discuss and understand why with sub specialties.</li> <li>• Royal Berkshire – the overspend for ophthalmology is in the outpatients performance, particularly with the drugs (underspent with cataracts) and that is the change in practice at the Prince Charles Eye Unit back in July/August 2018.</li> <li>• OUH – slight overperformance with Critical Care seeing an increase of £21k. Cost of drugs and devices is also high; Somatropine was 27k over plan and CPAP devices was £143k.</li> <li>• Buckinghamshire Healthcare – NEL - stroke acuity - 30 patients treated against a plan of 17. Critical Care – 2 patients discharged and CCG has picked up all cost of those, £25k.</li> <li>• Ashford &amp; St Peters – overperforming by £350k against plan and that is Critical Care but the main area is in electives and stomach by-pass surgery.</li> <li>• Independents - £359k underplan YTD with a forecast of £409k underplan. Circle – additional activity with cataract surgery although this should not be an increasing trend.</li> </ul> <p>WT requested further data regarding Stroke numbers. FSB reported that she has commissioned the Strategic Clinical Network to do a review. FSB will liaise with Sarah Bellars (SB) with regards to where the data will be presented and this may take a while to collate and it will be an assessment against the original specifications of what were modelled. IMcK advised that he will be able to share information with FSB as Sangita Saran had also requested information and SB has sent some back details.</p> <p>WT raised concerns re BHFT community nursing. There is a 1.6% increase in referrals but a 4.5% decrease in contacts. FSB confirmed that she had recently received an update from Jo Greengrass (JG) who had not raised any concerns. FSB confirmed that they are almost fully staffed and it is thought that referrals are now perhaps being managed appropriately. FSB stated that she had received positive feedback regarding the service.</p> <p>AF asked if there was a reason for the increase in numbers of children being looked after, contacts 62%. FSB responded that there has been an increase in the number of children being looked after. An additional £70k was invested in the service last year so</p>	



	<p>would expect to see an increase.</p> <p>East Berkshire OOH – WT asked if there were concerns as the provider has not met the KPI's for Urgent, Non-Urgent advice calls nor face to face assessment since July 18. The provider is undertaking an analysis of the issues. FSB stated that this had not been raised at Urgent Care Board nor escalated. The Team meet monthly with OOH and review activity and performance.  <b>Action: FSB to speak with Rachel Wakefield (RW) for an update.</b></p> <p>AM referred to the smaller contracts and in particular Audiology for over 55yrs – this has moved to smaller providers who are actively coming into practices to do screening which they will fund to identify patients for full audiology workup, which will be funded by CCG. It is thought this should be monitored in coming months- IM asked if additional details could be provided to make enquiries directly with providers</p> <p>Independent sector – WT raised a point that performance needs to be reviewed with those underperforming providers.  <b>Action: IMcK to review those areas of underperformance and feedback</b></p>	<p><b>FSB</b></p> <p><b>IMcK</b></p>
<b>8.</b>	<b>Work Plan 19/20</b>	
	<p>DF circulated a current version of the work plan (18/19) for review of the items that come to the meeting. DF requested if any members wish to see any further items added or items removed to the work plan.</p> <p>It was agreed to remove “Contract Log update” and replace with “Procurement”.  <b>Action: DF to update the work plan</b></p> <p>QIPP – the list to be reviewed and revised. FSB suggested that it would be helpful for an agreed framework for deep dives.  <b>Action: QIPP list to be updated and framework agreed for deep dives</b></p> <p>WT requested that it would be helpful to have learnings from previous actions e.g. staffing issues, delayed starts.  <b>Action: A ‘look back’ to come to the meeting in May with a few headlines.</b></p> <p>WT questioned if there were other options of managing the business of provider services without going on a tender list. FSB advised that there are national conversations happening around what legislative changes need to be made to support ICS and different ways of working. FSB reported that EB CCG work within legal framework and look to find ways of continuity for provisions but not all contracts will be naturally ongoing. There was further discussion in the group regarding Networks and Federations and the possible differences and would they offer different services.</p> <p>Work plan was agreed with the relevant changes to include progress with new schemes in place in 2019/20.</p> <p>AM - to incorporate ATP in the work plan. AM asked if 20% management overhead savings would be reinvested in direct patient care. DF confirmed that it comes into effect in 2020. FSB stated that it has gone to balance the position and not reinvested in anything currently. It is part of the QIPP.          IMT budget to come to Finance once a year and be added to the work plan  <b>Action: DF to add to the work plan</b></p>	<p><b>DF</b></p> <p><b>NK</b></p> <p><b>NK</b></p> <p><b>DF</b></p>



	Primary Care budget to come to Finance once a year. <b>Action: DF to add to the work plan</b>	<b>DF</b>
<b>9.</b>	<b>QIPP Report 18/19 Month 11 QIPP Report</b>	
	<p>NK presented M11 QIPP report.</p> <ul style="list-style-type: none"> <li>• Performance has improved 4% since last month, achieving 80% of YTD plan.</li> <li>• Full year forecast is to achieve 80% of the full year plan.</li> <li>• ICDM There has been an 8% improvement to 82%.</li> <li>• ACP there has been a further reduction since last month, £188k. The latest report confirms a further reduction in non-elective admissions.</li> <li>• MDT cluster (part of ICDM) - all NHS numbers have been received from Berkshire Healthcare which shows further reduction in non-elective admissions. Operationally it is exactly same as last month.</li> <li>• Referral management has seen a slight improvement. M08 and M09 has seen a reduction to expected levels although not a reduction that aiming for. The practices are being asked to review.</li> <li>• Over the Counter Prescribing – Improvement in month of £43k, forecast outturn adjusted to £216k</li> <li>• Ophthalmology e-Referral continues to make an improvement, this time £10k since last month, forecast outturn adjusted to £216k</li> <li>• EOL there has been deterioration in month by £93K with no change to non-elective admission with regard to EOL. Project Lead continues to meet with Thames Hospice and there is an expectation to see an improvement in coming months.</li> <li>• Practice representatives feel that Thames Hospice provides a good service and referrals are appropriate. FSB confirmed that clinician feedback has been excellent. Thames Valley has seen a big reduction in EOL calls and people appear to be going elsewhere with those calls. It was suggested that Project Lead is invited to PRG meetings to offer assurances.</li> </ul> <p><b>Action: Jenna Gilkes to be invited to attend PRG meetings.</b></p> <ul style="list-style-type: none"> <li>• WT requested that Finance and QIPP summary goes to each locality PRG meeting to ensure ongoing good practice and sharing good news stories with members.</li> <li>• GP Advice line – activity is good. WT requested the outcomes of these to be shared. FSB confirmed the outcomes went to GB and PCB last week. Outcomes to go to the 3 PRG meetings. NK has reviewed the Paed data re 1<sup>st</sup> OPA and admissions; the data does not correlate and it is not clear why the hotline is not meeting the QIPP target. FSB advised that clinicians have said that the hotline is definitely turning people away. It could be an issue around HRG code complexity which will need to be taken into consideration.</li> </ul> <p><b>Action: NK to look back and review data for Paeds Hotline.</b></p> <ul style="list-style-type: none"> <li>• AM stated that WAM PRG are reviewing data for Paeds hotline, narrowing the data to time of day and for 0-5yrs.</li> </ul>	<p><b>JF, MH, AM</b></p> <p><b>NK</b></p>
<b>10.</b>	<b>QIPP and Performance Review Groups</b>	
	<ul style="list-style-type: none"> <li>• <u>Windsor &amp; Maidenhead Locality</u></li> </ul> <p>AM reconfirmed the 0-5yrs deep dive they are undertaking on Paeds hotline.</p> <p>A SCAS report is going to practices requesting them to review the ‘frequent flyers’. The report was going to a generic Inbox and clinicians were not receiving the data. Practices are validating the data, if patients should be on the ACP. AM thought this</p>	



	<p>should be coming through PRG's, data separated via locality and to see trends. This is sitting with Amanda Wallis (AW).          Dementia and diagnosis – AM to ask for Katie Simpson to attend next meeting to refocus activity on diagnosis rates.</p> <ul style="list-style-type: none"> <li>• <u>Slough Locality</u></li> </ul> <p>MH reported a 1% decrease in referrals. 3 practices have reached the target of 87% and continue practices to try and meet the target.          MH stated that they also encourage practices to look at 2 clinical areas of increased activity.          A&amp;E activity saw a 1% increase; NEL admission has 1% increase.          Good news with Bowel screening with referrals up to over 50% for many of the practices.          MH advised Marriyah to attend next meeting regarding pre-diabetes data.          MH advised that EOL team to be invited to meetings.</p> <p>It was agreed that the 3 PRG chairs should meet on a regular basis. MH &amp; AM to arrange.</p>	
11.	<b>For Information</b>	
12.	<b>Any Other Business</b> There was no further business discussed.	