FINAL Minutes of Finance & QIPP Meeting
Part I

23rd April 2019, 08:30 – 10:30
King Edward VII Hospital, Board Room

Chair – Dr William Tong

Present	Initials	Job Title & Organisation
Dr William Tong	WT	Clinical Chair – East Berkshire CCG **(Chair)**
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
Jennie Ford	JF	Practice Manager, B&A Locality
Arthur Ferry	AF	Governing Body Lay Member, East Berkshire CCG
Nooshin Khan	NK	QIPP and Performance Programme Manager
Angela Woolman	AW	Minutes
Apologies:		
Mike Hoskin	MH	Governing Body Member, Slough Locality

Item No	Item	Action
1.	**Welcome and Apologies.**	
	The Chair welcomed members to the meeting and apologies were noted as above.	
2.	**Declarations of interest**	
	There were no 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 March 2019**	
	Minutes for meeting held on 26th March 2019 were approved.	
5.	**Action Log.**	
	The Action Log was reviewed and outstanding actions were updated or closed.	
6.	**Finance Report**	
	<u>2018/19 – Month 12 Report</u> JP summarised the M12 position and confirmed that the CCG had achieved the planned surplus of £124k. JP reported that there were some movements from the month 11 forecast and that acute contracts had finished slightly more adverse than forecast. The main factor was the total annual Work in Progress (WIP) yearend adjustment which includes the pre-payment for maternity pathway and incomplete spells moved adversely by £0.5m. Non contracted activity finished £125k more adverse than forecast. MH placements	

were also up as was MH non-contract activity. This was offset by Primary Care, which came in below forecast by £1025k in delegated and £242k in CCG Primary Care. Corporate budgets also finished £788k below forecast, reflecting recurrent and non-recurrent savings from the ongoing budget review.

- The opening in-year allocation for the year was £587,286k, including Primary Care delegated. Additional allocations amounting to £11,399k have been received up to month 12.
- The CCG has achieved the planned in-year surplus of £124k.
- Planned & Unscheduled Care had overspent by (£9,810), predominantly driven by Frimley Health (£7,841k) that includes the agreed settlement whilst Royal Berkshire FT had overspent by (£981k).
- Mental Health, Joint & CHC reported a final overspend of (£1,115k) made up of: Mental Health and LD (£1,100k), CHC packages of care £1,030k, CHC Admin (£949k) and joint care (£97k).
- Primary Care and Prescribing were underspent by £1,586k, this was primarily due to the underspend of £1,547k in the delegated primary care reserves held in this section.

The underlying position was a £1.4m deficit which is slightly better than forecast in the previous month. Part of that movement was the recognition that £700k of the Frimley settlement is now reflected as a non-recurrent cost. DF offered further explanation on the Frimley settlement and pointed out that M12 activity will not be final until mid-June.

6.1 <u>Plan Update</u>

DF presented and summarised the plan update. DF confirmed that there are no reserves and budgets have been trimmed back. Key issues included:

- Plan balanced assuming:
  - ICS transformational funding received (£2.8m)
  - Release of contingency (£2.8m), £1.7m to system risk pool, and the £1.1m to balance the system
  - Release of commissioning general reserve (£0.7m)
  - Surrey Heath do not repay £1m
  - Challenging QIPP programme (£14.2m) of which £9.5m (67%) is risk rated green, the balance £4.6m (33%) rated amber and red
- Risks remain:
  - No reserves
  - NHS Provider contracts –
    - Gap with FH
    - Contract values still to be agreed, e.g. RBH and other smaller contracts.
  - CHC combined growth/inflation is below national average (CHC 5.2%, FNC 5% vs national assumption of 6.5%)
  - Specialist Commissioning – allocation transfers related to Identification Rules (IR) & Provider Eligibility List (PEL)
  - QIPP unidentified £339k

DF stated that there needs to be high level scrutiny on the plan and figures and any issues to be raised as early as possible in order that the CCG can review what can be managed within own position and what is classed as a System issue.

DF advised the group that the CCGs report within 7 days and have an idea of the working position by day 5; the Trusts have a little bit more time and not such a tight deadline. The process to alert System of a 'red flag' has yet to be agreed.

AF questioned if the CCG should have concerns having already used the reserves. DF explained that funds are often allocated to the CCG throughout the year, e.g. by NHSE or some QIPP investments are not utilised or drawn down and by M9-11 this would be questioned if not called down by this time.

FSB raised concerns on how risks will be managed should a CCG 'go off', how will EB CCG manage system failures as there are no mechanisms currently in place and the risks should be identified as early as possible.
FSB said CHC and Out of Area Placements (OAP) were examples and there should be quarterly reports brought to Finance & QIPP and look at the local indicators, risks and flags. CHC and MH should also be on the Deep Dive list.
There was further discussion on how best to manage the risks particularly as data from the Acute Trusts is already a month out of date when received.
FSB stated that Quality should be linked with financial position e.g. rising waiting lists and extra clinics/theatre sessions which may be set up, will incur additional costs.

WT suggested BHFT attend Finance & QIPP meetings to report OAP.

6.2 <u>ICS Finance Update</u>

DF gave a verbal update with regards to ICS finance (System Operating Plan). In summary:

- A £4.6m gap across the system.
- Stretch targets against growth are £7.3m
- Call against ICS transformation funds of £2.8m for EB
- System has secured £1.5m non-recurrent support from NHSE approximately one month ago.
- Part of planning was against DoH deficit support to Frimley. This will not be received now but they have reduced system control total by £8m.
- £2m non-recurrent support secured from NHSE.
- Expectation is for £4.6m to be managed through reserves and contingencies.
- DF confirmed there is still work to be done to close the financial position and will continue to be worked on.

DF acknowledged that finances will be tight and once System is balanced there may be £3m contingency.

There was further discussion around the allocation of finances and the different relationship and provider organisations within Frimley and ICS. It was agreed that East Berks needs to look at and scrutinise the risk areas and how they are managed. One of the challenges will be the varying demographics.

7.	**Provider Performance Report**	

IMcK reported on the M11 performance.

- Year end deals are now in place with Frimley Health and Royal Berkshire for 18/19.

Frimley Health

- M11 reported over plan of £4,694k and this is mainly NEL point of delivery areas excluding excess bed days.
- There continues to be a trend in overperformance for respiratory HRGs such as pneumonia and inhalation.
- Renal, heart failure and shock HRGs also form a large part of overspend in non-elective activity.
- A&E continues to over perform as well as Drugs and Rheumatology.
- Dermatology saw a small dip in numbers for M11.
- The continued overspend in Outpatient First attendances was partially offset by an underspend in Outpatient Follow Up attendances. It was identified that New: Follow Up ratio is lower in WPH than in Frimley.
- A&E 4hr wait target was missed for M11 with bed pressures having an impact on the 4hr target. East Berks A&E attendances showed a decrease on previous month.
- Referral to Treatment (RTT) incompletes within 18weeks achieved 92.1%.
- Cancer Targets 62 day wait - report is in arrears. Gynaecology, Lung and Sarcomas targets are overperforming in Q3, 94.2%
- Mixed Sex Accommodation - 91 breaches in M11.

Royal Berkshire

- M11 includes a year to date planning adjustment of £1,285k which has not been agreed. For reporting purposes this adjustment has been removed and changes the reporting position from underperformance of £688k (2.7%) to over performance of £597k (2.5%) which is an improvement on the £613k in M10.
- The increase in drugs (Aflibercept) and associated outpatient Lucentis appointments is due to a deliberate change in practice in keeping with the main site and best practice. A further increase will be seen this year which will then plateau at the beginning of the next financial year.
- Overperformance in High Cost Drugs, £355k, Critical Care £205k. Elective is underperforming by £126k but note that Elective Inpatients is overperforming by £128k. NEL is overperforming by £206k and of this, NEL non emergency is £133k. Outpatient Procedures First Attendance is overperforming by £203k due to Lucentis activity which is reduced by underperformance in Outpatient Procedures Follow Up of £132k. Daycases are underperforming and it is thought that some of this may be due to the cataract work being undertaken at Circle.

Oxford University Hospital

- No significant changes in month on performance for Oxford.
- High cost drugs continue to over perform, £63k and the main pressure relates to Somatropin at £27k over plan.

	• Devices are overperforming by £62k, mainly CPAP devices with a value of £51k • A&E 4hr wait – target of 95% was not met, with a delivery of 81.39% WT asked that in terms of the High Cost Drugs – Aflibercept and Lucentis – is there any local hospitals who do not use these drugs. FSB confirmed that all hospitals use Lucentis. RBH has a pathway where they start on Avastin, pre threshold Lucentis. <u>Bucks Healthcare</u> • Greatest area of overperformance is NEL £421k - HRG codes with AA prefix are the biggest contributors £213k (20.9%) over plan; £192k of this is Stroke which is for an additional 15 patients. <u>Ashford & St Peters</u> • Ashford & St Peters are overperforming by £314k against M11 plan and the main driver is Critical Care, £109k over plan - M9 1 patient, £58k with 1 patient (3 organs supported 28days) <u>Independents</u> • They are underplan and moving ahead to getting plan numbers set for 2019/20. There was a discussion regarding BHFT data accuracy. IM confirmed that this is currently a work in progress and it was acknowledged that there has been an improvement in the quality of the data.	
8.	**QIPP Report 18/19 M12 Report**	
	NK presented the current QIPP position. • EB CCG achieved 88% of 2018/19 QIPP plan, with savings of £9,130k. WT requested that this is shared with the PRG chairs. **Action: AM, JF & MH to share with Locality PRG Chairs** • Additional savings included GP prescribing, Running Costs and CHC Care Packages. • NK presented a more detailed review of PAU admissions as the Paed Hotline had not made the anticipated QIPP savings - this data was for WPH only. NK looked at month, age and time of day. • It was noted that there was no significant change in the number of outpatient appointments. • Overall PAU admissions had remained the same as the previous year, 2017/18 **Action: NK to re-run the data to include Frimley Park and Royal Berkshire Hospitals using the same cohort of patients and circulate the results.** • FSB reported that as part of the ICS programme for Children & Young People (CYP) and the Urgent Care Workstream, Huw Thomas and Jo Philpot are looking at the use of Urgent Care Services for 0-19 years old across the ICS.	**AM, JF, MH** **NK**

- ICDM - ACP and MDT cluster non-elective admissions remained the same as last month. There was a gradual increase in Anticipatory Care referrals to clusters.
- Work has started with locality teams to map out the options to deliver Locality Access Points for Q3 2019/20.

- End of Life Care – there has been no change in the non-elective admissions in the last two months. Thames Hospice has capacity with the current staffing model and is looking to increase demand through a comprehensive marketing strategy.

- MH Placements – the scheme did not start until November 2018. Of the 98 patients identified, 72 have been reviewed and realised savings of £500k. A further 7 reviews took place in March but the impact of these will not be seen until April/May.

- AIRS Service – January 2019 has seen a significant increase in non-elective admissions due to respiratory conditions. Slough had an average of 28 admissions per month, this increased to 53. The scheme continues to reduce Length of Stay (LOS) in hospital and the team is considering other measures that will showcase the performance for this project.

- DF summarised the additional savings and explained the external pressures the CCG have had to absorb that had not been planned for including NCSO and Short Drugs. These pressures have impacted on the forecast and without these the CCG would have been £3m under budget.
- Running costs – work has been undertaken in year in preparation for next year. DF informed and updated the committee.
- Continuing Healthcare – there is a Turnaround team in. DF explained the current status and the work that has been carried out.

- NK reported on the 2019/20 QIPP schemes. NK stated that 24 schemes have been identified and will be meeting with Project Leads, SROs and the BI team to understand the schemes.

- NK stated that she has requested that all ICS CCG's are included in the report and in preparation of a potential ICS wide report. NK to discuss with other QIPP leads re ICS wide reporting and monitoring at a later date.

- FSB stated that Quality Improvement is to be added to the QIPP schemes.

- It was confirmed that all values and savings have been assigned to each QIPP.

WT highlighted the issue with the Paediatric Hotline and that it is not working in Bracknell & Ascot localities. WT recommended that the hotline is used, particularly for advice. It was acknowledged that Frimley has work to do for this to be effective. FSB reported that Jo Philpot had done some work on the hotline when it has been used by Bracknell GP's for advice. Although smaller numbers, it had worked really well and results were good.

Action: FSB to share the data report re Bracknell GP's which has been presented by Jo Philpot. **FSB**

	FSB suggested that the Paed Hotline is removed from the QIPP schemes and monitored through the ICS workstream - Urgent Care. It was agreed to remove from QIPP. **Action: Remove Paed Hotline from QIPP scheme 2019/20** • There was a brief discussion and outline of the Planned Care QIPPs for 2019/20.	**NK**
9.	**QIPP and Performance Review Groups**	
	<u>Windsor & Maidenhead Locality</u> • AM reported that NK is attending WAM PRG on Friday to discuss QIPPs. • Philip to attend Thursday or Friday re ACP's. • AM is looking at A&G for ENT; WAM activity has not dropped in the same numbers as Dermatology and will check how and if it is being utilised by the practices. • JF stated that she had requested a complete breakdown of data regarding ENT services and referrals as it was noted that referrals to secondary care were still very high. **Action: IM to request a report on which hospital the ENT referrals are going to from the practices in B&A Locality.** • AM confirmed he had invited Jenna Gilkes (JG) to PRG. JG is leaving in May but confirmed that she is working with Thames Hospice (TH) to produce an evaluation of audit on calls and responses which will be broken down by practice. Jo Greengrass will then be invited to PRG to share the results. FSB requested an update on the procurement and TH. IM confirmed that STW will go to Audit Committee on 3.5.19 and the grant is being prepared for sign off pending agreement to Audit Committee and the PIN has gone out for lymphoedema. <u>B&A Locality</u> • JF reported that the NHS app has gone live in East Berkshire and gives patients the option to book GP appointments directly online. There are concerns regarding allocation of appropriate appointment slots for patients to book. JF thought it would be useful for other GP practices to share how they are dealing with their own 'on the day'/routine/ANP appointments and has asked other practices how they organise their systems. • JF raised an issue with the Dashboards and that the 3 locality comparison has been removed. JF and AM have both requested for this to be reinstated. • JF requested a deep dive into Cardiology – it is thought that there have again been different readings of how practices are referring, some using ICE, some e-RS and faxing. JF stated that they will actually wait until the middle of the year and review again to check if variation rules change. <u>Slough Locality</u> No report this month.	**IM**
	For Information	
	Any Other Business	
	• AF gave advance apologies for the Finance & QIPP meeting in June	

Meeting Month	Date of Meeting	Room	Time
May 2019	Tuesday 28th May	Boardroom, KEVII Hospital, Windsor	08.30 – 10.30
June 2019	Tuesday 25th June	Boardroom, KEVII Hospital, Windsor	08.30 – 10.30
July 2019	Tuesday 23rd July	Boardroom, KEVII Hospital, Windsor	08.30 – 10.30