



**Minutes of Finance & QIPP Meeting
 Part I**

**28th May 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
Mike Hoskin	MH	GP Governing Body Member, Slough Locality
Ian Murdock	IM	Associate Director of Contracting & Performance, East Berkshire CCG
Jennie Ford	JF	Practice Manager, B&A Locality
Jackie McGlynn	JM	GP Governing Body Member, B&A Locality
Arthur Ferry	AF	Governing Body Lay Member, East Berkshire CCG
Nooshin Khan	NK	QIPP and Performance Programme Manager
David Patrick	DP	Frimley BI Programme Director
Angela Woolman	AW	PA/ Minutes
Apologies:		
Alan Mackay	AM	Practice Manager, WAM 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 23rd April 2019	
	Minutes for meeting held on 23 rd April 2019 were approved with the following amendments: Agenda item 6: Finance Report (page 2) Last bullet point “Primary Care and Prescribing had an underspend of £1,586k largely driven by the delegated budget £1,547k.” to be amended to read “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” Agenda item 7: Provider Performance Report (page 4) Royal Berkshire <ul style="list-style-type: none"> • Third bullet point re overperformance – WT sought clarity regarding the Elective Inpatients overperforming by £128k whilst Elective activity is underperforming by 	



	<p>£126k. IMcK confirmed that the Elective activity included Daycase activity.</p> <p>Action: AW to check with AM that he is happy with the minutes of the meeting on 23rd April</p>	AW
5.	Action Log.	
	<p>The Action Log was reviewed and outstanding actions were updated or closed.</p> <p>Action 231 was closed.</p>	
6.	Finance Report	
	<p><u>2019/20 – Month 1 Report</u></p> <p>JP reported that month 12 has been completed successfully and the accounts have been signed off.</p> <p>There is not a full close for month 1 and everything is essentially on plan. JP highlighted the modifications to the pack which are now aligned with NHSE reporting structure, making it easier to understand. The revised format of the report was considered to be good by the committee.</p> <p>Potential risks for this year were discussed and the need to be pro-active in managing these at the earliest opportunity.</p> <p>Action: JP to provide a complete summary of items that are considered to be at risk for next month’s meeting.</p>	JP
7.	Provider Performance Report	
	<p>IMcK reported on the M12 performance.</p> <p>There were no surprises from Month 11 to Month 12 and no particular changes in trends. IMcK explained that ASPH have an agreement with the lead commissioners to submit SLAM data late and therefore there was no breakdown of figures for ASPH. IMcK to follow up with ASPH. The SLAM figures are unadjusted and looked at before the finance adjustments have been made.</p> <p>RBH: 2019/20 contract value is nearly agreed.</p> <p>OUH: No real change; stayed the same with performance and non-elective over performance.</p> <p>ASPH: Narrative is extracted from local databases only.</p> <p>Independent Sector: Spire was unusually late in submission of data and there was no information from them at TSU level.</p> <p>FSB asked about the flexibility and possible functions of the report and if the data will be ‘one version of the truth’ in order to avoid retrospective and additional Deep Dives. DP acknowledged that this would be possible. The focus is to have one central set of data and re-purpose it for different reports and audiences. DP confirmed that it should also be feasible to provide data for other large providers such as RBH.</p>	



	<p>It was noted that there was a large shift in activity for Bucks Healthcare and IMcK stated that this was stroke activity. This was queried as it is thought that the actual number of patients having a stroke was decreasing. There was a discussion regarding stroke activity. Action: IMcK to review stroke activity and rehab bed days by provider and GP Practice. Findings to be circulated inbetween meetings.</p> <p>AF stated that Buckinghamshire Healthcare had a significant overspend on non-elective activity and questioned what was planned for 19/20. IM confirmed that this had been taken into account for the current year.</p> <p>AF referred to Berkshire Healthcare and LAC contacts activity as there was a significant increase in numbers. FSB confirmed that activity has increased considerably in the last couple of years and demand has continued to increase and it has been difficult to deal with the demand without further investment. It is noted that this is a concern and DF & FSB to meet to discuss process and investment. Action: DF & FSB to meet to discuss funding for LAC.</p> <p>AF mentioned the significant over activity across all localities for PTS and asked if there was a reason for this. FSB reported that this is a challenge for all CCG's. It was thought that the criteria should be revisited as well as a review of the trends and budget. There was a discussion regarding the potential reasons for the over activity. Action: Rachel Wakefield to undertake a Deep Dive and report at September's meeting</p> <p>MH sought feedback on the new A&E facility at WPH. FSB stated that it has gone well with no apparent or significant change in A&E activity in the North compared to a large increase in activity in the South at Frimley.</p> <p><u>7.1 Update on 2019/20 contract negotiations</u></p> <p>IMcK confirmed that there are agreed values for all contracts within the envelopes set. Royal Surrey has not yet been signed although tabled and agreed £936k which is within envelope and with just few small items to finalise.</p> <p><u>7.2 Frimley ICS Report</u></p> <p>DP presented the Frimley ICS Report and gave some background to the remit he was given.</p> <p>DP advised that the data source was agreed with all the parties involved, understanding the integrity and compliance of the data.</p> <p>DP explained that whilst compiling the report he had experienced inconsistencies with the understanding and interpretation of data as well as the different terminology and ways of manipulating the data.</p> <p>DP highlighted the issue with ECDS coding (page 8 of the report) and advised that it would not be advisable to assume any meaningful value of the data presented as it</p>	<p>IMcK</p> <p>DF & FSB</p> <p>RW</p>
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	<p>would appear there is a change in the coding activity. Ideally it would be useful to have the view and intelligence of the operational teams in order to interpret the data effectively.</p> <p>There was a lengthy discussion regarding data collection. It was acknowledged by the group that it is important to have the intelligence behind the data and that just the one dataset for all parties to use would be beneficial.</p> <p>DP advised that the next steps are to scope and produce a road map of activities for 3/6/9 months. DP agreed to return to the next Finance & QIPP meeting with a summary of the way forward.</p> <p>FSB questioned what the report would be used for and how the System would be using it. DP confirmed that the data in the report was based on M8 activity as a 'one-off' piece of work and in response to a specific number of questions at the time. This is now completed. Moving forward, DP advised he would need to agree the full scope and direction and will disseminate to all involved parties, including providers. DP agreed that it is important the data works for all CCG's within Frimley ICS.</p>	
8.	QIPP Report 19/20	
	<p>NK started her report with a look back exercise on 2018/19 QIPP schemes and what had gone well and what can be improved.</p> <p>2018/19 in summary:</p> <ul style="list-style-type: none"> • 18/19 year end – 88% achieved on the QIPP schemes • Good working relationships with the different groups involved e.g. project leads, BI. • Adhering to deadlines, monthly meetings with leads and timely reporting. • Any issues had been highlighted to the senior leads and Finance & QIPP Committee <p>Improvements:</p> <ul style="list-style-type: none"> • There were some ambitious start dates on a couple of the schemes • Delivery leads to be more involved with QIPP planning • Owned and robust forecasting with some projects • Leads to be more proactive towards the risks <p>QIPP Schemes 2019/20:</p> <ul style="list-style-type: none"> • Earlier reporting of QIPP - In the next F&Q meeting, the SUS based M1 ready will be ready (Flex data). Prescribing data will be ready to report in July 2019. • Integrated reporting, merger of both SUS and prescribing data in one QIPP report • The option of interactive reporting, any data related queries can be answered promptly in meetings. For example, how does Slough compare to WAM? How do we compare against NEHF for the ICS wide schemes? • Improved depth and quality of information • QIPP to be looked at differently, a more system wide approach will be adapted going forward • Reaching out to system wide project leads to share best practice (Where possible) 	



	<p>FSB advised that it would be useful to discuss the shared QIPP schemes at FRG. It has previously been difficult with engagement of project leads locally to get a separate perspective for East Berkshire particularly when they are also reporting at aggregate ICS level.</p> <p>Further discussion highlighted the need to identify what the system has in place when plans are going off, what the triggers are and the risks.</p> <p>Action: DF to take to Finance Review Group (FRG) – for discussion and how to measure the savings and how the QIPP schemes sit differently across the system and to try and re-align with other CCG’s in the system. To discuss what the indicators and early warning signs are if system is beginning to go off.</p> <p>WT suggested that NK identifies the ICS schemes separately – ICDM, Neurology, Gastro and Prescribing.</p> <p>MH suggested that Project Leads are invited to locality PRG meetings this year. JF advised that leads are invited to attend GP council in B&A Locality.</p> <p>NK briefly outlined the 2019/20 schemes and the attached savings.</p> <p>NK summarised the Deep Dive recommendations. It was confirmed that CHC and MH would be reviewed quarterly and the next report is due in June.</p> <p>FSB suggested a brief risk assessment of each project is brought to the meeting next month and to include the value of the QIPP, the key challenges, the risks and mitigations. The project leads are to be asked to contribute.</p> <p>Action: NK to liaise with the project leads for a risk assessment summary and a risk scorecard of each QIPP scheme for next month’s meeting.</p> <p>JM sought clarity on how concerns and issues from East Berks are raised across the wider ICS. FSB explained that there are several groups where the performance, including activity and finance in relation to schemes is discussed, as well as the project leads feedback to project managers.</p>	<p>DF</p> <p>NK</p>
9. QIPP and Performance Review Groups		
	<p><u>Windsor & Maidenhead Locality</u></p> <p>WAM action log had been received and circulated but not discussed at the meeting.</p> <p><u>Bracknell & Ascot Locality</u></p> <p>JF advised the group that prescribing had been well controlled and no practice had overspent although had been spending more than last year.</p> <p>E-Referrals - these have increased and thought the locality had done well. There has been a lot of time spent on audits particularly for referrals and it was felt these need to be shared. JF has shared the audit findings with AM and he has shared back ones that he has done. But it would be useful to know if they can make a difference.</p> <p>FSB suggested that this is fed back to Sarah and fed into the new Quality Improvement.</p> <p>Action: JF to take to the PRG Chairs to advise that audits are to be feedback to Quality Improvement for e referrals.</p>	<p>JF</p>



	<p>JM advised that data evidence shows B&A locality performs well on e-Referrals with some practices having a disproportionate number of referrals. Green Meadows will focus on referring to the key specialties and will be reinvigorating the buddy system. If this is successful in increasing the number of referrals then this should be shared across other practices.</p> <p>WT suggested that PRG Chairs share and remind colleagues of the pathways that exist at the membership meetings.</p> <p>There was a discussion regarding how data is shared within the localities and the frequency. DP suggested that perhaps compiling and sharing less data can be more meaningful and useful.</p> <p>WT reminded the group that PRG chairs should continue to focus on e-referrals.</p> <p><u>Slough Locality</u></p> <p>MH advised the group that Slough held a meeting on 7th May and reviewed A&E attendance and NEL admissions. There was a small increase in A&E attendance, 2%. MH pointed out there had been a change in the practice's population as some practices had closed and patients moved.</p> <p>MH said that Bowel Screening had seen an increased uptake for 10 practices in Q4. Will aim to improve to reach expected levels.</p> <p>E-Referrals have gone in the wrong direction for Orchard Surgery, although there were increased referrals for 7 practices. ENT & GI had the biggest increase in the number of referrals. DXS does not have sufficient information re the ENT pathway therefore the ENT pathway is to be reviewed with the Consultant to see if any changes are required.</p> <p>MH confirmed that he was visiting Orchard Surgery 29.5.19</p>	
Any Other Business		
10.	<p>Annual Review of TOR</p> <p>The group approved the TOR with the revision of William Tong (Clinical Chair) as Chair of the meeting.</p>	

Meeting Month	Date of Meeting	Room	Time
June 2019	Tuesday 25 th June	Boardroom, KEVII Hospital, Windsor	08.30 – 11.00
July 2019	Tuesday 23 rd July	Boardroom, KEVII Hospital, Windsor	08.30 – 11.00