FINAL Minutes of Finance & QIPP Meeting
Part I

25th June 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
Alan Mackay	AM	Practice Manager, WAM Locality
Jackie McGlynn	JM	GP Governing Body Member, B&A Locality
Nooshin Khan	NK	QIPP and Performance Programme Manager
David Patrick	DP	Frimley BI Programme Director
Angela Woolman	AW	PA / Minutes
Apologies:		
Arthur Ferry	AF	Governing Body Lay Member, East Berkshire CCG

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 28th May 2019**	
	Minutes for meeting held on 28th May 2019 were approved with the following small amendment to section 8 QIPP Report 2019/20: 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. MH confirmed he was happy with the minutes from 28th May via e mail following the meeting.	
5.	**Action Log.**	
	The Action Log was reviewed and outstanding actions were updated or closed. Actions 173, 180, 221, 230, 233, 234, 237, 238, 239, 240, 241, 242, 243, 244, 245,	

	246, 249 & 250 were closed.	
6.	**Finance Report**	
	2019/20 – Month 2 Report JP reported on month 2, highlighting the key pressures as MH placements and ambulance costs. JP stated that the high level of combined mental health and LD packages has had a higher impact than anticipated, with an underlying pressure of £900k. This is caused by a combination of new patients in year and the full year effect of new patients that were approved late in the last financial year. The forecast still assumes delivery of the planned QIPP savings, £1,273k. Ambulance cost forecast has moved adversely by £176k due to activity levels. YTD activity is 9.9% higher than last year and 7.4% higher than plan. The growth is shown in categories 2-4, which are less critical cases. These pressures have been mitigated by further surplus accruals released, £400k from a variety of budgets. In addition reserves have been released totalling £260k to fully mitigate the pressures. JP summarised the key risks: • Frimley contract – IR and PEL (Provider Eligibility List) £580k (allocation anticipated) • London contract– IR and PEL (Provider Eligibility List) £430k (activity reduction anticipated). DF highlighted her concerns regarding the London contract. DF advised that the CCG are currently working with Optum. • Further growth in Mental Health placements – not much scope for growth in the forecast. • Continuing Care costs • Prescribing costs • QIPP slippage JP pointed out that he had added some additional run rate analysis. JP agreed that previous months / years activity can be added to the run rate for comparison and will be included in future reports. **6.1 Review Annual Work Plan** DF summarised the work plan and the items that are scheduled throughout the year. AM suggested some flexibility around PCN's and what workstreams are going to them. It was felt that this has not yet progressed sufficiently to come to the meeting although will be kept on the radar. There is a six monthly Primary Care report and anything to do with the Networks can be highlighted in this report. There were no further comments for additions / omissions to the work plan.	
7.	**Provider Performance Report**	
	IMcK reported on the M1 performance, noting that the indicative activity plans for the Acutes were not yet loaded into the SLAM system. Therefore data was compared to M1 last year or 1/12th activity. Provider highlights included:	

Frimley Health

- A&E relatively static activity for M1 against M1 last year. At HRG level there has been a significant increase in code VB11Z and other HRGs showing higher activity, although overall, activity looks to be correct. It is noted that there are issues with the Symphony system however it is hoped to be resolved by month end freeze.
- Elective activity is relatively steady, having been higher in previous months. Highest expenditure in M1 was T&O
- Non elective - £4,138k in M1. Non elective same day (NELSD) and PAEDS0LOS from 1819 is now in this POD. DZ (respiratory) has highest spend of £580k in M1.
- RTT Incompletes target failed at 91% but an improvement from M12 (89.8%)

Royal Berkshire

2019/20 Host contract has been signed and associates indicative plan agreed in principle.

- For reporting and analysis purposes 1/12th of CCG envelope has been used, the findings must be treated with caution as this is not reflective of the actual phasing of activity at the Trust. The Trust has been advised that once plans are agreed and submitted in SLAM a full year to date review on activity will be completed which may result in challenges being raised.
- 1/12th of the plan is £2,296k. For M1, underperformance of £6k (0.2%) is reported; there were 20 working days and 2 bank holidays in April 2019 so high Non-Elective and lower Elective activity expected. Overperformance against 1/12th IAP is seen in Drugs £33k, Intensive care Unit(ICU) £17k and Accident & Emergency £7k. Underperformance is seen across a number of PODs.

Oxford University

- Small increases in activity
- Devices were underspent in M1, 19/20, £4.5k

Buckinghamshire Healthcare

- Large reduction in spend in M1 against the same period 18/19, 27.1%, £88k. The main contributor to the reduction is that the Trust has reported no Critical Care charge for M01 this year, against 60 bed days and £93k spend last year.
- Non-Elective activity is £42k (42.1%) over last year, with just 10 additional spells. This is mainly in Stroke Medicine (£33k), with 27 spells against last year's 22.
  The £29k charge against OTHER represents £13k for Best Practice Tariff, and £13k for Assessment Only Without Further Admission. The £13k Best Practice Tariff charge has no back-up at patient level for how this amount has been calculated, so this has been queried with the Trust to explain the workings and provide further evidence of achievement. The Trust has explained that the high level of uncoded activity was caused by staff sickness within the coding team, and they expect that the accuracy will improve by M03 reporting, and their plan is to achieve at least 95% accuracy by then. Any uncoded activity at freeze will be unpaid.

Ashford & St Peter's

- There was an overspend in Daycase and Elective activity compared to M1 18/19.
- There was an overall increase in NELs

Independent Sector

Collectively underperforming against plan.

BHFT data accuracy and reporting was discussed. There is an expectation that BHFT local reporting will be switched off and they will use the national databases by the end of the year and improve reporting. This includes both community and mental health services.

JF flagged an issue that had been raised at PRG. It was noted that reviewing ambulance transfers, SCAS are taking B&A patients to RBH which means that EB pathways are not being followed. It was felt that it is likely to be an 'on the day' decision and due to pressures on acute hospitals and with diverts are in place, and only involving small numbers. JM noted that this is a recent shift in activity and would be useful to monitor the activity by SCAS to RBH.

AM referred to BHFT page, community and mental health nursing and the large increase in referral rates but reduction in contacts and was this due to their efficiencies or is it a capacity issue as there is a spike in GPs looking after MH patients.
FSB confirmed that the community nurses are 100% staffed and thought it was not a capacity issue. The team is working closely with the Integrated Care teams within each of the localities.

7.1 Stroke HRG analysis

IMcK presented the analysis and comparison of stroke activity for the period 2017/18 and 2018/19.

- It was noted that overall activity increased for all stroke activity by 17 episodes (9%) the major change has been the complexity shift.
- The two most complex stroke HRGs have increased by 27 episodes (73%)
- The increased cost 2017/18 v's 2018/19 is largely explained by the complexity increase, as episode cost is within inflation limits for the more complex activity and 11% for the least complex (Tariff shift)

Looking at EB patients for all providers, sees a decrease year on year, 17/18 - 799 18/19 - 627, reflecting the change in complexity with the 2 more complex HRGs.

Action: IMcK to review the coding and activity for other Hyper Acute Support Units (HASU), particularly for the complex HRGs and to circulate findings. **IMCK**

FSB suggested that it would be useful to request the Stroke Strategic Clinical Network to review the impact of the transition on the population as it is now 2 years since the transition and could also request they undertake sample audits on complexities.

	7.2 Frimley ICS Report – The Way Forward DP updated the committee with the headlines of the assignment which has now been ratified. In summary: • Functional activities: To include looking at the end to end management contract process, looking to deconstruct that process, looking at the outputs, the data and the technology. Amend, revise and decommission certain different elements of the contract process and drive improvements in the way different parties work. Regarding the ICS Activity report, finalising 18/19 M12 report and working on taking the current report and moving it into production. To look at the functional review of all analytics across all Frimley partners, the totality of the analytical resource and also to look at how it is used and what function they are looking at doing; how we can more accurately understand and reflect the data position. • Capabilities How to increase capacity of the analytical resource; look at all partners, how and what data is produced, different teams duplicating work. • Cultural Looking at principles, ways of working and knowledge sharing. • Transformational Roadmap What change is going to happen at what period during the next 12 months. Timelines: • Early next week M12 18/19 activity report in place • End August - develop 19/20 report and transition into BAU • End of Sept - Functional review of analytics • End of Oct – Capability review • Cultural – this has now started. Setting up SCW Data Collaboration Group in July and working more closely together • Sept – Review objectives **Action: DP to share slides.**	**DP**
8.	**QIPP Report 2019/20**	
	NK reported and updated the group on M2, summarising the current status on several of the QIPP schemes. • Total QIPP plan for 2019/20 is £15,703k to be delivered via 18 schemes. • Total level of proposed investment against QIPP schemes in 2019/20 is £1,530k • Total QIPP savings plan for 2019/20 (net investments) is therefore £14,173k. NK advised that by using M1 data to indicate if we are heading the right direction and also collating the insight knowledge (Operationally) of each scheme indicates that we will achieve 82% of the overall QIPP plan. However it was noted that M1 data is flex meaning this will change when we receive the freeze (confirmed data) next month. M1 data in general is only used for the direction of travel, if we are already over the plan,	

	we simply do not forecast a false picture going ahead. NK referred to page 3 of the QIPP presentation which highlights the schemes at risk of not meeting the QIPP. Neurology Anticipating an achievement of 23% at this early stage The service is partially started. There are 4 vacant specialist nurse posts. WPH have reported a large spike in new referrals to Neurology. Julie West, Service Lead will look at the data as this would not be sustainable long term. However it was noted that there is a new Consultant in post and this has been widely publicised thus increase in referrals. Nevertheless FSB pointed out that with the new clinical model, triage service and clinical nurse specialists should see a reduction in spend in Neurology. **Action: Julie West to be invited to the meeting to present a deep dive report.** MSK Anticipating an achievement of 52% at this early stage A closer look at MSK last year 2018-19 confirmed that referrals into MSK programmes were ok but the issue was the uptake. According to the latest months, patients not attending the programmes still remain the issue. There were 15 referrals into Versus Arthritis Masterclass in Apr 2019 and only one patient attended. Active Solutions have a similar issue. Ascot location is not ideal for all patients and also language barrier at times can become a problem. MSK triage is now mandatory; this project will be monitored closely on a monthly basis. ICDM Anticipating an achievement of 77% at this early stage A closer look at ACP, MDT cluster and Care homes non-elective admissions indicate that we should be able to achieve these elements of this project. The remaining 23% has been classed as risk purely due to the lack of data on Frailty Liaison Service and ambulance conveyance. The team is confident that they are on track and the future months reporting will confirm this. The only risk worth mentioning is that Frailty units are running 60 hours per week and not the 70 hours which will give us the 100% Frailty QIPP plan (£494k). Recruitment should be completed by Sep 2019 for Frimley Park and Dec 2019 for Wexham Park. MH Placements Anticipating an achievement of 80% at this early stage The data for this is not ready yet and still needs to be reviewed, an update will be provided in the next F&Q meeting. Gynaecology Anticipating an achievement of 84% at this early stage The 100% achievement is based on two elements: • LCS services in primary care to go live in Jul 2019 which provides assurance that we would be able to achieve more than 50% • Triage service - this is where the risk and uncertainty begins. The setup and contractual element of the triage service has not started yet, this has become priority for the team and additional resource is being pulled to help the process.	**NK/AW**

	Next steps for the team: Confirm who will be hosting the triage service? Who will be responsible for the clinical triage and their payment? Clarity on how the new DXS software will be used to send referrals directly to the Gynae Triage practices? FSB stated that it is likely to be Aug/Sept before the Triage service will be up and running. AM requested training on the new system for the secretaries at GP practices. <u>Demand management</u> It is worth mentioning that demand management is split into two sections: • Planned care based on Dermatology, Gynaecology etc. which is being monitored on a monthly basis • The other split is looking at the overall demand management. This would mean looking at the overall non-elective admissions for example and not just based on the local projects/schemes. A new methodology will be worked up that removes all the local schemes and PODs (Non-electives, Electives etc.) to provide an overall picture of what is left and what our overall achievement looks like. This will be done as soon as we have more robust data and not just M1 flex position.	
9.	**QIPP and Performance Review Groups**	
	<u>Windsor & Maidenhead Locality</u> AM reported that at future PRG meetings there will be a focus on the data for NEL, direct referral activity and Keep Safe, Stay Warm referrals to ensure practices are using referral services appropriately. Thames Hospice Activity review - Jo Greengrass is working on a report to ensure all practices are utilising services appropriately. The year end referral audit review coming to PRG possibly in August. <u>Bracknell & Ascot Locality</u> JF referred to 'on the day' management and reported that Forest End Practice are going totally online. They have purchased 'Ask My GP' and patients, who can, are asked to go online and anyone who phones in is asked exactly the same questions; they are then triaged by the doctors before anyone is given an appointment or called back by GP. This will be monitored to see how it progresses. JF referred to a Demand Management presentation which had highlighted that it is not widely circulated when there is a change in the name of a scheme and asked that this is addressed e.g. Quality Improvement. Urgent Care Data – JF stated that the quality of the data is poor from Bracknell UCC and in particular unregistered patients; this has previously been an issue.	

	RBH and ambulance transfers/redirecting – discussed earlier in the meeting. ENT presentation – predominantly spoke about the WPH pathway and this is not appropriate for B&A patients. FSB stated that several aspects of the pathway will be addressed once EB CCG comes together with SH & NEHF CCG. ENT audits have been undertaken and now need to look at the audits along with the data. <u>Slough Locality</u> MH summarised the report for Slough locality, highlighting some data for year end 18/19: Prescribing: Slough has underspent for year 18/19. E Referrals: Overall there has been a decrease by 2.31%, although there has been an increase in Gastroenterology and Gynaecology referrals. DXS utilisation has seen an improvement over the last 9 months. A&E: attendances have increased by 1%. There is no significant overall increase in NEL admissions for Slough although it is noted that there is a 15% increase for Orchard and Wexham Road surgeries. MH briefly reported on the Cancer LCS which had been presented to EB LCS Provider Liaison Group in March. The Planned care team decided to defer the decision as they are awaiting new TVCN specification to be developed by August, at which point they will develop new local specification.	
	Any Other Business	

Meeting Month	Date of Meeting	Room	Time
July 2019	Tuesday 23rd July	Boardroom, KEVII Hospital, Windsor	08.30 – 10.30
August 2019	Tuesday 27th August	Boardroom, KEVII Hospital, Windsor	08.30 – 10.30