



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

**24th September 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)
Debbie Fraser	DF	Deputy Director of Finance, East Berkshire CCG
Jonathan Pettit	JP	Head of Financial Management & Reporting, East Berkshire CCG
Ian Murdock	IM	Associate Director of Contracting & Performance, East Berkshire CCG
Iain McKenzie	IMcK	Associate Director Provider Management – Frimley Health
Jackie McGlynn	JM	GP Governing Body Member, B&A Locality
Alan Mackay	AM	Practice Manager, WAM Locality
Jennie Ford	JF	Practice Manager, B&A Locality (dialled in to the meeting)
Nooshin Khan	NK	QIPP Delivery Lead
Angela Woolman	AW	PA / Minutes
Apologies:		
Fiona Slevin-Brown	FSB	Director of Strategy & Operations, East Berkshire CCG
Arthur Ferry	AF	Governing Body Lay Member, East Berkshire CCG
Mike Hoskin	MH	GP Governing Body Member, Slough Locality
In attendance:		

Item No	Item	Action
1.	Welcome and Apologies.	
	The Chair welcomed members to the meeting and apologies were noted as above. Due to the unfavourable weather the start of the meeting was delayed to 09:17 in order to allow attendees to arrive. It was agreed that the Deep Dive reports will be deferred to another date and the Project Leads were advised accordingly. The meeting was not quorate.	
2.	Conflicts / 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 27th August 2019	
	Minutes for meeting held on 27 th August 2019 were approved by those attending the meeting. However, approval to be sought from those who were unable to attend. Action: AW to recirculate the minutes from August and obtain approval. Action: Page 8 of the minutes, “Bowel Screening – SHB (Shah-Bano Razvi) will liaise with Ringmead surgery as they have the highest uptake for screening and what can be learnt in order to improve the uptake for Slough”. AW requested MH to add this to Slough PRG action log and feedback to Finance & QIPP.	AW AW



5.	Action Log.	
	<p>The Action Log was reviewed and outstanding actions were updated or closed. Actions 264, 265, 266, 267, 268 were closed.</p> <p>5.1 Patient Transport Service (PTS) – paper in response to Action 247</p> <p>It was agreed that the paper reported the current status of the PTS service however it did not appear to respond to the concerns that have been raised and the reason for the overperformance. The committee would like further explanation and what actions are in place to address the issues. Other issues were identified</p> <p>It was thought that it may be useful to review the minutes from the East Berkshire NEPTS Systems Meeting held in July 2019.</p> <p>Action: AW to liaise with Amanda Wallis to request the minutes from the NEPTS meeting and circulate</p> <p>Action: IM to have discussion with Kath Havisham with regards to the details within the contract</p> <p>Action: Further explanation required about the actions in place to address the PTS overperformance in relation to the RBH contract with NHSE Spec Comm who commission the dialysis service.</p>	<p>AW</p> <p>IM</p> <p>IM</p>
6.	Finance Report	
	<p><u>2019/20 – Month 5 Report</u></p> <p>JP reported a year to date position on plan and with a forecast to meet the planned in-year surplus of £1k.</p> <p>JP briefed the committee members on the cost pressures and risks as well as highlighting more favourable year to date positions for Mental Health Placements, Prescribing and Continuing Care.</p> <p>JP advised that the Finance team has Deep Dive meetings scheduled this month for Continuing Healthcare, Mental Health Placements and Prescribing.</p> <p>The risks included Better Care Fund (BCF); the position has not changed since last month. Frimley Health has flagged potential pressure in the year to date position across the system and this is not currently in the forecast for East Berks CCG.</p> <p>JP advised that the auditors have completed an audit of the Mental Health Investment Service (MHIS). The auditors look at how the CCG apportions the costs to the different service lines in Mental Health. No issues have been identified and a favourable report is expected. The CCG is expected to add a statement of compliance on the website by the end of the month.</p> <p><u>6.1 IM&T Revenue Finance Report</u></p> <p>JP gave a summary of the GPIT budget advising that it is essentially treated as a ring fenced budget and is reviewed monthly at the IM&T committee. The budget is set for the committed and ongoing activity and that includes support mainly for two teams:</p> <ul style="list-style-type: none"> i) IT Services team e.g. printers, networks ii) Project team e.g. Digital Transformation 	



	<p>Any additional requests for funding are presented to IM&T committee for approval.</p> <p>JP advised there is almost a £1.5m budget of which £1.1m has been allocated to existing commitments and almost £327k unallocated. JP briefly referred to the table showing the breakdown of the spending.</p> <p>DF queried the budget line against GPIT Digital Transformation project.</p> <p>Action: JP to investigate further regarding the figures and how the decisions have been made.</p> <p><u>6.1.1 IM&T Capital Finance Report</u></p> <p>JP advised that there are two different sources of funding for Capital this year. There are still some residual funds from 18/19, bringing forward £834k into this year. £566k has been spent YTD.</p> <p>19/20 the CCG submitted Projection Initiation Document (PIDs) to NHSE to request funding for 2019/20 to the value of £855k. £588k was deemed a higher priority and has been approved. A further £167k has just been approved this week. There are a number of desktops that need replacing and costings are currently being calculated. It was requested by the committee that the funds are spent in this year and this is to be fed back to the IM&T Committee.</p> <p>Action: DF/JP to advise IM&T committee that money must be spent in this financial year.</p>	<p>JP</p> <p>JP/DF</p>
7.	Provider Performance Report	
	<p>IMcK summarised the M4 activity by Provider.</p> <p><u>Frimley Health (FH)</u></p> <ul style="list-style-type: none"> • IMcK advised that Frimley Health is showing a £8.6m over spend FOT, although this is being reported as on plan following adjustments. The committee discussed concerns with regards to the overperformance and where the pressures are. <p>Action: NF to attend Finance & QIPP to explain any mitigations or actions that are being taken. If NF is unable to attend, to provide a paper. DF to liaise with NF.</p> <ul style="list-style-type: none"> • Accident and Emergency –ongoing issues with software coding to correct the complexity code. Although this may not have a financial impact on the CCG directly, any correction to coding after freeze date, may not be paid for by Associates therefore creating and ICS system pressure It is reported that activity remains below plan. • Non Elective activity 2.1% over plan, across a range of sub-chapters. Orthopaedic Trauma, Haematology, Vascular and Cardiac • Electives & Daycases had both been trending in line with last year’s average although M4 has seen an increase particularly in General Medicine, Urology and Gastroenterology. • Uncoded has stabilised • Refer to Treatment - back on agreed NHSE trajectory. 	<p>DF</p>



Royal Berkshire Hospital (RBH)

- Over plan by £456k (a deterioration of £153k from M3)
- Critical Care over plan by £147k – 1 patient £90k, 8 patients costing £197k YTD
- Other main areas of over performance are Ophthalmology £310K, Drugs £160k, Accident and Emergency £37k and Radiology £77k.
- Continued high activity in Eye Casualty which is being investigated by the Trust.

Oxford University Hospital (OUH)

- Overplan by £314k
- Main over performance this month is related to Non-Elective.
- Drugs continue to over perform this month. Main increase due to Eltrombopag (Clinical Haematology). Review re transferring charges to NHSE proved unsuccessful – Average £7k per month.
- Non-Elective Non-Emergency has also had an adverse swing of £17k since M3 and is now over performing by £28k year to date. This is spread across a number of specialties, but mainly related to a high cost Neurosurgery patient.

Bucks Healthcare

- M4 spend is under plan, with activity 10.0% (175) under plan. Most areas are close to plan or underspent, apart from Non Elective Short Stays (£26k over plan) – mainly within Stroke Medicine - and Emergency Excess Bed Days (£14k over plan), 49 of the 53 days reported were for one Stroke patient discharged in M2.
- M4 flex there is £170k value uncoded, although it is expected that this will be mostly coded by freeze. There are no signs that this issue will be fixed in the immediate future due to staffing issues.

Ashford & St Peters (ASPH)

- Critical Care activity is very low compared to previous year and plan.
- Excess bed days over plan – electives £12k Cardiology and non-electives £17k General & Geriatric Medicine

Berkshire Healthcare

IMcK did not review the activity for Berkshire Healthcare and asked the committee to forward any questions if necessary.

SCAS

IMcK did not review the activity for SCAS and asked the committee to forward any questions if necessary.

Independents

- Underplan £555k total which is unchanged from M3
- Continued underperformance against plan levels which may raise queries from Providers.
- M4, the Independent Acute providers collectively are underperforming against



	<p>plan by £190k (22%) which is an increased underperformance by £33k since M3. Spire Thames Valley and BMI Princess Margaret Hospital are largely responsible for this position, with underperformance of £69k and £78k respectively.</p>	
8.	QIPP Report 2019/20	
	<p>NK gave a summary of M5 QIPP schemes. Using freeze data for April, May and June, a forecast of 82% achievement and £11,627k net savings of the full year plan.</p> <p>NK highlighted that Optimise Rx, Over the Counter Prescribing and MSK had all shown an improvement since last month.</p> <p>NK reported that Bracknell & Ascot locality has made significant improvements in the reduction of hip/knee procedures and first appointments.</p> <p>The MSK Triage service has improved, moving 25% of referrals away from secondary care with further analysis requested to understand the impact of this service.</p> <p>NK pointed out that the ICS Planned Care Board had suggested that attendance at a Versus Arthritis programme is not mandatory. The committee were concerned that the Versus Arthritis programme was not proving to be a success (15 referrals but patients are not attending) and the CCG were continuing to pay for the service. There was a discussion on the way forward and could this be addressed in the Deep Dive.</p> <p>Action: KA to provide further information on the Versus Arthritis programme in the MSK Deep Dive report.</p> <p>KA to review data re hip/knee procedures and if there is a reduction can KA relate it back to the cessation of the Active Solutions contract.</p> <p>NK advised that the ICS MSK Sub-group is exploring a new programme called Escape Pain which is being promoted by NHSE.</p> <p>High Cost Drugs and Gastro schemes had seen deteriorations on last month. The Gastro Project Lead is focussing on awareness for GPs and Practices and the new pathway and continues to meet with practices that have higher referring rates into secondary care. A Deep Dive report will come to Finance & QIPP next month.</p> <p>NK reported that there were no operational issues with the ICDM scheme. NK mentioned that the ACP cohort of patients may be widened to include mild to moderate conditions (currently the business case only includes moderate to severe) and this was currently being discussed with Clinical Directors and local operational teams.</p> <p>Frailty remains an issue.</p> <p>Action: NK to liaise with Dee Parker (DP) to share with the PRG chairs the practices that have low numbers of ACPs. NK to share DP contact details with AM.</p> <p>NK briefed the committee on the other QIPP schemes including Gynaecology, Dermatology and Mental Health Placements.</p> <p>It was noted that Bracknell and Ascot have just the one GP with special interest in Dermatology. Concerns were raised regarding the referral and triage process now that the lead consultant for Frimley Health FT had left the Trust. Localities are not currently able to refer patients to a neighbouring locality.</p> <p>JM explained that there is not a Dermatology triage service for Frimley, although it is possible to use the Wexham Park service if necessary for B&A locality. A conversation ensued with the concerns around the dermatology service and referrals. Other risks</p>	<p>KA KA</p> <p>DP</p>



	were identified and it was agreed that these would be referred to check that the Planned Care team are reviewing. Action: Confirm that the Planned Care team are reviewing the Dermatology issue.	DF
9.	QIPP and Performance Review Groups	
	<p><u>Windsor & Maidenhead Locality</u></p> <p>AM advised that WAM PRG had not met in July and August due to clinical availability and September's meeting has also been postponed as the Joint PRG is due to be held just a few days later. Next WAM meeting will be end of October.</p> <p><u>Bracknell & Ascot Locality</u></p> <p>JF reported that 5 practices had been identified that require visits and help in certain areas. The new dashboards have been well received. JF commented that PRG committees are looking to be more involved in Members Meetings and have a minimum of 30minutes on the agenda in order to share information.</p> <p><u>Slough Locality</u></p> <p>No verbal update this month however the PRG action log was available on Diligent for attendees to view.</p>	
	Any Other Business	

Meeting Month	Date of Meeting	Room	Time
October 2019	Tuesday 22 nd October	Boardroom, KEVII Hospital, Windsor	08.30 – 10.30
November 2019	Tuesday 26 th November	Boardroom, KEVII Hospital, Windsor	08.30 – 10.30