
Report of Berkshire West CCG Governing Body: 12 June 2018

Title	Finance Committee – 22 May 2018 Chair’s Report
Sponsoring Director	Rebecca Clegg, Acting Chief Finance Officer
Author(s)	Rebecca Clegg, Acting Chief Finance Officer
Purpose	To provide a summary of the key actions and decisions of the Committee
Previously considered by (CCG or ACS Boards or Committees)	Finance Committee Chair
Risk and Assurance	Assurance from Finance Committee that it is discharging its responsibilities
Financial and resource implications	Financial implications covered within the body of the report.
Legal implications/regulatory requirements	Required by CCG Constitution
Consultation, public engagement & partnership working implications/impact	N/A
Public Sector Equality Duty	N/A

Executive Summary

Finance Committee met on 22 May 2018. The Committee:

- (i) Discussed the month 1 position for 2018/19.
- (ii) Received a first draft of the new care group reporting.
- (iii) Received the month 12 provider contract report, noting the over performance in year at RBFT.
- (iv) Received the final financial plan for 2018/19.
- (v) Received an update from the Acting CFO regarding the work of the ICS, particularly in relation to payment mechanisms and the system control total for 18/19.

Recommendation

The Governing Body receives the Finance Committee Chairs report, note the actions and decisions taken and is assured that the Committee is discharging its responsibilities in line with the Terms of Reference and CCG Constitution.

Key Actions and Decisions

1. Finance report – M1

The CCG does not normally produce a month 1 report, but rather uses the opportunity to ensure that budgets are all entered correctly and reconcile with allocations. In addition, the team checks that the 17/18 outturn was accurate and included sufficient accruals to cover month 12 provider activity. The Acting CFO confirmed that this work had been completed by the team.

New reports by care group were shared for the first time and the Committee Members suggested some enhancements.

2. Provider Contracts M12 2017/18

The Committee receive the provider contracts M11 report, updating members on the current contractual position and financial status.

Royal Berkshire: Contract Value £239,760,608 - 2.3% over plan £5,338k

For M12, overperformance of £5,338k (2.3%) is reported across the Berkshire West CCGs, deteriorating from the 2.0% reported at M11. Overperformance is reported in Outpatient Procedures £5,603k (74.5%), Non Elective £2,564k (4.5%), Non-Elective Non-Emergency £1,036k (6.6%) and A&E £81k (0.5%).

Hampshire Hospitals: Contract Value £13,608,153 – 3.2% over plan £431k

For M12, overperformance of £431k (3.2%) is reported across the Berkshire West CCGs, which is a further deterioration from the overperformance of £330k (2.6%) reported at M11. Non-Elective Non-Emergency has swung from underperformance of £40k in M11 to overperformance of £1k in M12; Non-Elective has deteriorated by £43k from the M11 position although Excess Bed Days Emergency underperformance has further improved by £39k from M11.

Oxford University Hospitals: Contract Value £7,583,312 – 4.0% over plan £303k

A further deterioration is seen for Berkshire West CCG's in M12, with over-performance increased to £303k (4%) from £252k (3.6%) in M11. Of note is Critical Care, now over-performing by £241k, a deterioration of £50k from M11, due to a single patient, Complex Mouth or Throat Procedure.

London Trusts: Contract Value £5,372,065 – 2.83% over plan £152k

Optum is reporting a reduced overspend against envelope of £152k based on M12 flex data, which is £38k better than M11. All CCGs other than South Reading reported an improved out-turn position. South Reading reported an adverse movement in month of £78k due to 2 high cost patients discharged from Barts. This has been challenged due to data quality issues and will be updated at M12 Freeze. An accrual of £60k is included in the FOT for the Newbury long stay patient, although the patient will not be discharged until 18/19. Estimated 17/18 costs based on the YTD LOS of 136 days is £190k. The situation is being closely monitored.

Spire Dunedin Hospital: Contract Value £3,148,817 – over plan £641k at 20.3%

Over performance has increased from 19.6% (£566k) at M11. As noted in previous months, the Provider has submitted a revised action plan for reducing the number of follow ups and had met with all Consultants at the end of January to communicate this with them. Spire has made progress on reducing follow ups, overall bringing over performance down from around 130% above plan in the early months of the year to c 76% in M9, continued down to currently 68% in M12.

Circle Reading: Contract Value £9,525,000 – 8.4% under plan £804k

The underperformance at M12 has reduced from the reported underperformance at M11. The main underperformance is Trauma and Orthopaedics (£494k) which is unchanged from M11. General Surgery is under plan by £205k at 25.6% and Gynaecology is under plan by £184k at 20.0%.

Berkshire Healthcare: Community and Mental Health Contracts (block)

As noted in earlier months, work is ongoing to improve the reporting of data and commentary by the CSU.

SCAS – 999 Contract Value £15,627,015 – £467,875k (3.0%) over plan

The month 12 performance was £74,334 above the planned cost which YTD represents a 3.0% over performance.

SCAS – Integrated Urgent Care: Contract Value £1.729m, contract within plan

Performance across the contract remains an on-going challenge due to fluctuating activity levels and peaks of calls, staff sickness and recruitment issues. This is also the position for other national Providers all of who have not achieved the national targets over the last couple of months.

SCAS– PTS: Contract Value £2,320,611.28 – £94k (4.0%) over plan

The contract over performance YTD for Berkshire West CCGs is £94k (4%) mainly related to Newbury and District CCG PTS activity at North Hampshire Hospital which relates increased renal activity both into GWH and NHH. Activity across Berkshire West remains high with escorts continuing to show an increase.

3. Financial planning 2018/19

The Committee reviewed the final version of the 18/19, although this had not change significantly since the draft version was presented. A number of queries were raised related to changes between 17/18 and 18/19 which will be followed up at the next meeting.

The Committee reviewed the draft CCG and System Efficiency pipeline and a number of actions were agreed for individual CCG schemes.

4. Integrated Care System Update

- The Committee received a paper related to ICS control total options and payment mechanisms.
- The Committee received a verbal update on a business case related to administration and monitoring of Denosumab in primary care, which is currently delivered as a Community Enhanced Service. Further work is required.

Glossary

A&E	Accident and Emergency
BCF	Better Care Fund
BHFT	Berkshire healthcare NHS Foundation Trust
CAMHS	Child and Adolescent Mental health Service
CCG	Clinical Commissioning Group
CES	Community Enhanced Service
CSU	Central Southern Commissioning Support Unit
DES	Direct Enhanced Service
EIA	Equality Impact Assessment
FRG	Financial Recovery Group
HWB	Health and Well-being Board
HWP	Heatherwood and Wexham Park Hospitals NHS Foundation Trust
IAPT	Improving Access to Psychological Therapies
IFR	Individual Funding Request
MSK	Musculoskeletal
NHSE	NHS England
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Prevention and Productivity
RBFT	Royal Berkshire NHS Foundation Trust
RRAT	Rapid Response and Treatment Service (for care homes)
SCAS	South Central Ambulance Service NHS Foundation Trust
TCP	Transforming Care Partnership (for Learning Disability patients and carers)