

<b>Report to:</b>	NHS Hull Clinical Commissioning Group Board
<b>Date of Meeting:</b>	31 May 2013
<b>Subject:</b>	Business Intelligence Report
<b>Presented by:</b>	Emma Sayner, Chief Finance Officer
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<b>STATUS OF THE REPORT:</b>			
To approve	<input type="checkbox"/>	To endorse	<input checked="" type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>

<b>PURPOSE OF REPORT:</b>
The purpose of this report is to:
<ol style="list-style-type: none"><li>1. Present the performance of high level financial indicators for the 2012/13 financial year;</li><li>2. Provide an update on performance against national and local indicators.</li></ol>
<b>RECOMMENDATIONS:</b>
The Clinical Commissioning Group Board is asked to:
<ol style="list-style-type: none"><li>1. Note the financial performance for 2012/13,</li><li>2. Note the development of the Business Intelligence Framework and that the first report for 2013/14 will be received at the next CCG Board meeting.</li></ol>

<b>REPORT EXEMPT FROM PUBLIC DISCLOSURE</b>	No	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
If yes, grounds for exemption				

(FOIA or DPA section reference)

<b>CCG STRATEGY NUMBER REFERENCE</b>	<b>ASSURANCE FRAMEWORK REFERENCE NUMBER</b>
<p>The financial section of the report covers performance against the CCG's financial plan which is the financial interpretation of the Strategic Direction of the CCG.</p> <p>The CCG's expenditure plan has been established in order to aim to deliver on the CCG's strategic priorities as far as possible.</p>	<p>The performance section of the report identifies key performance indicators and demonstrates/provides assurance against delivery of the strategy and national performance reporting requirements</p>

<b>IMPLICATIONS:</b> <i>(summary of key implications, including risks, associated with the paper),</i>	
Finance	Financial risk is considered as an integral part of the report and where cost pressures or changes in expenditure are forecast these are being taken in to account both for in year performance as well as for the impact on the Medium Term Financial Plan going forward.
HR	No HR Implications
Quality	Risks not addressed may result in quality issues for patients, staff and public.
Safety	Risks not addressed may result in safety issues for patients, staff and public.

<b>ENGAGEMENT:</b> <i>(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)</i>
<p>No specific engagement activity has taken place, however all elements of the Business Intelligence Framework are subject of on-going engagement with key partners/providers as part of the day to day management of the CCG.</p>

<b>LEGAL ISSUES:</b> <i>(Summarise key legal issues / legislation relevant to the report)</i>
<p>The legality in relation to signing off contracts and incurring expenditure is a clear part of the procurement process so there are no issues to report in relation to this area.</p>

**EQUALITY AND DIVERSITY ISSUES:** *(summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)*

No issues to report.

**THE NHS CONSTITUTION:** *(How the report supports the NHS Constitution)*

The Business Intelligence Framework/reporting is a critical tool in ensuring the CCG ensures its patients are accessing/receiving their constitutional rights.

## **BUSINESS INTELLIGENCE REPORT**

### **1 Introduction**

This combined Business Intelligence Report seeks to inform the CCG in respect of:

- High level financial performance indicators
- Performance against national and local indicators
- Update on contract management and performance.

The draft Annual Accounts for 2012/13 were submitted on 23 April. The Annual Accounts are being considered in a separate item on the CCG Board agenda and they will be formally reviewed in due course through the Integrated Audit and Governance Committee and the CCG Governing Body.

For this report a number of high level financial indicators have been included to provide assurance that the completion of the Annual Accounts is anticipated to achieve all financial targets and all indications from KPMG are that this is the case.

The performance section of this report outlines performance against national indicators for 2012/13 and selected local indicators. Indicators have been aligned to the four programmes around which the CCG's commissioning strategy is structured.

A significant obstacle has been encountered since 1 April 2013 in the guise of the implications of the Health and Social Care Act 2012 which in its current form prohibits CCG from accessing Personal Confidential Data (PCD) without patient consent except for Direct Patient Care. This has an impact on reporting timescales and a temporary dispensation has been put in place to deal with this for the first quarter of 2013/14.

The contracting update will provide information and updates on current contract performance and some of the more significant areas of work that are currently running.

## 2 Financial Performance for 2012/13 with Annual Accounts in the final stages

### **Revenue Resource Limit (RRL)**

2012/13 Revenue Resource Limit	£557.371m
2012/13 Planned Surplus against RRL	£ 19.400m
2012/13 Anticipated Surplus against RRL	£ 19.400m

### **Capital Resource Limit (CRL)**

2012/13 Capital Resource Limit	£ 24.347m
2012/13 Planned Surplus against CRL	£ 0.000m
2012/13 Anticipated Surplus against CRL	£ 0.021m

### **Cash Limit**

2012/13 Cash Limit (Revenue & Capital)	£538.817m
2012/13 Planned end of year cash balance	£ 0.000m
2012/13 Actual end of year cash balance	£ 0.003m

## 3 Performance Update

Based on the reports previously submitted to the CCG Board, the areas of underperformance for the year are highlighted below:

### **Headline Measures:**

- Patients who spend more than 4 hours waiting in A&E
- Incidence of C.Difficile
- Eliminating Mixed Sex Accommodation (MSA Breaches)

### **Supporting Measures (Future CCG Responsibility)**

- Access to midwifery services (*by 12th week of completed pregnancy*)
- Patients waiting 6 weeks or more for a diagnostic test
- Total numbers waiting at the end of month on a RTT pathway

### **Supporting Measures (Future NHS England responsibility):**

- Women receiving results of cervical screening within 2 weeks
- Access to NHS Dentistry
- GP WTE/100,000 registered population

### **Supporting Measures (Future Public Health Responsibility):**

- Uptake of NHS Health Checks
- Percentage of infants breastfed at 6-8 weeks
- % Mothers initiating breastfeeding
- All-Age all-cause mortality

The Business Intelligence Framework which includes reporting mechanisms for all parts of the CCG has been approved by the Senior Leadership Team and the Quality and performance Committee and the first report of 2013/14 is anticipated in June 13 in line with data availability.

The CCG will receive the report in the new format at the next meeting.

#### **4 Contracts update**

Details of key areas of work for contracts is summarised in the bullet points below:

- Contract Management arrangements with the Commissioning Support Unit are established with Hull and East Yorkshire Hospitals and Humber Foundation Trust both having a commissioner-only Stakeholder Forum in advance of the Contract Management Board (CMB) meeting.
- 2013/14 contract negotiations are complete for all provider organisations and documents have been signed and sealed where applicable for non NHS providers. The previously reported issue in relation to specialist commissioning financial adjustments is now complete and the financial risk previously reported has been substantially mitigated.
- Procurement Activity is continuing in respect of:
  - I. Medical cover for community stroke rehabilitation beds (see separate item),
  - II. Community Paediatrics Medical Staffing (see separate item),
  - III. Expert Patient Programme,
  - IV. Birth Preparation and Education Service,
  - V. Interpreting and Translation Services,
  - VI. Medicines Management support in Care Homes
  - VII. Improving Access to Psychological Therapies (IAPT), and
  - VIII. Community Stroke Rehabilitation beds.

#### **5 Recommendations**

The Clinical Commissioning Group Board is asked to:

1. Note the financial performance for 2012/13,
2. Note the development of the Business Intelligence Framework and that the first report for 2013/14 will be received at the next CCG Board meeting.