

Title of Paper: Contract and Finance Performance Dashboard			
Governing Body Meeting Date		24/01/2019	Item Number: 12
Report Sponsor: Jim Hayburn, Interim Chief Finance Officer		Report Author: Alison Levin, Deputy Chief Finance Officer	
<p>1. Conflicts of Interest</p> <p>A conflict of interest occurs where an individual's ability to exercise judgement or act in one role is or could be impaired or otherwise influenced by his or her involvement in another role or relationship. The individual does not need to exploit his or her position or obtain an actual benefit, financial or otherwise. A potential for competing interests and/or a perception of impaired judgement or undue influence can also be a conflict of interest.</p> <p>Are there any potential conflicts of interest relating to this paper, which may arise within the committee and need to be addressed by the Chair of the Committee prior to this item being tabled?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please detail here the action taken by the Interim Chief Finance Officer to prevent conflicts of interest within the decision making process</p>			
2. This paper is for:			
Approval	Decision	Assurance – For Discussion	Assurance – For Information Only
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.			
CCG Strategic Aims Objectives supported by this paper			X
1. We will involve people in their care and we will encourage self-care			<input type="checkbox"/>
2. We will buy quality services.			<input checked="" type="checkbox"/>
3. We will change services for the better and in doing so we will provide care as close to home as possible that is easily accessible.			<input checked="" type="checkbox"/>
4. We will use the money we have in the best possible way.			<input checked="" type="checkbox"/>
4.			
Transformational Programmes			X
CS000 - Community Care			<input checked="" type="checkbox"/>
FH000 - Forces Family Health			<input type="checkbox"/>
PC000 - Primary Care			<input checked="" type="checkbox"/>
PL000 - Planned Care			<input checked="" type="checkbox"/>
UC000 - Urgent and Emergency Care			<input checked="" type="checkbox"/>
5.			
Other Programmes			X
Maternity & Paediatrics			<input type="checkbox"/>
Mental Health and Learning Disabilities			<input type="checkbox"/>

6.

Enabling Programmes	X
WSC000 - Whole system commissioning and new payments models	<input checked="" type="checkbox"/>
CE000 - Communications and Engagement	<input type="checkbox"/>
TE000 - Better use of Technology and IT	<input type="checkbox"/>
ES000 - Estates	<input type="checkbox"/>
WF000 - Workforce	<input type="checkbox"/>
MM000 - Medicines Management	<input checked="" type="checkbox"/>
QU000 - Quality	<input type="checkbox"/>
Promote good governance and proper stewardship of public resources in pursuance of CCG goals and in meeting its statutory duties	<input checked="" type="checkbox"/>

7.

	CCG Values Underpinned in this paper	X
1	Integrity	<input checked="" type="checkbox"/>
2	Transparency	<input checked="" type="checkbox"/>
3	Collaboration	<input checked="" type="checkbox"/>
4	Focus	<input checked="" type="checkbox"/>
5	Action	<input checked="" type="checkbox"/>
6	Energy	<input checked="" type="checkbox"/>
7	Courage	<input checked="" type="checkbox"/>

8. Does this paper provide evidence of assurance against the Governing Body Assurance Framework? Click [here](#) for link

	X
YES	<input checked="" type="checkbox"/>
NO	<input type="checkbox"/>

If you answered yes above, please indicate which principle risk and outline

Principle Risk No	Principle Risk Outline
Principal Risk No: 2.2	We will buy quality services. The CCG cannot afford to buy the services it needs. Quality is compromised.
Principal Risk No: 2.3	We will buy quality services. Quality Monitoring – Providers do not deliver the services to the required quality, including implementing changes to how services are delivered / behaviours do not change.

9. Does this paper mitigate risk included in the CCGs Risk Registers? If Yes, please outline. Click [here](#) for link

	Ref: Risk No	Outline
Yes		
No	x	

10. Executive Summary

The purpose of this report is to provide the Governing Body with details of the current performance of the CCG and to highlight areas which currently require attention.

Performance:

Details of the CCG performance against the key national, local performance and quality targets is set out in the attached dashboard (Appendix 1).

Set out below are the current areas of adverse performance where remedial action is being taken:

- 18 week referral to treatment
- Waiting List Growth
- Diagnostic Test Waiting Times
- Cancelled operations: South Tees Hospitals NHS FT
- Accident & Emergency
- Ambulance Performance (YAS) – Category 1 – Response within 8 Minutes
- Ambulance Handover Times
- MRSA (CCG Attributed)
- Dementia
- Mental Health IAPT

The Governing Body is asked to note the current performance challenges and the actions being taken to improve these.

The Governing Body is also asked to recognise the excellent performance of most of our providers.

Finance:

Appendix 2 outlines the CCGs year to date position as at 31 December 2018.

The CCG's agreed 2018/19 control total is a £3.0m deficit, if the CCG achieves this position we will be eligible for Commissioner Sustainability Funding (CSF) of £3.0m meaning the CCG will have an in year breakeven position. As the CCG achieved the control total in Quarter's 1 and 2, we received 35% (£1.05m) of CSF from NHS England as at October 2018, this has reduced the planned deficit from £3.0m to £1.95m. The CCG has also achieved the control total for Quarter 3 and is therefore eligible for a further 30% of the total CSF allocation; this position will be confirmed at the beginning of February 2019.

As at 31 December the CCG is achieving its overall year to date plan of a £1.2m deficit.

The CCG has now agreed an aligned incentive contract with its main provider South Tees Hospital NHS Foundation Trust (STHFT). The agreement is for 3 years 2018/19 to 2020/21, and the value agreed for 2018/19 is the maximum amount that the CCG will pay, there will be no clawback for any under-performance or any payment for over performance associated with this agreement.

The main issue remains the CHC budget which is currently £1.8m overspent and is forecast to outturn at £2.2m overspent.

The forecast outturn includes all known risks however there remains potential risks around prescribing and mental health out of contract and CHC.

In order to deliver its financial control total the CCG will have to manage the financial risks out of the system, this will include:

- Close management and monitoring of the CHC Budget
- Ensure delivery of the Prescribing budget
- Focus on management of the other Acute Contracts within budget
- Ensuring that those areas that are underspending continue to underspend

The CCG still faces a significant financially challenging year with significant risks to delivery of its control total.

The Governing Body is asked to note the contents of this report.

11. Any statutory / regulatory / legal / NHS Constitution Implications

The CCG has a duty of care to ensure delivery against the Quality and Outcomes Framework and NHS Constitution.

12. Equality Impact Assessment [Click here](#) for link

All plans are subject to an EIA compliance assessment.

13. Implications / Actions for Public and Patient Engagement

N/A

14. Recommendations / Action required

The Governing Body is requested to note the current performance and finance data and the actions being taken to manage the areas of adverse performance.

15. Monitoring

There is detailed monitoring of the finance (including QIPP), contract and performance through the Quality, Finance & Performance Group which now meets every month.

For further information please contact: Alison Levin or Jim Hayburn