



*East Riding of Yorkshire  
Clinical Commissioning Group*

**CORPORATE PERFORMANCE REPORT 2016/17**

**GOVERNING BODY**

**20 SEPTEMBER 2016**

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# EXECUTIVE SUMMARY

## Purpose

This report is intended to provide the recipient with an overview of the latest performance of the Clinical Commissioning Group (CCG) against the national objectives set by NHS England and local objectives outlined in the 5 year Strategic Transformation Plan 2014 – 2019.

## Context

The combined national and local objectives within this report have been aligned with the 5 transformation work areas in our 5 year plan, these are:

1. Transforming, Community and Primary Care Services
2. Enhance Unplanned Care Services and Outcomes
3. Productive Elective Care
4. Integration of services to provide 'Better Care'
5. Supporting Our Vulnerable People

To these we have added a sixth category of Planning and Strategic Enablers, which monitors performance of enabling actions that support the transformation work and the day to day operations of the CCG.

## Current Performance

- **NHS England Assurance.** The CCG attended its 2015/16 annual review meeting with NHS England in April 2016 and the outcomes of which were published on the 21<sup>st</sup> July in the "Strengthening Financial Performance & Accountability in 2016/17" document. The CCG received an overall assurance rating for 2015/16 as 'Requires Improvement'; the breakdown of the assessment is included below.

The CCG received positive feedback regarding the proactive work of the CCG in response to financial pressures within the local health economy, particularly the work with health and social care partner organisations to tackle the financial challenge and develop transformation opportunities together.

CCG	Well led organisation	Delegated functions	Finance	Performance	Planning	Headline Assessment
East Riding of Yorkshire	Good	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

NHSE have assessed the CCG as good in the two areas. The last three areas listed are assessed as 'requires improvement' and relate to the pressures experienced within the local health economy at the acute trusts. With regard to delegated functions the CCG does not commission Primary Care services.

The new CCG Improvement and Assessment Framework (IAF) became effective from the beginning of April 2016, replacing the existing CCG Assurance Framework and separate CCG performance dashboard.

The CCG IAF is intended to embed the 'triple aim' of the Five Year Forward View: better health for their local populations, better care for patients and better value for the taxpayer. It is intended to fit with the Sustainability and Transformation Plan (STP) approach, recognising that the NHS can only deliver the Five Year Forward View through place-based partnerships.

For 2016/17 the CCG will be assured by the NHSE over the 4 domains of:

- Better Health
- Better Care
- Sustainability
- Leadership

And the 6 clinical priorities of:

- Cancer
- Dementia
- Diabetes
- Learning Disabilities
- Maternity
- Mental Health

The assessment of these priorities will be undertaken by independent panels supported by 60 published indicators, which are used within this report.

The first assessment for quarter 1 of 2016/17 is available on the MY NHS website [https://www.nhs.uk/Service-Search/performance/search from 7th September 2016](https://www.nhs.uk/Service-Search/performance/search%20from%207th%20September%202016).

The overall ratings by clinical priority are:

Cancer	Dementia	Diabetes	Learning Disabilities	Maternity	Mental Health
Needs improvement	Greatest need for improvement	Needs improvement	Needs improvement	Greatest need for improvement	Needs improvement

More detailed comments and response will be included within the next report after review by CCG leads.

- **Finance.** The CCG has in place an approved Financial Recovery Plan, which meets all the business rules for 2016/17 although has significant challenges for delivery.

Budgets and current spend are reported to July 2016. The in-year performance has several high level risks which need to be managed in particular delivery of savings schemes identified through the recovery plan, delivery of existing savings plans and managing increased demand on services.

Activity data for acute contracts is now available for the first three months of 2016/17 and is reporting overtrades in the first quarter of £1.7m across our providers. We are working with these providers in implementing changes which will mitigate cost growth in high volume areas of activity with the aim of achieving reduced costs in the latter part of the year.

- **QIPP.** The Prescribing scheme appear to be delivering savings broadly in line with plan, early indications from the Regional Drug & Therapeutics Centre indicate that the overall CCG expenditure is in excess of local and national spend for the first quarter. Whilst this is based on limited information it is a concern given the savings plan in prescribing expenditure. There are significant risks to delivery of some of the projects which have been highlighted in the QIPP report on page 10. The CCG continues to look at project delivery milestones and priorities to ensure the saving opportunities are maximised in 2016/17.

Some of the revised commissioning statements have been agreed as part of the development of the Financial Recovery Plan and are being implemented from 1st August 2016.

- **Local Quality Scorecard.** There are 5 national and 3 local measures used to support the Quality Premium payment. Data has now started to be received and is reporting achievement in 2 of the national measures linked to primary care prescribing. As in previous years CCG performance in NHS Constitution pledges is a pre-requisite (or gateway) to earning the Quality Premium although in 2016/17 these are linked to bespoke Sustainability and Transformation Fund (STF) improvement trajectories as detailed in “Strengthening Financial Performance & Accountability in 2016/17”.

Finally the CCG will not receive a Quality premium if it fails to deliver its planned expenditure control total which reiterates the emphasis on delivering a sustainable financial position.

- **Transformation Programme.**

The measures and format of the reporting on the programme have been amended to reflect this new IAF. Using the 4 main domains as reported above and incorporating the 60 individual measures within the IAF.

The CCG is reviewing its Programme Management arrangements and workloads to balance the competing priorities in light of Financial Recovery.

- **Constitutional Targets.** The CCG has reviewed the revised outcomes framework and performance against constitutional targets linking them to the Transformation Programme areas. The headlines below represent changes to the position reported at the June Governing Body meeting:
  - Ambulance response times (currently 68.0% v target 75%) for June 2016
  - A&E 4 hour waits (Currently 90.46% v target 95%) for June 2016. Performance has improved at H&EYHT by 9% in the first 2 months of 2016/17 compared to the average of 2015/16 (78.5%).
  - Elective Referral to Treatment Times
    - Cancer 62 day waits (Currently 82.2% v target 85%) for GP referrals continue to be below target but did achieve the May in-month target.
    - Waits from a NHS Screening service are below threshold but only by 1%. Those from a consultant decision to upgrade are above threshold.
    - The RTT for incompletes (i.e. on a waiting list) for quarter one is 88.5% (target 92%), below target but above the previous year’s average.
    - The CCG is endeavouring to ensure that 80% of all referrals are made using electronic methods (e-referrals) by March 2017. Quarter one average achieved is 28.5% (24.4% 2015/16). This is a particular challenge for the CCG as we start from a low baseline; however, a robust action plan is in place.

- There has been only 1 breach of the 52 week RTT target in the first quarter of 2016/17.
- Access to Psychological Therapies (currently 13.98% year to date projection v Target 15%)
- Dementia diagnosis rates
  - This target has presented a significant challenge to CCGs nationally and we have not yet achieved the 67% target. However, our diagnosis rate has steadily risen and is current 61.55% - June 2016
- Access to Child & Adolescent Mental Health services.
  - During quarter one no patients waited longer than 18 weeks for their first intervention.

Development and implementation of transformation projects is governed through the CCG's monthly Programme Delivery Group and monitored via the Programme Management Office (PMO) process.

## Achievement of Financial Duties / Plans

Based on information received up to 31st July 2016 the Financial performance targets for 2016/17 have achieved the following:

### Performance Assessment

Full Year Surplus	Red
Underlying recurrent surplus	Red
Operate within Running Costs Envelope	Amber
Not exceed Cash Limit	Green
QIPP Delivery	Amber

### 2016/17 CCG Forecast Outturn

	to 31st July 2016			to 31st March 2017			Risk
	Budget £'000	Spend £'000	Var £'000	Budget £'000	Forecast £'000	Var £'000	
<b>Allocation</b>	<b>(129,088)</b>	<b>(129,088)</b>	-	<b>(387,131)</b>	<b>(387,131)</b>	-	
Acute Contracts	70,747	72,491	1,744	213,185	213,185	-	Red
Mental Health	10,408	10,611	203	31,738	31,738	-	Amber
Community Services	15,627	15,778	151	46,779	46,779	-	Amber
Continuing Care	8,096	8,101	5	24,642	24,642	-	Amber
Primary Care & Prescribing	19,285	20,072	787	57,866	57,866	-	Red
Other Commissioned Services	3,047	2,999	(48)	3,281	3,281	-	Green
Running Costs	1,879	1,834	(45)	5,468	5,468	-	Green
Reserves	-	-	-	1,128	1,128	-	Green
Performance & Transformation	-	-	-	3,765	3,765	-	Green
Contingency	-	-	-	1,936	1,936	-	Green
Unidentified QIPP	-	-	-	(2,655)	(2,655)	-	Amber
<b>TOTAL EXPENDITURE</b>	<b>129,088</b>	<b>131,885</b>	<b>2,797</b>	<b>387,131</b>	<b>387,131</b>	-	
<b>Surplus</b>	<b>0</b>	<b>2,797</b>	<b>2,797</b>	<b>0</b>	<b>0</b>	-	

### Acute Activity Performance / Forecast

#### Acute Activity Report Main Acute Providers

	£'000			£'000			Issue
	Budget	Spend	Var	Budget	Forecast	Var	
<b>Out Patients</b>							
New	3,099	3,203	104	12,484	12,903	419	
Fup	3,104	3,084	(20)	12,531	12,450	(81)	
Procedure	1,503	1,798	295	6,089	7,284	1,195	
<b>Spells</b>							
Daycase	6,000	6,481	481	24,210	26,151	1,941	
Elective IP	5,427	6,145	718	22,554	25,538	2,984	
Non Elective IP	13,255	13,544	289	53,458	54,624	1,166	
<b>XSBD</b>							
Elective XSBD	102	111	9	406	442	36	
Non Elective XSBD	619	572	(47)	2,483	2,294	(189)	
<b>A&amp;E</b>							
Accident & emergency	1,747	1,832	85	5,443	5,708	265	
<b>Other</b>							
Non PBR/Other Services/Contract Challenge	11,256	11,207	(49)	47,119	46,914	(205)	
Paediatric/Ambulance/Smaller Acute Contracts Services/High Costs Drugs	24,635	24,514	(121)	26,408	18,878	(7,531)	
	<b>70,747</b>	<b>72,491</b>	<b>1,744</b>	<b>213,185</b>	<b>213,185</b>	-	

## **Allocations**

Allocations reflect those in the financial plans approved by the CCG and NHS England. Additional in-year allocations received to 31<sup>st</sup> July 2016 are;

- +£156k Eating Disorder Service
- +£ 5k Paediatric NEL Zero LoS to Ambulatory Recoding
- +£ 38k NHSE eMBED Support Costs
- +£ 50k Learning Disability Transformation fund for TCP's

## **Acute**

The reported financial Performance is based on Month 3 data prior to validation.

The information received has indicated a significant YTD overtrade of £1.1m with Hull and East Yorkshire Hospitals NHS Trust (HEYHT). The overtrade is the product of higher than planned levels of activity in A&E £0.1m, Ophthalmology (AMD) £0.2m, Elective Activity £0.5m, Diagnostics £0.15m and Non Elective Activity £0.15m. In addition the CCG has experienced an overtrade with Spire Hospitals of £0.75m predominantly as a consequence of Orthopaedic activity being undertaken above planned levels. The CCG has experienced a small overtrade with York Teaching Hospitals NHS Trust circa £0.15m whilst all other acute contracts trading broadly in line with planned activity levels.

The reported figures are prior to the application of contract sanctions and technical challenges. Analysis of the trading position is being undertaken to understand the drivers of the over performance, its nature (underlying or short term) and any mitigating actions available.

As part of its Financial Recovery the CCG is embedding its existing commissioning statements and reviewing other opportunities as identified through Right Care. Working with the main acute providers the CCG is implementing changes which will mitigate cost growth in high volume areas of activity with the aim of achieving reduced costs in the latter part of the year.

## **Mental Health**

The current contract is agreed on a block basis with Humber NHS Foundation Trust (HNHSFT) and the key risk is ensuring capacity within the service to deliver within the fixed financial envelope. There are indications that placements are now having to be made out of area which will result in additional cost to the CCG.

IAPT activity in quarter one is higher than planned and a risk to the current forecast outturn. Section 117 (aftercare) clients has seen growth in patient numbers but the CCG is not anticipating this to result in an overspend at this stage.

## **Community Services**

The HNHSFT contract operates under a block arrangement giving rise to limited risk on the budget albeit the financial consequences of failing to provide good quality care may impact in other services and budget lines.

Community Equipment activity in quarter one is showing a pressure against the budget. The Contract has been re-procured (effective 1<sup>st</sup> July) and it is anticipated that the budget for the new contract will be sufficient to meet demand and operate within plan.

## **Continuing Healthcare**

Continuing Healthcare has been an area of significant financial growth and risk. The CCGs financial recovery plan has identified this as an area of opportunity and information to the end of quarter one indicates costs are being contained within budget.

## **Primary Care**



The Prescription Pricing Authority (PPA) forecast based on 3 months of actual data indicates a forecast overspend against the budget of circa £2.5m. This represents a significant risk to the CCG in achieving its plans but trend analysis suggests that savings plans are beginning to take hold and the relatively crude PPA modelling used to predict spend does not reflect future savings.

The Local Enhanced Services (LES) including Medicines Management claims are submitted in arrears, quarter one activity is not indicating any overspend.

### **Other including Reserves**

Running Costs – budget and current forecast is for expenditure to be inline within budget.

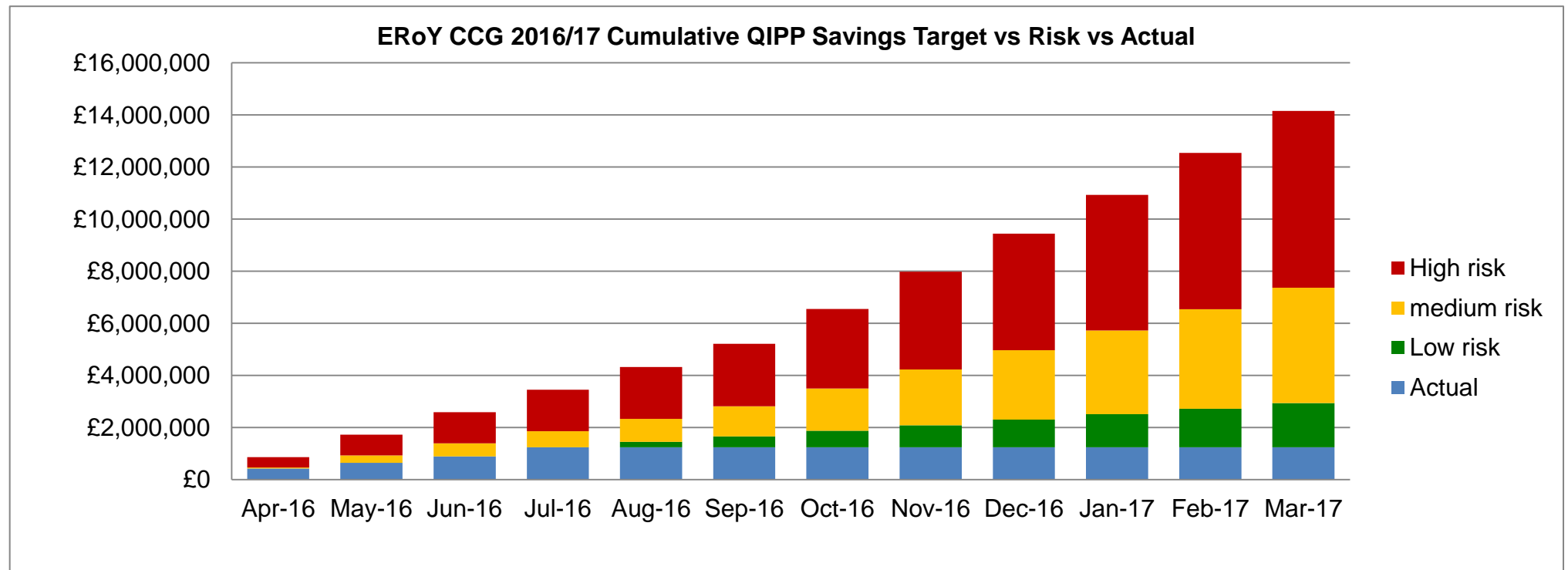
Reserves – Plans include some funding for CCG commissioning intentions still to be agreed.

### **Risks**

- Mobilisation of additional savings schemes identified through the recovery planning process
- Delivery of existing savings plans
- Managing increased demand on services
- The volatile nature of GP prescribing due primarily to the impact of national pricing changes
- Delivery of performance targets and agreed trajectories within funding available

## NHS East Riding of Yorkshire CCG QIPP Overview 2016-17

Programme Area			Jul-16		YTD	
Unplanned Care	Actual	£3,833			£21,249	
	Target	£128,239			£512,137	
Transforming community and primary Care Services	Actual	£49,253			£132,438	
	Target	£87,889			£350,492	
Productive Elective care	Actual	£99,934			£353,341	
	Target	£219,294			£877,172	
Medicines Management	Actual	£149,260			£564,664	
	Target	£148,273			£543,438	
Other Including Contract Management & Procurement	Actual	£40,667			£162,667	
	Target	£40,667			£162,667	
Programme total	Actual	£342,947			£1,234,359	
	Target	£624,362			£2,445,905	



### Commentary:

The graph shows the latest risk assessment of the projects which shows £1.2m as delivered and £2.5m with high levels of confidence over delivery. There are a number of projects rated as amber and red which places them at high risk of not delivering. The CCG continues to look at project delivery milestones and priorities to ensure the saving opportunities are maximised in 2016/17.

The original QIPP plan included within the operational plan identified £7.6m of saves and the Financial Recovery Plan approved by the Governing Body identified further savings of £6.6m giving a total QIPP plan of £14.2m. Data is currently being collected on these additional schemes and performance on the delivery will be included within the next submission of this report.

### Risk ratings

The graphs show savings by the risk of non-delivery:

Actual savings - costs released to date.

Low risk - savings we have agreed or achieved to date and the remainder will be released in future months.

Medium risk - work still to be undertaken to deliver the savings.

High risk - all or part of a project saving may now not be delivered or the project has been delayed and alternative options are being pursued.

### Delivery

There are four schemes which involved the variation of an existing service. Contract variations totalling £854k have been agreed for these schemes and the savings will be shown monthly.

QIPP projects on COPD, Cataracts and Medicines Management are currently performing better than target and delivered savings greater than plan to date of £44k.

### High risk projects

Within high risk are the following projects:

Unplanned Care - we had intended to utilise the CQUIN payment of £1.34m for 2016/17, to maximise the recovery plans with a view to releasing costs through reduced activity. However it was agreed to continue the investment and deliver savings within the Ambulatory Care and Frailty services at H&EYHT.

Medicines management - Waste and Over The Counter Medicines, this requires actions by patients which are outside of our direct control and we have included £714k of this saving as high risk.

Main under-performance within Productive Elective Care is because of the Hip and Knee Replacement pathway agreements with our main providers was not completed on time and has now been implemented from 1st August 2016. Savings of £786k have been included as high risk. Other projects on referrals and IFR pathways still require further work and savings totalling £1.5m have been included as high risk.

NHS ERY CCG has a population of 301,286  
CCG satisfies the financial and quality gateways for 2016/17

Indicators (table 1)

Measures		Achieved	Percentage of quality premium	Potential Value	Achieved Value
<b>NATIONAL MEASURES :</b> (These QP indicators are those key measures which have been identified centrally for focus from the CCG Improvement and Assessment Framework)					
Cancer diagnosis	New cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed (specific cancer sites, morphologies and behaviour*)	No	20%	£301,286.00	£0.00
e-referrals	Proportion of new first outpatient appointment GP referrals into consultant-led services (all two week waits referrals are also included). This excludes referrals into community services and Mental Health which are set up as triage or non-consultant led services.	No	20%	£301,286.00	£0.00
GP patient survey	Overall experience of making a GP appointment	No	20%	£301,286.00	£0.00
Improving antibiotic prescribing in primary care	Reduction in the number of antibiotics prescribed in primary care	Yes	5%	£75,321.50	£18,830.38
	Reduction in the proportion of broad spectrum antibiotics prescribed in primary care	Yes	5%	£75,321.50	£18,830.38
<b>LOCAL MEASURES :</b> (local indicators have been selected from approximately 90 measures which were then agreed with NHSE. The 3 chosen indicators support the CCG strategy and are challenging and realistic.)					
Hypertension	Circulation - Circulation - Reported prevalence of hypertension on GP registers as % of estimated prevalence	Yearly Indicator	10%	£150,643.00	£0.00
Diabetes	Cross-cutting - % of patients aged 17+ with diabetes, as recorded on practice disease registers	Yearly Indicator	10%	£150,643.00	£0.00
Dementia	Cross-cutting - % of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months	No	10%	£150,643.00	£0.00
<b>TOTAL</b>			<b>100%</b>	<b>£1,506,430.00</b>	<b>£37,660.75</b>

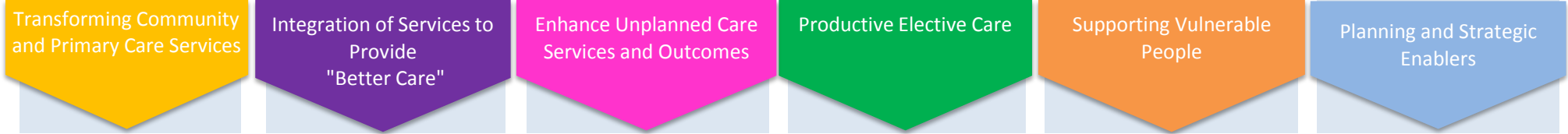
NHS Constitution and Gateways (Table 2)

Measures	Achieved	Adjustment for non-achievement	Adjustment Value	Monthly Actual	Monthly Target
RTT Incomplete pathways	No	-25%	-£9,415.19	88.82%	92%
A&E 4 hour waits	No	-25%	-£9,415.19	89.70%	95%
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	No	-25%	-£9,415.19	82.56%	85.39%
Category A Red 1 ambulance calls (YAS Performance)	No	-25%	-£9,415.19	63.73%	95%
<b>Total penalties to be applied</b>		<b>-100%</b>	<b>-£37,660.75</b>		

## Quality Premium Payment

Indicator achievements (table 1)	£37,660.75
Penalties to be applied (table 2)	-£37,660.75
<b>TOTAL QUALITY PREMIUM PAYMENT DUE</b>	<b>£0.00</b>

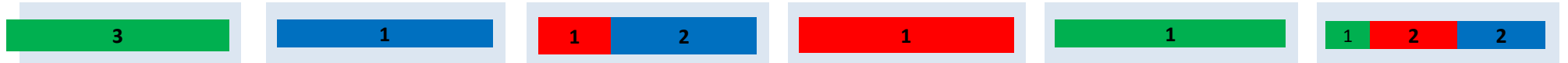
## Transformation Programme



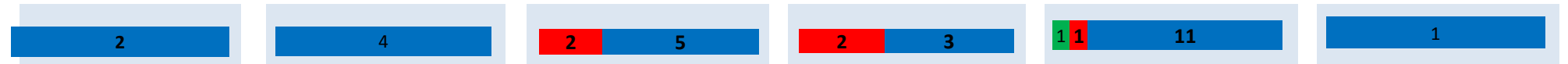
## Key Objective Performance Measure

Principal Measure	Delivering improvements in health related quality of life for people with long term conditions from 73.8 (baseline) to 75.5 in 2018/19	Increasing proportion of older people (65+) still at home 91 days after discharge from hospital into re-ablement services from 89.2% to 92% by the end of 2016/17	Delivering a reduction in avoidable emergency admissions from baseline of 1901.0 to 1885.7 per 100,000 by 2016/17 (circa 900 patients p.a.)	Reduction in new to follow-up ratios from 1:1.90 in 2012/13 to 1:1.70 in 2015/16 (increasing secondary care capacity)	Increase the level of diagnosis of dementia to 67% of estimated prevalence from a baseline of 38.5% (2012/13)	Reduce the Potential Years Life Lost (PYLL) from 2023.1 in 2013/14 to 1881.2 by the end of 2018/19
Current	2015/16 74.5	2014/15 77.1%	2014/15 1851.2	2014/15 1:1.87	2015/16 61.3%	2014 2172.6
Target	2016/17 74.8	2015/16 92.5%	2015/16 1690.0	2015/16 1:1.70	2016/17 61.55%	2015 1958.4

**Better Health:** this section looks at how the CCG is contributing towards improving the health and wellbeing of its population, and bending the demand curve;



**Better Care:** this principally focuses on care redesign, performance of constitutional standards, and outcomes, including in important clinical areas;



**Substainability:** this section looks at how the CCG is remaining in financial balance, and is securing good value for patients and the public from the money it spends;




**Leadership:** this domain assesses the quality of the CCG's leadership, the quality of its plans, how the CCG works with its partners, and the governance arrangements that the CCG has in place to ensure it acts with probity, for example in managing conflicts of interest.




\* Blue identifies indicators where data or targets are currently unavailable.

Better Health


**Transforming Community and Primary Care Services**

 **3 rated green**


**Integration of Services to Provide "Better Care"**

 **1 no data**


**Enhance Unplanned Care Services and Outcomes**

 **1 rated red**

1 Injuries due to falls in people aged 65 and over


 **2 no data**

**Productive Elective Care**


 **1 rated red**

1 % of GP Referrals to First OP appointments booked using choose and book

**Supporting Vulnerable People**


 **1 rated green**


**Planning and Strategic Enablers**

 **2 rated red**


1 Anti-microbial resistance, appropriate prescribing of antibiotics in primary care

1 Anti-microbial resistance, appropriate prescribing of broad spectrum antibiotics in primary care


 **2 no data**

 **1 rated green**

Better Care

 **2 rated red**

1 % of patients admitted, transferred or discharged from A&E within 4 hours

 **2 rated red**

1 % of patients receiving first definitive treatment for cancer within 2 months (62 days) of an urgent GP referral for suspected cancer

 **1 rated red**

1 estimated diagnosis rate for people with dementia

	Transforming Community and Primary Care Services	Integration of Services to Provide "Better Care"	Enhance Unplanned Care Services and Outcomes	Productive Elective Care	Supporting Vulnerable People	Planning and Strategic Enablers
Better Care	<p>2 no data</p>	<p>4 no data</p>	<p>1 Unplanned hospitalisation for chronic ambulatory care sensitive (ACS) LTC conditions</p> <p>5 no data</p>	<p>1 referral to treatment pathways: incomplete</p> <p>3 no data</p>	<p>1 rated green</p> <p>11 no data</p>	<p>1 no data</p>
Sustainability						<p>1 rated red</p> <p>1 Financial Plan</p> <p>7 no data</p>
Leadership						<p>2 rated red</p> <p>1 Progress against workforce race equality standard</p> <p>1 Effectiveness of working relationships in the local system</p> <p>2 rated green</p> <p>2 no data</p>

### Transforming Community Services

#### Community Service Procurement

- Service specification and outcomes framework complete
- ITPD stage successfully completed with the ITCD stage in progress
- Key dates and milestones for the procurement identified
- Contract will be awarded 30th October
- The service will go live 1st April, 2017

### Integration of Services to Provide "Better Care"

#### Overall Portfolio

- Performance against non-elective admissions continues to be positive, which is the Payment for Performance (P4P) metric associated to the fund Expenditure against the pool is in line with the forecast and plan
- Withernsea place-based initiative formally brought into the Better Care governance structure

### Unplanned Care Services and Outcomes

#### Yorkshire Ambulance Service (YAS)

- In addition to the commissioned car service in place (transporting patients to hospital who do not need paramedic support)
- New service commissioned (private ambulance transporting 'stretcher' cases who do not need paramedic support, allowing resource to focus on Red calls)
- In-cab technology implemented to reduce admissions to acute providers and improve turnaround

### Planned Interventions and Primary Care Services

#### Ear, Nose and Throat (ENT)

Decommissioning of ear wax removal in secondary care approved  
Commissioning Statement and a patient leaflet to be complete 30th September

#### Dermatology

Hull has commenced a 6-month tele-dermatology pilot with 4 practices

#### Respiratory

Clinicians, staff and members of the public have input into developing this speciality

### Supporting Vulnerable People

#### Dementia

- A number of schemes have are progressing to support an increase in register size
  - Most improved CCG in region but still below target
  - Estimated prevalence increased in April despite increase in register percentage
- #### IAPT
- Increase in self-referrals
  - 2 providers taking direct referrals for group and online therapy
  - System-wide publicity campaign continues

### Planning and Strategic Enablers

#### SLT Delivery Board

- Forum reconfigured concentrating on key projects, significantly contributing to the CCG Financial Recovery Plan (FRP)
- Sessions provide detail on implementation plans, issues and risks with a view to resolving barriers to implementation
- Further work to be undertaken to finalise the FRP benefits reporting and tracking process in the next quarter



### Transforming Community Services

#### **Pulmonary Rehab Service**

- 3 static programmes, 1 roving in place
- Waiting list continues to reduce
- 21% increase in referrals compared to previous year

#### **Care Homes**

- Model for clinical support identified and work is in progress
- Multi-agency group established to develop an implementation plan

### Integration of Services to Provide "Better Care"

- BCF continues in 2016/17 with Intermediate Tier as the centerpiece of the Programme; this will be an area with significant gain across the system and be an important component on our integration journey to 2020/21
- The BCF Plan 2016/17 was formally approved by NHS England on 25th August, 2016
- Quarter 1 data monitoring return submitted on 9th September 2016

### Unplanned Care Services and Outcomes

#### **Hull and East Yorkshire Hospital Trust**

- Continued improvements to primary care workstream to improve flow in 'minors'
- Inter-agency agreement and risk-sharing in place for transferring care and assessment to a community setting
- Reduced breaches in access to a medical bed and delayed transfers

### Planned Interventions and Primary Care Services

#### **NHS e-Referrals**

A training program is being rolled out to all practice  
Majority of practices signed up to the enhanced service  
Progressing towards being paper lite by December, 2016

#### **RTT**

Plans with HEYHT are on track against the agreed trajectory  
There is pressure on a number of specialties due to high demand, resulting NHS England requesting a submission from the CCG regarding how it manages demand

### Supporting Vulnerable People

- New call handling system at HFT assessment and brokerage
  - Good performance on recovery rates and access within 18 weeks
  - Further progress to be made 6-week access and numbers entering treatment
- #### **CAMHS**
- 24/7 Crisis Service up and running Eating disorders access times being met
  - Increase in urgent referrals impacting on overall waiting times

### Planning and Strategic Enablers

Transforming  
Community Services

Integration of Services  
to Provide  
"Better Care"

Unplanned Care  
Services and  
Outcomes

Planned Interventions  
and Primary Care  
Services

Supporting  
Vulnerable People

Planning and  
Strategic Enablers

- New initiatives commenced with MIND providing additional counselling capacity for less severe anxiety, depression, PTSD and self-harm.
- The SMASH Group Work will commence September, 2016 in 10 schools

## **Glossary of Abbreviations Used**

ACS - Ambulatory Care Sensitive (conditions)  
AQP - Any Qualified Provider  
BAF - Board Assurance Framework  
BC - Integration of Services to provide "Better Care" (CCG Transformation Programme Area)  
BCF - Better Care Fund  
BIZ - Business Intelligence Zone  
BME - Black & Minority Ethnic  
C - Corporate (CCG Transformation Programme Area)  
CAMHS - Child and Adolescent Mental Health Services  
CBT - Cognitive Behavioural Therapy  
CDI - Clostridium Difficile Infection  
CHC - Continuing Health Care  
CHCP - City Healthcare Partnership  
CMB - Contract Management Board  
CoM - Council of Members  
CPA - Care Programme Approach  
CPA - Clinical Pathology Accreditation  
CQC - Care Quality Commission  
CQUIN - Commissioning for Quality and Innovation  
CSU - Commissioning Support Unit  
CWT - Cancer Waiting Times  
DES - Directed Enhanced Service  
DNA - Did Not Attend  
DoLS - Deprivation of Liberty Safeguards  
DOS - Directory of Services  
ECIST - Emergency Care Intensive Support Team  
ED - Emergency Department  
ERCH - East Riding Community Hospital  
ERY - East Riding of Yorkshire  
FFCE - First Finished Consultant Episode (admissions)  
FFT - Friends and Family Test  
FT - Foundation Trust  
G&A - General and Acute (hospital activity)  
GP OOH - General Practice Out-of-Hours Service  
HCAI - Healthcare Acquired Infection  
HEY - Hull & East Yorkshire Hospitals NHS Trust  
HFT - Humber NHS Foundation Trust  
HSCIC - Health & Social Care Information Centre  
HYMS - Hull and York Medical School  
IAF - Improvement and Assessment framework  
IAPT - Improving Access to Psychological Therapies  
IFR - Individual Funding Requests  
IST - Intensive Support Team  
KPI - Key Performance Indicator  
LMC - Local Medical Committee  
LSCB - Local Safeguarding Children Board  
LCF - Locality Commissioning Forum  
LES - Local Enhanced Services  
LTC - Long Term Conditions  
LRTI - Lower Respiratory Tract Infection

## **Glossary of Abbreviations Used**

MAS - Memory Assessment Service  
MBA - Master of Business Administration  
MCI - Mild Cognitive Impairment  
MDT - Multi-Disciplinary Team  
MIU - Minor Injuries Unit  
MRSA - Methicilin Resistant Staphylococcus Aureus  
NHAIS - National Health Applications and Infrastructure Services ('Exeter' System)  
NLAG - Northern Lincolnshire & Goole NHS Foundation Trust  
NLGH - Northern Lincolnshire & Goole Hospitals  
NRLS - National Reporting and Learning System  
NYH - North Yorkshire & Humber  
OD - Organisational Development  
ONS - Office for National Statistics  
OOH - Out of Hours  
PBR - Payment by Results  
PCMD - Primary Care Mortality Database  
PEC - Productive Elective Care (CCG Transformation Programme Area)  
PMO - Project Management Office  
QARC - Quality Assurance Reference Centre  
QIPP - Quality, Innovation, Productivity and Prevention  
QPIC - Quality and Performance Improvement Committee  
RCA - Root Cause Analysis  
RTT - Referral to Treatment  
SCN - Strategic Clinical Network  
SDIP - Service Delivery Improvement Plan  
SHMI - Standardised Hospital Mortality Indicator  
SLT - Senior Leadership Team  
SOP - Standard Operating Procedures  
SRCC - Service Redesign and Commissioning Committee  
SSNAP - Sentinel Stroke National Audit Programme  
SVP - Supporting Vulnerable People (CCG Transformation Programme Area)  
TCPCS - Transforming Community & Primary Care Services (CCG Transformation Programme Area)  
TDA - Trust Development Authority  
UPC - Enhanced Unplanned Care Services and Outcomes (CCG Transformation Programme Area)  
WSYB - West & South Yorkshire and Bassetlaw  
XSBD - Excess Bed Days  
YAS - Yorkshire Ambulance Service  
YTD - Year to Date