Aligned Incentive Contract

Hull and East Yorkshire Hospitals

Hull CCG

East Riding CCG

NHS
Hull and East Yorkshire Hospitals
NHS Trust

NHS
Hull
Clinical Commissioning Group

NHS
East Riding of Yorkshire
Clinical Commissioning Group

Shared Vision, Shared Opportunity, Shared Risk

- Commitment to System Wide Improvement
- Address cost base via activity reductions
- Joint responsibility – right care in the right setting as efficiently as possible.
- Single Monitoring system (1 version of truth)
- Revised Governance Structure (see later slide)
- Fixed Value
- Use PbR data to add value not cost

Planned Benefits

- Place based, system working
- Equitable contracting arrangements and allocation of resource
- Focus on value –cost, efficiency, effectiveness
- Refocus of transactional to transformational
- Contracts that enable transformation – to provide clinical and financial sustainability
- Transparent working
- Collaboration - Planning, QIPP, Growth avoidance, Risk

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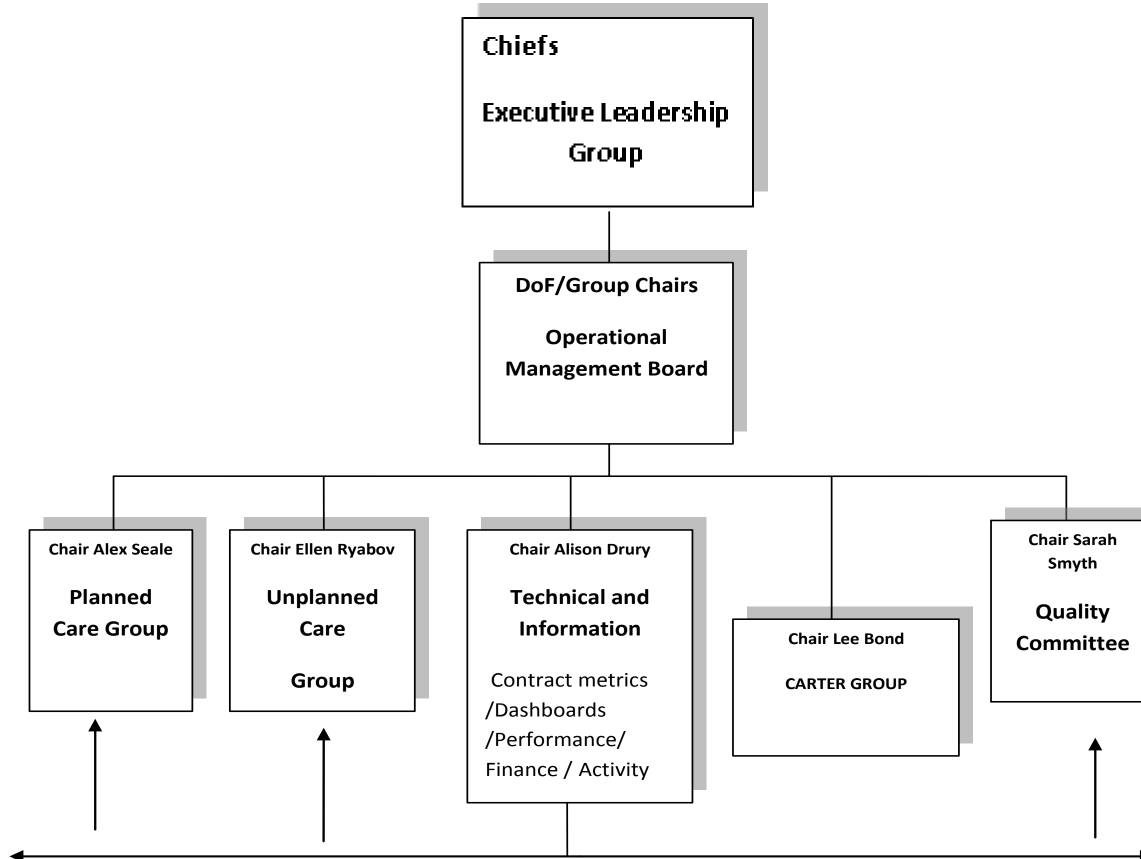
Governance Structure



Hull and East Yorkshire Hospitals NHS Trust

NHS Hull Clinical Commissioning Group

NHS East Riding of Yorkshire Clinical Commissioning Group

Contract Group Feedback

- Quality Delivery Group (QDG)
  - AIC has not been detrimental to Quality
  - Quality has equal standing alongside planned and unplanned
  - Greater integration to the other programmes
- Unplanned Delivery Group
  - Build on established and successful work programme
- Planned Delivery Group
  - Improved integration between the Trust ,CCGs ,GPs & Consultants
  - Focused conversations – how to jointly manage demand
  - Joint work - review outpatient management/ reduce follow-up
  - Enabled peer review and audit supported by consultant feedback to be implemented across Hull and the East Riding

Contract Group Feedback

- Technical and Information Group (QDG)
  - Joint reports and shared information
  - Focus on service changes and impact of actions not on coding and counting challenges
  - Greater job role satisfaction as a result of the above
  - Wider agenda, not just Trust centric
  - Easier contracting round
  - Now established …do more on assessing the impact on demand, capacity and cost bases across the system

Quotes from recent review “wouldn’t go back to the old world” “focus on the right things” “more productive”

Examples of Positives So Far

- Shared information –*reporting packs*
- System reporting - not just organisational, consistent view to regulators
- Working together (e.g. repatriation, primary care visits, accomm)
- Re-focus on governance, stop unnecessary groups/duplication (e.g. resources re-directed in CCGs, less time on KPIs, jointly challenging data / activity / trends not coding)
- Engagement with services within the Trust to review structure of services (examples: T&O, Neurology, Cardiology)
- Relationship – less adversarial (Trust, CCG, Clinicians, Managers)
- More certainty on position in year
- Significant reductions in elective and lower than expected in non elective activity

Examples of Challenges

- Trust – limited opportunity for CRES from contract income, internal income allocation to services/SLR, incentives re BPTs to be addressed, Business Cases, RTT pressures

- CCG – potential double costs where new services introduced whilst Trust fixed costs not released immediately. How can out of hospital services be developed when its locked into contracts?

- Culture change – across all organisations, theory into practice.

- Currently no risk pool established to support dual running/service change

- Fit with the national picture and expectations