Plymouth Integrated Fund Finance Report – Month 11 2017/18

Introduction

This report sets out the financial performance of the Plymouth Integrated Fund for the year to date and the forecast for the financial year 2017/18.

The report is in several sections.

- The first section details the performance of the Integrated Fund, including the section 75 risk share arrangements.
- The second identifies the Better Care Fund, which is a subset of the wider Integrated Fund, but has specific monitoring and outcome expectations.
- The third section details the financial performance of the Western Planning and Delivery Unit (PDU) of the Clinical Commissioning Group (CCG).
- Appendix 1 which shows the Plymouth Integrated Fund performance and risk share.
- Appendix 2 which shows the PDU managed contracts financial performance.
- Appendix 3 which is a glossary of terms used in the report.

The position has improved since last reported, with both parts of the fund moving closer towards a balanced position. Turnaround activity, and forecast improvements have delivered a £0.7m improvement across the Fund this month. This is due to multiple factors explored further through the report. Due to these improvements, the likely impact of the risk share arrangements has reduced to below £50k and is reported at breakeven.

SECTION 1 – PLYMOUTH INTEGRATED FUND

Integrated Fund - Month 11 Report 2017/18

As in previous months the areas of particular pressure include Looked after Children in Care, Intermediate Care in both Health and Social Care, Continuing Healthcare, and Prescribing.

The overall fund position is reflected in Appendix 1.

Plymouth City Council Integrated Fund

As in previous months, the integrated fund for Plymouth City Council (PCC) is shown as gross spend and now also includes the Support Service Recharge costs for the People Directorate and Public Health department along with the capital spend for Disabled Facilities Grant, which is funded from the Better Care Fund.

Children, Young People and Families

The Children Young People and Families Service are reporting a budget pressure of £0.163m, a favourable reduction of (£0.282m) from month 10.

The overall CYPF overspend can be attributed to the increased cost and volume of looked after children's placements. Despite these increased costs, the department has made significant one off savings in year with good progress through the management-challenge & support sessions and budget containment meetings.

Early in-year monitoring identified the increasing costs of placements, with increases effective during 2017/18 showing 16.59% uplifts. The department has been working throughout the year to contain and cover pressures from other savings; however as we have reached the third quarter a budget virement has been agreed of £1m, effectively increasing the children's services budget for the current year. This cost pressure has been identified going forward into future years and as such the MTFS additional funding has been increased from the original £2m to £3.2m.

The national and local context for children's placements is extremely challenging, with increasing difficulties in securing appropriate, good quality placements.

High demand and limited supply of placements, a tightening of Ofsted requirements, as well as initiatives such as the introduction of the National Living Wage, have all led to an increase in the unit costs of placements.

We have achieved one off savings against the £1.500m delivery plans in place.

A region wide lack of placements has meant that some children have been placed in residential rather than the preferred fostering placements at a much higher cost.

There are risks that continue to require close monitoring and management:

- Increased cost and volume of young people's placements since budget setting autumn 2016.
- Lack of immediate availability of the right in-house foster care placements creating overuse of IFA's.
- There are still a number of individual packages of care at considerably higher cost due to the needs of the young person.
- Regional wide commissioning activity did not bring about the anticipated holding and reduction of placement costs in both the residential and IFA sectors.
- There are currently 37 Residential Placements with budget for only 25
- There are currently 118 Independent Foster Care (IFA's) placements with budget for only 92. We are aiming to achieve savings from the transformation of our In House Foster Care Service.
- A region wide lack of placements due to an increase in demand for placements, both national and regionally continues to impact negatively on sufficiency

The overall number of children in care at the end of the month of January stands at 408.

Strategic Co-operative Commissioning

The Strategic Commissioning service is forecasting a balanced budget at year end, a favourable change in month of (£0.206m).

At the same time, Strategic Commissioning has achieved its target of delivering over £5.2m of savings in the current year.

Within the outturn position reported, there is increasing pressure on care packages, particularly domiciliary care which is currently showing a budget pressure of £0.598m that will carry on into future financial years. There has also been a small downward trend in income this month and a favourable movement in residential and nursing care packages.

During 2017/18, SCC has:

- Provided services for 5,766 adults receiving social care packages
- Paid for over 1,280 people to be cared for in residential and nursing homes.
- Provided domiciliary care provided to 2,379 people, living in their own homes per year.
- Supported 3,582 people with a community based package of care.
- Supported 675 people via a direct payment.

The strategic commissioning department are continuing to undertake management reviews of all areas of expenditure and all assumptions around care packages etc to minimise this over spend, with a target of a breakeven position by the end of the financial year.

Education, Participation and Skills

Education, Participation and Skills are reporting a balanced budget position at Month 10, no change from Month 9.

A plan is being written to scope all of the education related services within Education, Participation and Skills and recommend an approach and plan for transforming in order to realise savings.

Community Connections

Community Connections is reporting a balanced budget, the same as at Month 10.

Average B & B numbers for April to February have been 54 placements per night with nightly costs increasing, as demand has increased, use of Travelodge together with increasing accommodation needs for families.

Cost pressure for further reducing average placements by 25 from the current 55 to 30 per night is £0.633m, which the service is targeting to reduce with use of alternative properties provided through existing contracts as well as use of additional contracted staff to target single occupancy stays.

Public Health

Although the 17/18 Public Health ring-fenced grant was cut by a further £0.398m for Plymouth City Council, the Directorate is still on track to achieve a balanced budget. However it should be noted that there are pressures with achieving some income targets and there is increasing demand for activity led services.

Plymouth City Council Delivery Plans

Between People Directorate and Public Health, over £10m of savings will need to be delivered during 2017/18, which includes savings of over £2.8m of savings brought forward from 2016/17 which were delivered as one-off savings. At the moment, it is expected that all savings will be achieved - breakdown shown below:

Plymouth City Council	Year To Date				Current Year Forecast			
Month 11 - February 2018	Budget	Actual	Variance	Budge	Budget	t Actual	Variance	
			Adv / (Fav)				Adv / (Fav)	
	£000's	£000's	£000's		£000's	£000's	£000's	
Children, Young People & Families	2,551	2,551	-		2,783	2,783	-	
Strategic Cooperative Commissioning	4,793	4,793	-		5,229	5,229	-	
Education Participation & Skills	1,306	1,306	-		1,425	1,425	-	
Community Connections	499	499	-		544	544	-	
Additional People Savings (apportioned to depts above)	-	-	-		- 1	-	-	
Public Health	136	136	-		148	148	-	
	9,285	9,285	-		10,129	10,129	-	

Western Locality of CCG Integrated Fund

The integrated fund for the Western Locality is now reflecting a forecast overspend £0.3m.

The pressure for the Independent Sector contracts remains, but Continuing Healthcare has continued to improve, improving the overall position. There still remains some pressure on Intermediate Care, and this now reflected in the position. So too is the forecast for Prescribing, which is now included within the position rather than the risk profile. There are also cost efficiency expectations for Individual Patient Placements and Section 117 packages of care.

Independent Sector:

The forecast overspend is identified at just under £0.7m CCG wide, and of which £0.5m relates to Plymouth (and impacts on the Integrated Fund).

This continues to reflect the up to date position with regard to Neurosurgery as highlighted in last months report.

Intermediate Care:

The pressure in the cost of the Intermediate Care (Discharge to Assess) beds in the West remains above plan, and is forecast to overspend by £0.4m after iBCF funds flow. However, the work that been focussed on the discharge pathway has

significantly reduced the number of beds in use and the length of stay, such that the system is close to recurrent balance moving forward into next year..

Continuing Healthcare:

The position has improved this month with a reduction in numbers of patients, which is forecast to continue for the remainder of the year

IPP and Section 117:

For IPP a risk share continues to be agreed with Livewell Southwest, and performance is good when compared to the same period last year.

For section 117 packages of care a plan is being developed to manage the cost as a pooled budget. This will be run in parallel in the current year, and the CCG will continue to work with Livewell Southwest in the delivery of the planned efficiency targets.

Primary Care and Prescribing:

As the Short Stock issues become better understood, the impact on the forecast is now reflected through the report. The prescribing forecast is now reported at £0.3m overspend for the elements that sits within the Integrated Fund.

Efficiency Programmes:

	Year To Date			Cui	Current Year Forecast			
Month 11 February	Budget	Actual	Variance	Budget	Forecast	Variance		
			Adv / (Fav)			Adv / (Fav)		
	£000's	£000's	£000's	£000's	£000's	£000's		
SAVINGS LEDGER REPORT								
Independent Sector	-3,208	-772	2,436	-3,500	-842	2,658		
Prescribing	-7,792	-6,703	1,088	-8,500	-7,585	915		
Continuing Healthcare	-6,715	-8,191	-1,476	-8,000	-9,642	-1,642		
IPP	-2,551	-3,298	-748	-3,000	-3,438	-438		
Running Costs	-2,523	-2,523	=	-2,788	-2,788	=		
GROSS SAVINGS	-22,789	-21,488	1,301	-25,788	-24,296	1,493		
QIPP Reported to NHSE								
Contractualised 16/17 FYE	-10,230	-10,230	-	-11,160	-11,160	-		
Social Care	-5,833	-5,833	-	-7,000	-7,000	=		
Technical Accounting	-1,833	-1,833	-	-2,000	-2,000	-		
TOTAL SAVINGS REPORTED TO NHSE	-40,686	-39,385	1,301	-45,948	-44,456	1,493		
Additional System Savings								
Headroom Release	-3,327	-3,327	-	-3,629	-3,629	-		
Investment Release	-1,283	-1,283	-	-1,400	-1,400	-		
TOTAL SYSTEM SAVINGS	-35,066	-33,765	1,301	-39,817	-38,325	1,493		

Overall the CCG is reporting 97% delivery of plan year to date with 97% delivery forecast by yearend, with the main shortfall on independent sector both year to date and forecast as plans continue to be worked on.

Integrated Fund Summary

Both parts of the fund are reporting improved positions from last month. The forecast, at this stage, remains for an overall overspend of £0.5m, but actions continue to impact and improve on this as we finalise the position for year end. There is a relatively small, less than £50k, impact forecast for the risk share at this stage.

SECTION 2 – BETTER CARE FUND (BCF)

Better Care Fund (BCF) and Improved Better Care Fund (iBCF)

The table below shows the total BCF for 2016/17 and 2017/18, along with the distribution between CCG and PCC.

	2016/17	2017/18 Estimated
	£m	£m
PCC Capital (Disabled Facilities Grant)	1.954	2.126
PCC Revenue	9.087	8.852
CCG Revenue	8.310	8.856
Sub Total BCF	19.351	19.834
iBCF (see below)	0.000	0.764
iBCF (see below)	0.000	5.800
Sub Total iBCF	0.000	6.564
Total Funds	19.351	26.398

As part of the resource settlement for 2017/18, PCC were awarded amounts from the Governments iBCF. The first amount was £0.764m which forms part of the PCC revenue settlement. The Government then awarded additional monies, as part of the £2billion to support social care nationally, at the Spring Budget of which PCC will receive:

2017/18 £5.800m 2018/19 £3.660m 2019/20 £1.815m.

These funds are being paid to the Local Authority and come with conditions that they are "to be spent on adult social care and used for the purposes of meeting adult social care needs, reducing pressures on the NHS - including supporting more people to be discharged from hospital when they are ready - and stabilising the social care provider market."

A report was taken to Cabinet in July that showed the 2017/18 additional funding and allocations to specific areas and projects. This report was approved and the schemes are now being worked up with more detail. A summarized expenditure plan is included below:

	2017/18
	£m
Priority One - Meeting Adult Social Care Needs	1.400
Priority Two - Reducing Pressures on the NHS	3.351
Priority Three - Stabilising the Social Care Market	1.000
Sub Total	5.751
Contingency	0.049
Sub Total iBCF	5.800

This is not recurrent money and so overall investments will seek to be a 'bridging' resource to implement the STP new models of care or deliver efficiencies.

SECTION 3 – WESTERN PDU MANAGED CONTRACTS

Context / CCG Wide Financial Performance at Month 11

This report sets out the financial performance of the CCG to the end of February 2018 (Month 11 management accounts).

The CCG plan for 2017/18 has been produced in conjunction with our main acute providers within a wider System Transformation Plan (STP) footprint encompassing South Devon and Torbay CCG (SD&T CCG).

The CCG's planned deficit for 17/18 is £57.1m. This is an improvement from its original plan of £21.4m following proposals developed through the Capped Expenditure Process (CEP). NHS England has confirmed that the plans submitted under the CEP will be used to review the CCG's performance and accordingly the CCG is reporting against this revised plan. In addition to this the CCG has a brought forward deficit from 2013/14 to 2016/17 of £120.5m making the planned cumulative deficit £177.7m.

Although the plan has been updated, NHS England has also confirmed they will continue to measure overall performance against the control total of £17.4m deficit. The current forecast would represent an overspend of £39.7m to the control total.

The updated CCG plan sits within an overall plan for the STP which has a deficit of £61.5m with a savings plan of £168.2m. The plan is based on an agreed set of block contracts with the main providers which de-risks this element of the CCG's commissioning budget and delivers savings within those contracts of £11.2m.

As of Month 11 the year to date and forecast outturn positions are in line with the current plan.

Western PDU Finance Position

Introduction

The Locality is forecasting to marginally (£0.3m) overspend budget at this stage in the year, and this is also reflected in the year to date position. In general the main pressures are for the Independent Sector provider contracts, Primary Care Prescribing, and Wheelchairs, and these are explained more fully in the report.

The detailed analysis for the PDU is included at **Appendix 2**.

Acute Care Commissioned Services

Plymouth Hospitals NHS Trust

The opening contract value for Plymouth Hospitals NHS Trust was agreed at £180.9m. The signing of the contract was delayed was the system regulators approved our respective positions. Whilst the contract value is now fixed the contract performance will still be reported on and scrutinised at the same degree of granularity and as such detail can be provided in this report.

The forecast now reflects some of the planned variations to contract resulting from the work plan of the Western System Improvement Board, and is currently set at £194.9m.

Contract Performance

The month 10 performance information showed a year to date overperformance against the contract plan of £1.54m.

The main reasons for the contractual overperformance are summarised below.

	Planned Spend	Actual Spend	Variance	Variance	Variance
2017/18 M10	- iaiiiica opoila	, iotaai opoila	1 01.0100	Activity	Spend
	£000s	£000s	£000s		
Elective	32,512	28,260	- 4,252	-11.1%	-13.1%
Non Elective	56,744	56,853	109	2.0%	0.2%
A&E	8,090	8,553	463	3.9%	5.7%
Outpatients	26,342	26,010	- 332	-0.5%	-1.3%
Excluded Services	31,038	29,989	- 1,049		-3.4%
Penalties	-	- 321	- 321		
CQUIN	3,417	3,474	57		1.7%
Contract Adjustments	- 6,867	-	6,867		-100.0%
Total	151,276	152,818	1,542		1.0%

Elective has a current year to date underperformance of £4,252k or 3,433 spells, with £774k of this underperformance occurring in month 10. The majority of the underperformance has occurred in Orthopaedics where they are behind plan by £1,992k. There are other significant underperformances in Neurosurgery, Cardiology, Upper GI Surgery, ENT and Colorectal Surgery.

Non-Elective was £77k over plan in month 10, giving a minor year to date variance of £109k. Whilst the financial variance is insignificant, the volume variance shows that 2.0% (601) more patients have been seen than were planned for. However changes made in respect of the recently opened Acute Assessment Unit (AAU) mean that a tranche of activity is no longer being counted. Work is being undertaken to agree how this activity is counted and charged for going forward, but in the meantime the current estimate is that around 750 spells are missing which would be charged at around £450k.

A&E year to date overperformance totals £463k, this is significant at 5.7% over plan. In activity terms the overperformance percentage is lower at 3.9% which indicates that the complexity or volume of care has increased.

Outpatients has underperformed in month 10 to a value of £84k. This now gives an overall underperformance of £332k. Outpatient procedures are over plan by £682k, whilst first attendances and follow ups are behind plan by £502k and £561k respectively. Overall, there have been 1,273 fewer outpatient attendances than had been planned for.

The plan has an adjustment for system savings; this number reflects the difference between the PbR activity plan and the agreed system wide plan and for NEW Devon is worth £8.24m. Any activity savings will fall into the reporting of the points of

delivery in which they occur, so it is likely that this line will show as an overspend all year. At month 10 this is an overperformance of £6,867k.

South Devon Healthcare Foundation Trust

The 2017/18 South Devon Healthcare Foundation Trust contract value for acute services has been set at a total of £6.07m. £5.15m of this accounts for the acute contract which is on a variable PbR basis, with a further £0.92m fixed contract for community services.

At month 10, this contract is forecast to deliver an balanced budget position.

Independent Sector & London Trusts

The monitoring information to date continues to indicate a small forecast underspend against plan for the London Trusts.

The position within the Independent Sector remains largely unchanged at Month 10-Care UK continues to show a considerable over-spend mostly within Orthopaedics. The Nuffield overperformance within Spinal continues but remains offset by underperformance in other areas. Assumptions have been made in regard to budgetary management as well as in the delivery of QIPP during the latter part of the year in informing a forecast overspend of £0.8m.

Livewell Southwest

The Livewell Southwest (LSW) Contract is blocked. LSW produce a monthly performance/finance databook which allows both parties to shadow monitor the block contract and review key performance metrics.

Discharge to Assess beds

Despite the service redesign and additional support to maintain a 6-week timeframe for Intermediate Care, the system has been forecast to significantly overspend. A huge amount of focus on pathways of care has been put in place recently, and this is driving a change in the cost of bed usage. The position has improved considerably in year, but due to the timing of the improvement has not significantly reduced the overspend in year., but still remains a risk. The forecast has been set to breakeven unit the outcome of this pathway design process is known. This pressure remains a key focus of scrutiny through the Western System Improvement Board.

Primary Care Prescribing

Throughout the year, the CCG has been experiencing significant pressure from the short supply of drugs, and the cost of alternative dispensing. This has been identified as risk previously as the timescales and impact were unclear, but has now been crystallised into the forecast.

Primary Care Enhanced and Other Services

Whilst the budgets and expenditure are reported in the Western PDU report, this is to ensure that all lines of expenditure for the CCG are reported in a PDU and there is integrity to the reports produced. There is, however, a separate governance structure for Enhanced Services that sits outside and alongside the two PDU

structures to ensure there is segregation of decision making in primary care investments. The outturn expenditure is in line with budgets.

Conclusion

In summary, the outturn position for both the Integrated Fund and the Western Planning and Delivery Unit is forecast to overspend plan at this stage in the year, although with a predicted minimal impact on the risk share. There are pressures in the system around Looked After Children in Care, Intermediate Care in both Health and Social Care, and Continuing Healthcare, and Primary Care Prescribing.

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APPENDIX 1

PLYMOUTH INTEGRATED FUND AND RISK SHARE

NORTHERN, EASTERN AND WESTERN DEVON CLINICAL COMMISSIONING GROUP

PLYMOUTH INTEGRATED FUND

2016/17 FINANCE BOARD REPORT

FOR THE PERIOD FROM 01 APRIL 2017 TO 28 FEBRUARY 2018

	١	Year to Date		Forecast			
Month 11 February	Budget Actua		Variance	Budget	Actual	Variance	
			Adv / (Fav)			Adv / (Fav	
	£000's	£000's	£000's	£000's	£000's	£000's	
CCG COMMISSIONED SERVICES							
Acute	168,537	168,626	88	184,447	184,523	77	
Placements	37,985	36,921	-1,063	41,138	39,867	-1,271	
Community & Non Acute	51,050	51,023	-27	55,691	55,676	-15	
Mental Health Services	25,036	25,065	29	27,312	27,344	32	
Other Commissioned Services	8,466	8,955	489	9,228	9,769	541	
Primary Care	6,671	6,165	-505	7,413	7,087	-326	
Subtotal	297,745	296,756	-989	325,228	324,266	-962	
Running Costs & Technical/Risk	4,908	4,985	77	12,251	13,017	766	
CCG Net Operating Expenditure	302,653	301,741	-913	337,479	337,283	-196	
Risk Share					-	-	
CCG Net Operating Expenditure (after Risk Share)	302,653	301,741	-913	337,479	337,283	-196	
PCC COMMISSIONED SERVICES							
Children, Young People & Families	29,640	30,006	366	35,245	35,800	554	
Strategic Cooperative Commissioning	64,600	64,691	91	77,520	77,155	-365	
Education, Participation & Skills	84,691	84,782	91	101,811	101,793	-18	
Community Connections	3,240	3,245	6	4,040	4,033	-8	
Director of people	180	169	-11	203	203		
Public Health	13,269	13,269	-	15,923	15,923		
Subtotal	195,620	196,162	543	234,744	234,907	163	
Support Services costs	13,690	13,690	-	16,428	16,428	-	
Disabled Facilities Grant (Cap Spend)	1,772	1,772	-	2,126	2,126	-	
Recovery Plans in Development	-	-	-	-		-	
PCC Net Operating Expenditure	211,082	211,625	543	253,298	253,461	163	
Risk Share					-	-	
PCC Net Operating Expenditure (after Risk Share)	211,082	211,625	543	253,298	253,461	163	
Combined Integrated Fund	513,735	513,365	-370	590,777	590,744	-33	

APPENDIX 2
WESTERN PDU MANAGED CONTRACTS FINANCIAL PERFORMANCE

<u></u>	Year To Date			Current Year Forecast			
Month 11 February	Budget	Actual	Variance	Budget	Forecast	Variand	
			Adv / (Fav)			Adv / (Fa	
	£000's	£000's	£000's	£000's	£000's	£000	
ACUTE CARE							
NHS Plymouth Hospitals NHS Trust	178,294	178,296	2	194,944	194,944	-	
NHS South Devon Healthcare Foundation Trust	6,479	6,661	182	7,085	7,106	2	
NHS London Contracts	1,608	1,367	-241	1,759	1,494	-26	
Non Contracted Activity (NCA's)	8,552	7,245	-1,307	9,354	7,904	-1,45	
Independent Sector	12,362	13,186	825	13,524	14,405	88	
Referrals Management	2,459	2,346	-113	2,690	2,563	-12	
Other Acute	-162	-189	-28	-176	-177	-	
Cancer Alliance Funding	206	206	0	224	224	-	
Subtotal	209,797	209,118	-679	229,404	228,462	-94	
COMMUNITY & NON ACUTE		-					
COMMUNITY & NON ACUTE Livewell Southwest	45,387	45,387	0	49,513	49,513		
GPwSI's (incl Sentinel, Beacon etc)	1,483	1,458	-24	1,618	1,618		
Community Equipment Plymouth	594	594	-24	648	640	-	
Peninsula Ultrasound	234	208	-27	256	275	1	
Reablement	1,391	1,391	0	1,517	1,500	-1	
Other Community Services	235	234	-1	256	255	-	
Joint Funding Plymouth CC	6,701	6,701		7,311	7,311	-	
Subtotal	56,025	55,973	-52	61,118	61,111		
Subtotul	30,023	33,373	32	01,110	01,111		
MENTAL HEALTH SERVICES							
Livewell MH Services	24,855	24,855	-	27,115	27,115		
Mental Health Contracts	23	23	-	26	26		
Other Mental Health	926	908	-18	1,010	990	-2	
Subtotal	25,805	25,786	-18	28,151	28,131	-2	
OTHER COMMISSIONED SERVICES							
Stroke Association	140	159	19	153	159		
Hospices	2,456	2,528	72	2,679	2,679		
Discharge to Assess	5,988	6,449	461	6,533	7,034	50	
Patient Transport Services	2,042	2,025	-17	2,228	2,205	-2	
Wheelchairs Western Locality	1,650	1,815	165	1,800	1,979	17	
Commissioning Schemes	175	155	-19	191	191		
All Other	858	714	- 145	938	913	-2	
Subtotal	13,310	13,846	536	14,522	15,160	63	
PRIMARY CARE		2000					
Prescribing	52,224	52,901	678	56,971	57,710	73	
Medicines Optimisation	224	182	-41	244	202	-4	
Enhanced Services	8,012	8,003	-9	8,740	8,740		
GP IT Revenue	3,102	3,036	-66	3,649	3,557	-9	
Other Primary Care	2,591	2,591	0	2,982	2,983	_	
Subtotal	66,153	66,715	562	72,587	73,192	60	
TOTAL COMMISSIONED SERVICES	371,089	371,438	349	405,782	406,056	27	

APPENDIX 3

GLOSSARY OF TERMS

PCC - Plymouth City Council

NEW Devon CCG - Northern, Eastern, Western Devon Clinical Commissioning Group

CYPF - Children, Young People & Families

SCC – Strategic Cooperative Commissioning

EPS – Education, Participation & Skills

CC - Community Connections

FNC - Funded Nursing Care

IPP - Individual Patient Placement

CHC - Continuing Health Care

NHSE - National Health Service England

PbR - Payment by Results

QIPP —Quality, Innovation, Productivity & Prevention

CCRT - Care Co-ordination Response Team

RTT – Referral to Treatment

PDU – Planning & Delivery Unit

PHNT – Plymouth Hospitals NHS Trust