

2016/17 Quality, Innovation, Productivity and Prevention (QIPP) Programme

Item 20j

Governing Body meeting

7 September 2017

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Sponsor	Brian Hughes, Director of Commissioning and Performance
Is your report for Approval / Consideration / Noting	
<p>Noting</p> <p>The revised plan was increased to £19.5m following Governing Body meeting on 3 August when it was agreed to increase the target savings for elective activity through a series of actions in conjunction with STHFT and GP practices.</p> <p>Governing Body signed off a QIPP target of £21.6m in December 2016. The target was set in order to deliver the CCG's commissioning intentions for 2017/18 and to meet our share of the STP CCG financial control total agreed with NHS England. At Month 4 we have £2.1m of unidentified QIPP which is contributing to the overall financial pressures on the CCG as discussed in detail in the Director of Finance's Report to this meeting of Governing Body.</p> <p>The ambition remains to create a QIPP plan of £25m knowing that there will inevitably be slippage in some schemes. However, creation of a plan of this scale at this stage in the financial year looks very challenging. As a result, the CCG is having to consider implementing some additional measures. These are discussed in a separate paper for consideration by Governing Body at this meeting.</p>	
Are there any Resource Implications (including Financial, Staffing etc)?	
n/a	
Audit Requirement	
<p><u>CCG Objectives</u></p> <p><i>Which of the CCG's objectives does this paper support?</i> To ensure there is a sustainable, affordable healthcare system in Sheffield.</p>	

Equality impact assessment

Have you carried out an Equality Impact Assessment and is it attached?

Not required as this is an update paper, individual programmes and projects will undertake assessment as part of their implementation process.

PPE Activity

How does your paper support involving patients, carers and the public?

Increased clinical engagement and listening to our members has been agreed as a priority. Therefore, the Members Council meetings should include not just communication and information on the QIPP plan, but an opportunity for members to voice their ideas and experiences of where system improvements could bring about improved patient care within a reduced cash envelope.

Recommendations

Governing Body is asked to note the year to date and forecast out turn positions for 2017/18 QIPP and identified risks and mitigation.

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1. Introduction

As part of the Operational and Financial Plan, NHS Sheffield Clinical Commissioning Group (SCCG) identified a gross savings target against the Quality, Innovation, Productivity and Prevention Programme (QIPP) of £21.6m. Governing Body has received regular updates on the process undertaken to develop a QIPP programme for 2017/18 and the progress in implementation and delivery of the savings for agreed schemes.

This paper provides an overview of the position at month four (July 2017).

2. Plan

The Plan comprising schemes currently approved by Governing Body stands at £19.5m so there remains a shortfall of £2.1m against the QIPP target at required. Table 1 below summarises the plan by area of spend.

Table 1: 2017/18 QIPP Programme by Area of Spend

Area of Spend	Annual Gross Savings Plan £'000	% QIPP Plan
Child Health	(1,136)	5.8%
Continuing Healthcare	(2,769)	14.2%
Estates	(300)	1.5%
Individual Funding Requests	(500)	2.6%
Local Authority (note 1)	2,107	-10.8%
Medicines Management	(3,265)	16.8%
Mental Health	(1,240)	6.4%
Planned Care	(4,833)	24.8%
Primary Care & Community Services	(600)	3.1%
Running Costs	(250)	1.3%
Urgent Care	(6,682)	34.3%
Plan Total	(19,468)	100.0%
Unidentified	(2,111)	
Target	(21,579)	

Note 1: The CCG and Sheffield City Council (SCC) have a joint programme to transform mental health services in the city. This should allow us to jointly make efficiency savings not just from more

effective services for people with mental health problems but also make savings from other areas of care eg hospital admissions by providing more effective treatment for example in community settings. The joint programme for 2017/18 is to make £4m of such efficiency savings with £1.5m attributable to the CCG and £2.5m to SCC. As most of the savings are planned to come from health as opposed to social care through the formal risk share arrangements which form part of the Section 75 Better Care Fund Agreement (approved by Governing Body), if we are fully successful in our plans the CCG will transfer £2.5m of resources to SCC by the end of the year. If no savings are made the CCG's risk and hence transfer of funds is capped at £0.8m. The CCG's QIPP plan encapsulates the total gross savings to be made from health services as part of this agreement and hence also includes the £2.5m as a positive figure to allow payment across to SCC. The figure shown in the table above is slightly less because we have other areas of our QIPP plan – mainly CHC where if we make the efficiencies planned the level of funding which will flow to SCC will be reduced.

3. Implementation and Delivery of 2017/18 QIPP Plan

Projects are monitored, through the Programme Management Office (PMO), on a monthly basis. Highlight reports are produced by each portfolio; these are reviewed by the Director of Commissioning and Performance for discussion at a Senior Management Team meeting each month. A revised monitoring and escalation process is in development, to help support each executive director lead in their role as Senior Responsible Owner of a programme and to ensure we have a consistent way of assessing delivery and impact on a monthly basis.

PMO are implementing the electronic programme management system, Aspyre, across the organisation and roll out will be over the next few weeks. It is anticipated that the Aspyre system will strengthen programme management of programmes across the CCG and bring a more standardised approach across the organisation.

The PMO workshops on Programme Management Methodology and Effective Commissioning has to date had 75 attendees. The workshops are currently being reviewed in line with the implementation of the Aspyre software as well as incorporating the knowledge and expertise of wider members of CCG staff in order to train and inform people on various areas in relation to programme management, for example, Quality Impact Assessments, service specifications, business cases etc. These workshops remain a core PMO function and will continue to work with CCG members of staff to enhance programme and project management knowledge.

We are assessing projects each month both in terms of whether they are on track for implementation – ie projects in line with agreed milestones for implementation and also whether they are delivering – ie making the impact in terms of financial savings that we anticipated.

Delivery (Ie Financial Savings Position)

Table 2 below provides a summary of delivery (ie financial savings) by spend area at Month 4 and an assessment of the potential forecast out-turn position. This is split between the over/ (under) delivery encapsulated in the reported financial position and that which has been included in the risk assessment summarised in the Finance Report. Overall we are indicating that QIPP plan may under deliver by £5.75m of which £0.5m is included within the reported financial position. This is clearly an issue of considerable concern and factored into the reports of the Director of Finance and

Director of Commissioning and Performance being discussed in the public session of Governing Body on 7 September 2017.

In terms of delivery year to date we have only profiled £2.8m of the £19.5m plan to deliver by the end of month 4 due to the timing of project implementation. We are reporting that overall we are broadly on track with delivery of these savings – with £99k under delivery. Within this figure the largest adverse variance relates to projects to reduce spend on hospital elective care where we believe there are opportunities to reduce clinical variation and ensure more care happens outside of hospital. Implementation has been delayed in some of these projects. Urgent Care spend is broadly on track but within this area the level of savings on Excess Bed Days is substantially above plan reflecting the significant ongoing work to reduce delayed transfers of care, set against less good progress to reduce spend on inpatient admissions. While activity is slightly below plan in this area, spend is well above plan due to case mix. As discussed in the finance report, we are still investigating the reasons for this and whether it is due to unexpected issues re the new coding regime under HRG4+.

Table 2: QIPP Savings at Month 04 2017/18 by Area of Spend

Area of Spend	Annual Gross Savings Plan	Year to Date			Year End	
		Plan	Actual	(Over) / Under delivery of savings	Savings Forecast	(Over)/ Under delivery of QIPP
	£'000	£'000	£'000	£'000	£'000	£'000
Child Health	(1,136)	(198)	(206)	(8)	(797)	339
Continuing Healthcare	(2,769)	(524)	(515)	9	(2,769)	0
Estates	(300)	0	0	0	0	300
Individual Funding Requests	(500)	(271)	(289)	(18)	(684)	(184)
Local Authority	2,107	(18)	(63)	(45)	2,107	0
Medicines Management	(3,265)	(736)	(701)	34	(3,265)	0
Mental Health	(1,240)	0	0	0	(740)	500
Planned Care	(4,833)	(507)	(360)	147	(2,905)	1,928
Community Services	(600)	0	0	0	(100)	500
Running Costs	(250)	(50)	(50)	0	(320)	(70)
Urgent Care	(6,682)	(541)	(561)	(20)	(4,245)	2,437
Sub Total	(19,468)	(2,845)	(2,746)	99	(13,718)	5,750
Unidentified	(2,111)	0	0	0	0	2,111
Grand Total	(21,579)	(2,845)	(2,746)	99	(13,718)	7,861

A summary of the risk rating for QIPP project implementation and delivery is set out at table 3 below.

Table 3: 2017/18 QIPP Project Risk Rating at Month 04

RAG matrix for all QIPP Projects

Implementation	Delivery				
		G	GA	A	R
	G	18	3	8	11
	GA	0	0	1	1
	A	0	0	2	3
	R	0	0	0	4

n.b. 20 projects had blanks within one risk rating

RAG Ratings			
RAG	Confidence	Implementation	Delivery
G	100%	Strong delivery plan. Clear timescales and milestones for implementation. Full responsibility and ownership	In delivery or delivered Expect to deliver 100% of planned savings or savings fully achieved
GA	≥ 90%	Delivery plan good. KPIs and metrics agreed. All major and most minor risks mitigated.	In delivery or delivered Expect to deliver at least 90% of planned savings
A	≥ 80%	Plan in place but not considered strong, responsibility accepted, work has started Implementation progressing, no formal plans or minor risks highlighted. Work not due to start yet or some elements have minor slippage Some unmitigated risk to delivery	In delivery Expect to deliver at least 80%
R	<80%	No plan, no identified metrics, no accepted responsibility. Not commenced or commenced and significantly behind several milestones (4 weeks or more). Planned activities are at high risk of not delivering to timescale. Mitigating actions have not been implemented. Significant unmitigated risk to delivery.	Delivery not commenced or delivery commenced but achieved savings less than 80% of YTD plan. Forecast savings will not deliver more than 80% of plan.

Four projects are rated as red at month four:

- Additional Children's Transformation Projects – work continues with Sheffield Children's Hospital NHS Foundation Trust (SCHFT) to develop plans to deliver this project however, to date no further opportunities have been identified.

- Active Support and Recovery: Respiratory – although commencement of this project was delayed, plans are in place and implementation has commenced, the programme team expect the project to deliver in year;
- Estates Rationalisation – work continues to identify plans to deliver this project however, to date no further opportunities have been identified.
- Urgent Care: GP collaborative – although this project is operational it has now been identified that no savings will accrue in 2017/18 due to delays in the consultation on urgent care in primary care transformation proposals. This consultation is expected to start at the end of September subject to consideration of the business case by Primary Care Commissioning Committee on 25 September 2017.

4. Recommendation

Governing Body is asked to note the year to date and forecast out turn positions for 2017/18 QIPP and identified risks and mitigation.

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