

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

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Governing Body

6 October 2016

Author(s)	Sandie Buchan, Head of Programme Management Office Diane Meddick, Deputy Director of QIPP Jackie Mills, Deputy Director of Finance
Sponsor	Matt Powls, Director of Commissioning
Is your report for Approval / Consideration / Noting	
Noting	
Are there any Resource Implications (including Financial, Staffing etc)?	
n/a	
Audit Requirement	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i> To ensure there is a sustainable, affordable healthcare system in Sheffield.	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached?</i> Not required as this is an update paper.	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i> 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 total QIPP programme for 2016/17, the year to date position and the forecast out-turn for the year. The Governing Body is also asked to note the actions being taken by the QIPP Sub-Group to mitigate the current forecast shortfall and the plans that are currently being formed for 2017/18.	

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1. Context

- 1.1. NHS Sheffield CCG's QIPP programme for 2016/17 QIPP has a gross savings target of £19.4m
- 1.2. Each month the Governing Body will receive an update as to the achievement of the plan and also address any issues that were raised during the previous meeting's discussions.
- 1.3. At its July meeting, the Governing Body asked the Interim QIPP Director to set up a QIPP Sub-Group to meet outside the formal Governing Body meeting for the purpose of regular in-depth reviews of the performance of the QIPP programme. The overall objective of the group is to ensure the QIPP Director and monthly QIPP report is subjected to a degree of 'confirm and challenge' which would not be possible within the timetable of the Governing Body meeting and also to identify where lead directors require further support potentially through Governing Body members to enable delivery of the QIPP proposals. The first meeting of the QIPP Sub-Group was held on 26th August 2016, with the next meeting scheduled for 30th September. The meetings will be held on a monthly basis in advance of the governing body meeting.
- 1.4. Since the establishment of the QIPP Sub-Group, Diane Meddick has commenced as interim Deputy Director of QIPP, under the direction of Matt Powls, Director of Commissioning & Performance. Diane is tasked to work with the Lead Directors and in partnership with the PMO to achieve the delivery of the organisation's QIPP programme within a matrix working framework. Work has already started to achieve this framework involving the Accountable Officer and SCCG Directors meetings taking place to recommend for approval and sign off a matrix structure approach.
- 1.5. This paper provides the Governing Body with an overview of the position as at the end of August and the plans that have been put in place in order to mitigate the shortfall in the current QIPP forecast.

2. Current Position

- 2.1. On the 5th September, the Interim Deputy Director of QIPP came into post and began to review in partnership with the PMO, the CCG's current QIPP plan. The initial findings of this review have been shared with the Accountable Officer and Directors responsible for the delivery of corporate objectives, with draft recommendations for endorsement across the clinical leads and Governing Body members.
- 2.2. The recommendations include a revised framework of cross Directorate working which will be shared with staff during its development to ensure internal ownership and understanding. This will then be finalised for formal approval

2.3. At month 5 year to date gross savings are £969k behind plan. Table 1 details this shortfall by areas of spends. Although this still details a shortfall, there has been a slight improvement from the month 4 position against plan.

Table 1: Year to Date (Month 5) position by area of CCG expenditure

Area of CCG Expenditure	Gross Savings	Gross Savings	Gross Savings	Gross Savings	Investment	Net Saving	Net Variance
	Plan	Plan	Actual	Variance			
	Full Year	M5	M5	M5			
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Child Health	-1,405	-231	-117	114	0	-117	114
Community Healthcare	-1,475	-474	0	474	0	0	474
Continuing Healthcare	-1,650	-561	-749	-188	0	-749	-188
Elective Care	-4,762	-832	-658	174	67	-591	38
High Cost Drugs	-1,043	-315	-142	173	82	-61	125
Mental Health	-470	-188	-191	-3		-191	-3
Other	-350	-42	-100	-58		-100	-58
Prescribing	-2,330	-755	-786	-31	69	-717	-96
Urgent Care	-6,006	-1,225	-909	316	23	-886	307
Total	-19,491	-4,621	-3,652	969	241	-3,411	713

2.4. Considering we are now at month 5, the number of projects rated as high risk (red) causes a high level of concern in relation to delivering our projected savings, both this year and next. The QIPP Sub-Group has agreed mitigating actions which include all high risk projects being reviewed during the next few weeks. The content of these reviews will include a detailed assessment of their delivery plan and most recent submitted highlight report. This will be led by the Director of Commissioning & Performance, supported by the Deputy Director of QIPP and Head of PMO. These meetings will provide an understanding of progress to date, any known barriers to delivery and the support required to achieving projected targets this year and next.

2.5. The forecast reported within this update was ascertained through a request to the Lead Directors to provide a robust savings forecast as of September 2016 accompanied with a risk rating related to the delivery of the submitted forecasts. Table 2 details the forecast as owned by the Lead Directors and equates to achievement of 80% of the original (gross) QIPP plan.

Table 2: QIPP Year End Forecast against Plan based on M5 results

Area of CCG Expenditure	Gross Savings	Gross Savings	Gross Savings	Investment Forecast	Net Saving Forecast	Net Saving Variance Forecast
	Plan Full Year	Forecast M5	Variance M5			
	£'000	£'000	£'000			
Child Health	-1,405	-829	576		-829	576
Community Healthcare	-1,475	-723	753		-723	753
Continuing Healthcare	-1,650	-2,000	-350	0	-2,000	-350
Elective Care	-4,762	-4,687	75	783	-3,904	181
High Cost Drugs	-1,043	-569	474	269	-300	434
Mental Health	-470	-459	11		-459	11
Other	-350	-100	250		-100	250
Prescribing	-2,330	-2,770	-440	377	-2,393	-462
Urgent Care	-6,006	-4,462	1,544	527	-3,935	1,509
Total	-19,491	-16,598	2,893	1,956	-14,643	2,901

2.6. Compared to last month's reported forecast, there have been minor improvements made to individual schemes but these have not impacted significantly enough on the overall forecasted achievement total.

2.7. Further detailed delivery plans are currently being written up by the Commissioning Portfolios with support from the Programme Management Office to detail how the 2017/18 plans will be implemented.

3. Next Steps

3.1. In addition to mitigating risks of slippage against existing schemes, work is ongoing to identify additional areas where improved quality, innovation and productivity can be achieved for the 2017/18 plan, to get the organisation back on trajectory.

3.2. At the Clinical Commissioning Committee on 6th September, the Medicines Management Team presented a paper identifying further improvement which released savings, which are currently being considered and approved with oversight of the Medical Director.

3.3. 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.

3.4. The current 2016/17 QIPP programme now includes additional schemes and consists of a total of 72 schemes to deliver the planned saving. Each scheme has an identified Director Lead who is accountable for the delivery of the clinical change and financial savings, however, there is work in progress to re-structure the programme into a matrix working approach that ensures interdependencies are identified and shared. This will also mean skills; expertise and knowledge across teams can be shared.

3.5. The 2017/18 QIPP programme is still progressing to ensure alignment to the overall CCG planning process. The main areas that have been identified to meet the QIPP requirements for 2017/18 are currently:

- Full year effect from 2016/17 schemes
- Expansion of existing schemes that would have been established in 2016/17
- New schemes that have either been identified by the Commissioning portfolios or by recommendations using the Right Care packs and methodology
- Deep dives of contracts
- Service Reviews e.g. Dementia Pathway and services

3.6. The Deputy Director of QIPP has written a draft process and procedure paper for approval that will describe the governance and follow up action of the deep dives and service reviews. These will be selected on a basis that (a) spend is significant and (b) we would like to know more about quality, cost and value of the activity being funded. We also have an approach to deep dives which will include resource from within the provider and be based on 'open book accounting'.

3.7. Integral to the service reviews and deep dives will be the work being currently undertaken with the Right Care data packs to identify the areas that we could possibly take forward in order to increase efficiency and sustainability. The Programme Management Office will provide the coordinating function ensuring that decisions are captured and integrated within the QIPP programme moving forwards.

3.8. Procedures of Low Clinical Value policies are being reviewed and finalised. We continue to review our list of procedures and validate procedures undertaken by our providers to ensure that they are in line with best clinical practice. Reducing procedures which may not be appropriate, without further assessment and approval. The Deputy Director of QIPP has discussed with the Medical Director how improvements can be made.

3.9. The QIPP Sub-Group meeting raised a number of issues relating to the delivery process of some of the QIPP schemes. Subsequent actions were identified and will be progressed imminently over the next few weeks to resolve known blockages to delivery. Minutes and actions will be disseminated to the Governing Body committee on a monthly basis for assurance of the ongoing management of the QIPP plan.

4. Recommendation

4.1. Governing Body is asked to note the total QIPP programme for 2016/17, the year to date position and the forecast out-turn for the year. The Governing Body is also asked to note the actions being taken, to be overseen by the QIPP Sub-Group, to mitigate the current forecast shortfall and the plans that are currently being formed for 2017/18.

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On behalf of: Matt Powls, Interim Director of Commissioning

September 2016