

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

Governing Body meeting

3 August 2017

Author(s)	Abby Tebbs, Deputy Director of Strategic Commissioning and Planning Sandie Buchan, Head of Programme Management Office
Sponsor	Brian Hughes, Director of Commissioning and Performance
Is your report for Approval / Consideration / Noting	
Noting	
<p>NHS Sheffield Clinical Commissioning Group has a shortfall of £3.1 m between the QIPP target identified in the 2017/18 Operational and Financial Plan and agreed QIPP plan. Of the £18.5m plan, only a small amount was phased for delivery by Month 3 2017/18 and delivery is broadly on track at this point. SCCG continue to forecast full achievement of the £18.5m QIPP plan at year end, however, there are significant risks to delivery of this position.</p>	
Are there any Resource Implications (including Financial, Staffing etc)?	
n/a	
Audit Requirement	
<u>CCG Objectives</u>	
<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>	
<u>Equality impact assessment</u>	
<p><i>Have you carried out an Equality Impact Assessment and is it attached?</i> Not required as this is an update paper, individual programmes and projects will undertake assessment as part of their implementation process.</p>	
<u>PPE Activity</u>	
<p><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.</p>	

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;
- changes to the 2017/18 QIPP Programme and steps being taken in order to meet the identified shortfall.

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1. Introduction

- 1.1. 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 £21.579m. Governing Body has received regular updates on the process undertaken to develop a QIPP programme for 2017/18 and the progress made to meet the identified QIPP target.
- 1.2. This paper provides Governing Body with an overview of the position at month three (July 2017). The QIPP Working Group met on 27 July 2017 and reviewed progress in greater detail.

2. Current Position

- 2.1. SCCG has a shortfall of £3.1 m between the QIPP target identified in the 2017/18 Operational and Financial Plan and agreed QIPP plan. Of the £18.5m plan, only a small amount was phased for delivery by Month 3 2017/18 (£1,993k or 10.8%) and delivery is broadly on track at this point. Despite two projects and one programme risk rated as red at month 3 the forecast for year-end is achievement of the full QIPP plan.
- 2.2. The 2017/18 QIPP programme now consists of 71 projects within 35 programmes. A number of projects and programmes have been grouped together, or rationalised, as part of the programme management process. Three projects were added to the plan in July 2017. Governing Body approved two additional QIPP projects for immediate implementation on 6 July 2017, clinical variation and Sirdupla rebate and a further project, to reduce SCCG running costs, has been identified. The total anticipated savings from these three projects is £750k in 2017/18.
- 2.3. In July 2017, Governing Body approved an additional action to increase delivery of an existing QIPP project, the Prescribing Stop List. This project aims to improve quality of prescribing, based on national guidance, and ensure best value for the NHS by producing an SCCG recommended stop list for GPs to use in practice that comprises medicines: with limited clinical benefit or limited evidence of effectiveness; that are considered not to be cost effective e.g. an alternative preparations may be more suitable; medicines that are readily available over the counter, often at lower cost than to the NHS, encouraging self-care. A letter, signed by all Governing Body GP members and SCCG Clinical Leads confirming the SCCG position has been sent to all practices to provide them with further support in operating the project.
- 2.4. However, the QIPP programme continues to fall short of the 2017/18 target. The total value of the 2017/18 QIPP plan is now £18.218m or 84.4% of the target for the year. An overall summary of the programme by area of spend is set out at table 1 below.

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

Area of Spend	Annual Plan (Gross) £'000	% QIPP Plan
Continuing Health Care	(2,769)	15.0%
Child Health	(1,136)	6.2%
Estates	(300)	1.6%
Individual Funding Requests	(500)	2.7%
Local Authority	2,107	-11.4%
Medicines Management	(3,265)	17.7%
Mental Health	(1,240)	6.7%
Planned Care	(3,833)	20.8%
Primary Care & Community Services	(600)	3.2%
Running Costs	(250)	1.4%
Urgent Care	(6,682)	36.2%
PLAN TOTAL	(18,468)	100.0%
Unidentified	(3,111)	-
Grand Total	(21,579)	-

3. Implementation and Delivery of 2017/18 QIPP Programme and Plan

3.1. Implementation and ongoing monitoring of projects for 2017/18 continues. 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, this will ensure that each executive director lead in their role as Senior Responsible Owner of a programme is held to account for delivery and impact on a monthly basis. A summary of the risk rating for QIPP project implementation and delivery is set out at table 2 below.

Table 2: 2017/18 QIPP Project Risk Rating at Month 03

RAG Rating	No of projects	Annual Saving Plan £'000	YTD Saving (Gross) £'000			
			Plan	Actual	Variance	% Variance
Green (full delivery expected)	31	(9,260)	(1,537)	(1,360)	178	(9,260)
Amber (> 50% delivery)	37	(8,269)	(455)	(474)	(19)	(8,269)
Red (<50% delivery)	3	(939)	0	0	0	(939)
TOTAL	71	(18,468)	(1,993)	(1,833)	159	-8.0%

3.2. Three projects are rated as red at month three:

- Additional Children's Transformation Projects – work continues with Sheffield Children's Hospital NHS Foundation Trust (SCHFT) to develop plans to deliver this project;
- 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.

3.3. Thirty seven projects are identified as amber at month three within 19 programmes, highlight reports have been received for all programmes and risk and mitigation will be addressed for these projects through the SCCG Programme Management Office (PMO) escalation process.

3.4. Year to date savings of £1,833k have been achieved against a plan of £1,993, this is a variance of 8% of £159k against target. The forecast year end saving at month three remains at full achievement of the agreed QIPP plan of £18.468m. A summary of the reported position at month three by area of spend is set out at table 3 below.

3.5. As Governing Body are aware, QIPP saving delivery is heavily back loaded into the latter part of the financial year to allow for project implementation, this means that risk of under delivery increases as the year progresses and an early focus in mitigation and recovery is essential to maintain delivery to plan.

Table 3: QIPP Savings at Month 03 2017/18 by Area of Spend

Area of Spend	Annual Plan (Gross) £'000	Year to Date (Gross)				Year End (Gross)	
		Plan £'000	Actual £'000	Variance £'000	% Variance	Savings Forecast £'000	Variance £'000
Continuing Health Care	(2,769)	(425)	(472)	(47)	11.1%	(2,769)	0
Child Health	(1,136)	(156)	(126)	30	-19.1%	(1,136)	0
Estates	(300)	0	0	0	-	(300)	0
Individual Funding Requests	(500)	(209)	(209)	(0)	0.0%	(500)	0
Local Authority	2,107	0	0	0	-	2,107	0
Medicines Management	(3,265)	(423)	(374)	48	-11.5%	(3,265)	0
Mental Health	(1,240)	0	0	0	0.0%	(1,240)	0
Planned Care	(3,833)	(380)	(291)	89	-23.5%	(3,833)	0
Primary Care & Community Services	(600)	0	0	0	-	(600)	0
Running Costs	(250)	(25)	0	25	-100.0%	(250)	0
Urgent Care	(6,682)	(375)	(361)	14	-3.7%	(6,682)	0
PLAN TOTAL	(18,468)	(1,993)	(1,833)	159	-8.0%	(18,468)	0

4. Development of Additional QIPP Plans

4.1. Following the amendments approved by Governing Body the shortfall between the QIPP target and identified QIPP plans now stands at £3.361m. In order to bridge this gap, a number of additional opportunities had been identified and Governing Body has asked for a comprehensive update for further discussion in August 2017. In line with the 7 financial management principles approved by Governing Body, QIPP opportunities will continue to be identified and developed during the year to support the achievement of the QIPP target.

5. Other Actions

5.1. In order to further support the organisation in the delivery of QIPP and other programmes, PMO continues to provide training workshops on Programme Management Methodology and Effective Commissioning. To date, 65 members of staff have completed this training which has been made mandatory for all staff involved in the delivery of transformational programmes and projects. Workshops will now be run throughout the year as a core PMO function.

5.2. Following a procurement process, SCCG approved the purchase of an electronic performance management system, Aspyre, to facilitate the management of CCG programmes and projects. The software is in implementation phase and will be rolled out across the CCG in August and September. It is anticipated that the Aspyre system will release PMO resources by automating reporting and strengthen performance management for programmes

6. Next Steps

- 6.1. Additional QIPP plans will be finalised and implemented in line with SCCG processes.
- 6.2. The commissioning portfolios will continue to review other areas of efficiency with our provider organisations.
- 6.3. Deep dive and mitigation process ongoing for QIPP projects with a risk rating other than green, QIPP working group will receive a full report on a monthly basis.

7. Recommendation

7.1. Governing Body is asked to note:

- the changes to the 2017/18 QIPP Programme
- steps being taken in order to meet the identified shortfall
- the year to date and forecast out turn positions for 2017/18 QIPP and identified risks and mitigations

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July 2017