

Governing Body

25th May 2016

Details	Part 1	X	Part 2		Agenda Item No.	Paper 11 Appendix 11b
Title of Paper:	QIPP Report					
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Presenter:	Margaret O'Dwyer, Director of Commissioning and Business Delivery					
Please indicate:	For Decision		For Information	X	For Discussion	X

Executive Summary

Summary	<p>The attached report outlines the current position on the CCG's 2016-17 QIPP programme. It also provides further detail on the status of the individual schemes which make up the Programme.</p> <p>In order to deliver the CCG's Financial Recovery Plan, the CCG needs to deliver a challenging QIPP target of £5.5m.</p> <p>The paper also sets out the latest version of the 2016/17 QIPP Programme and provides and update on progress made to date.</p>					
Risk	High	X	Medium		Low	
Recommendations	<p>The Governing Body is asked to:</p> <ol style="list-style-type: none"> Note the current position on scoping of the project feasibility documents against the QIPP Plan. Note the developments being undertaken to improve reporting and prioritising further schemes 					

Strategic themes

Deliver improvement in outcomes for patients	X
Deliver service improvement through system redesign in priority areas	X
Develop NHS Bury CCG and Primary Care capability as commissioners and leaders	X
Deliver through the Health and Wellbeing Board improved population health and reduction in inequalities	
Deliver the CCG element of QIPP through effective system management and working with partners and stakeholders and ensuring a culture with focus on quality, fostering innovation, improving health outcomes and reducing inequalities.	X
Supports NHS Bury CCG Governance arrangements	

QIPP Report

1. Introduction and Background

In order for the CCG to deliver a balanced budget, the CCG has identified a challenging QIPP target of £5.5m in 2016-17.

Since December 2015, the CCG has been working to identify and develop the QIPP Plan, which has been approved by the Governing Body in March 2016.

2. PMO Update

2.1 QIPP Plan

The Plan as shown in Appendix 1 amounts to £3.7m FYE and £2.3m PYE, see summary below:

	2016/17 - PLAN	
	Net Savings	
	FYE	PYE
Financial Risk of Non Delivery of QIPP		
	£	£
Low risk to deliver target	1,064,217	1,064,217
Medium risk to deliver target	307,000	153,500
High risk to deliver target	2,342,000	1,108,667
Identified	3,713,217	2,326,384
Unidentified	1,786,783	3,173,616
Challenge	5,500,000	5,500,000

PMO has received and reviewed the first 9 project feasibility documents which were completed by Operational Leads in April. These are in respect of the following schemes:

- CHC Efficiencies
- CHC Nurse
- Cardiology
- Pain Pathway
- Lifestyle
- High Cost Drugs
- Property Costs
- Integrated Ambulatory Care
- Paediatric Pathways

The gross savings, investment and net savings in respect of these schemes as identified in the project feasibility documents amount to FYE net savings of £1.5m and PYE of £1.2m, see summary table below:

PFD'S - LIKELY			PFD'S - LIKELY		
Gross Savings	Investment	Net Savings	Gross Savings	Investment	Net Savings
FYE			PYE		
£	£	£	£	£	£
1,044,217	0	1,044,217	1,044,217	0	1,044,217
258,230	50,000	208,230	183,230	25,000	158,230
1,450,131	1,227,587	222,544	1,054,315	1,020,568	33,747
2,752,578	1,277,587	1,474,991	2,281,762	1,045,568	1,236,194
2,747,422	4,222,413	4,025,009	3,218,238	4,454,432	4,263,806
5,500,000	5,500,000	5,500,000	5,500,000	5,500,000	5,500,000

Currently this leaves a £4.3m gap; however as further project feasibility documents are being developed it is envisaged that this gap will reduce.

Sign off for the first 9 PFDs at Director level in line with the Gateway process is to take place on 17th May and the outcome will be verbally updated at the Finance Committee.

Five further schemes have been identified for the next phase and PFDs for these are expected by 31st May. They are:

- Urology
- Haematology
- Learning disabilities (short break)
- Personal health budgets
- Intermediate care including sub-acute rehabilitation

The timelines for developing these schemes are as follows:

- Project feasibility documents to be completed by 31st May
- Final PFD's completed following PMO review by 10th June
- Governance sign off by 13th June
- Feedback to Finance Committee meeting 16th June

The CCG is keen to get early sight on the opportunities that the remaining schemes may bring. A very high level exercise is being undertaken in the next fortnight to do this which will enable us to prioritise the next phase and assess the likelihood of having to identify further initiatives.

The outcome of this meeting will also be discussed at the next Finance committee.

2.2 Reporting

The actual position for Month 1 will be available for the June report to the Finance Committee. In addition Finance and PMO are currently working on redesigning reporting for QIPP and PMO to ensure it provides a more enhanced reporting system to meet the requirements for CCG Board, Clinical Cabinet, Finance Committee and PMO meetings. The draft report will be presented at the next Finance Committee for feedback.

2.3 Capacity

The Chair of the Governing Body has met with all the Clinical Leads recently to confirm the portfolio for Clinical Leads, hence some of the Clinical Leads have changed against schemes. A Clinical Lead for QIPP has now been appointed (Howard Hughes). The QIPP Clinical Lead has met with PMO, Finance and Interim QIPP Programme Manager to discuss further improvements in PMO and support in providing a clinical steer in leading the QIPP Programme.

In addition Commissioning capacity is also under review following implementation of the new structure and the new substantive lead for QIPP will be in post at the end of June.

