Governing Body

25th May 2016

Date: 25th May 2016

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1 1 2			ood maad to aato.					
Risk Hig	igh	X	Medium		Low			
1. 2.	the QIPP Plar	ent position n. elopments b	d to: on scoping of the projected eing undertaken to impro					
Strategic themes						X		
Deliver improvement in outcomes for patients								
Deliver improvement in outcomes for patients Deliver service improvement through system redesign in priority areas Develop NHS Bury CCG and Primary Care capability as commissioners and leaders								
Develop NHS Bury CCG	and Primary Ca	are capability	y as commissioners and	leader	rs	Х		
Deliver through the Health inequalities	th and Wellbeing	g Board imp	roved population health	and re	duction in			
Deliver the CCG element and stakeholders and ens outcomes and reducing in	suring a culture					X		
Supports NHS Bury CCG	Governance ar	rrangements	3					

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:

	Net S FYE ncial Risk of Non Delivery of QIPP risk to deliver target lium risk to deliver target orisk to deliver target 2,342,000	7 - PLAN
	Net S	avings
	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

Date: 25th May 2016

- 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:

P	FD'S - LIKELY		PFD'S - LIKELY									
Gross Savings	Savings Investment Net Sav		Gross Savings	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

Date: 25th May 2016

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

Date: 25th May 2016

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.

APPENDIX 1

							HIGHLE	VEL PLAN		PER PROJECT FASBULTY COCUMENT													PMO)		
							INDICATIVE SAVINGS DATE RAG													WORSE CASE - PVE DATE				PED's STAT		
							INDICATIO	E SAVINGS	DATE	Financial Risk of Non	80	STCASE-PRE		(JK	EU CASE- PTE		U	ELY (ASE-PI		w	VOISE CASE	YK.	DATE		PFD's	ATUS
cheme Continuing HEALTHCARE:	Workstream	Clinical Lead	Operational Lead	Governing Body Lead	Finance lead	Business Intelligence Lead	E E		Assumed Start Date	Delivery of QIPP	Gross Savings	investment £	Net Savings £	Gross Savings £	Investment (Net Savings £	Gross Savings £	investment £	Net Savings £	Gross Savings £	investment £		Savings Start	PFD's Signed		
		forth of a tector			Sarah Jewitt/										(2.20		~						200			7
	Continuing Health Care		Mark Gibbons	Stuart North	Cheryl McDonagh Sarah Jewitt/						0	0	- 0	150,000	50,000	100,000	75,000		50,000	-			October 16		1	+
HC timely review assessment HC redesign - including joint	Continuing Health Care	Catherine Jackson	Mark Gibbons	Stuart North	Cheryl McDonagh Sarah Jewitt/	N/A David Goldstone/	420,000	420,000	April		0	0	0	400,000	0	400,000	400,000	0	400,000		0 0	0	April 16	-	1	+
working with LA	Continuing Health Care	Catherine Jackson	Mark Gibbons	Stuart North	Cheryl McDonagh																					
Continuing Healthcare - Total ELECTIVE CARE:							420,000	420,000			0	0	0	550,000	50,000	500,000	475,000	25,000	450,000		0 0	0				+
ancer(R)	Elective Care	Uane Harris	Demian Aston	Kiran Patel		David Goldstone	547,000		October							-205.049			-205.049						1	
	Elective Care Elective Care	Kiran Patel Alison Rimmer	Catherine Tickle Catherine Tickle	Kiran Patel Kiran Patel	Craig Marshall Stephen Beswick	David Goldstone Duncan Ralph	521,000 257,000		October October		680,239	813,550	-133,311	608,501	813,550	-2.0,040	608,501	813,550	-200,049	536,762	813,550	-276,788	April'20		1	_
rauma & Injuries (R.)	Elective Care	Kiran Patel	Usman Darsott Shenna Paynter/	Kiran Patel	Craig Milnes	Duncan Ralph	155,000	51,667	December																	_
			Sarah Bullock																							
revention of Type 2 Diabetes	Elective Care	Firm Mc Caul	Replacment Nasima Begum	Kiran Patel	Craig Marshall	David Goldstone					-													-	-	-
ndocrine (R)	Elective Care	Kiran Patel	Replacement	Kiran Patel	Craig Marshall	David Goldstone	345,000		December															\perp		
enitourinary [R] espiratory [Pathway review of	Elective Care	Kiran Patel	Usman Darsott	Kiran Patel	Craig Milnes	David Goldstone	57,000	19,000	December												-		\vdash	\vdash		_
sthma and COPD) (R)	Elective Care	Firm Mc Caul	Zoe Alderson	Kiran Patel	Craig Milnes	Duncan Ralph	15,000	5,333	December																_	
ermatology Pathway nplementation of Ufestyle	Elective Care	Kiran Patel	Usman Darsott	Kiran Patel	Craig Marshall	Luncan Raiph															_		\vdash			-
djutsments for patients being	Clastics Core	Viena Point	Websel House	Viena Orderi	Stephen Beswick								150,000	14.00	,	50,000	20.44		50,000				April'15			
	Elective Care	Kiran Patel Kiran Patel		Kiran Patel	Craig Milnes Craig Milnes	David Goldstone Duncan Ralph					150,000	0	150,000	50,000	0	50,000	50,000	0	53,000				April 15		1	_
eview of Nutrition and Dietetician	Elective Care	Kiran Patel	Michael Hargreaves? Adele Wood/ Kirstin	Kiran Patel		David Goldstone																	\vdash			_
UR Compliance	Elective Care	Kiran Patel	Lee	Kiran Patel	Stephen Beswick	David Goldstone																	Ш			
aematology - Follow up ratios for ing term stable patients eg.			Najma Ali/Nasima																							
olycyhaemia	Elective Care	Ciran Patel	Begum Replacement	Kiran Patel	Stephen Beswick	David Goldstone																				
ective Care - Total ARAING DISABILITIES:							2,099,000	987,167			830,239	813,550	15,689	658,501	813,550	-155,049	658,501	813,550	-155,049	536,762	813,550	-276,788				
					Gillian																					
arning Disabilities (Short Break d Respite)	Learning Disabilities	Nigget Saleem	Barbara Wright	Jeff Schryer	Throup/Mike Woodhead	Helen Smith																				
					Gillian																					
rsonal Health Budgets for Inerable client group	Learning Disabilities	Nigget Saleem	Sarah Bullock/ Replacement	Jeff Schryer	Throup/Mike Woodhead	Helen Smith																				
arning Disabilities Total											0	0	0	0	0	0	0	0	0		0 0	0				
EDICINES MANAGEMENT: eduction in spend on Blood Glucose					Sarah Jewitt/																					
esting Strips eduction in weighted spend per	Meds Mgt	Nigget Saleem	Jeanette Tilstone	Margaret O'Owyer	Cheryl McDonagh Sarah Jewitt/	N/A	44,000	44,000						44000	0	44000	44(0)	0	44000		-		April 16	4	-	_
	Meds Mgt	Nigget Saleem	Jeanette Tilstone	Margaret O'Dwyer	Cheryl McDonagh	N/A	94,700	94,700						54200	0	94700	94700	0	94700				April'15	4		
rescribing for d inical need policy	Maris Hat	Nigget Saleem	Jeanette Tilstone	Margaret O'Dwyer	Sarah Jewitt/ Cheryl McDonagh	N/A	385,000	385,000						386000		386000	386000	١.	386000				April'16			
vest to save - medicines	Processing.	- Agectorical		magaerounier	Sarah Jewitt/										Ì			Ť						Ė		_
stimisation	Meds Mgt	Nigget Saleem	Jeanette Tilstone	Margaret O'Dwyer	Cheryl McDonagh Sarah Jewitt/	N/A	110,672	110,677						130672	0	110672	110672	0	110672				April'15	1		-
igh cost drugs	Meds Mgt	Nigget Saleem	Jeanette Tilstone	Margaret O'Dwyer	Cheryl McDonagh	David Goldstone																		\perp	1	_
ledkines Management - Total IENTAL HEALTH:							635,372	635,372			0	0	0	635,372	0	635,372	635,372	0	635,372		0 0	0 0				
eview Tier 3 and MH services					Gillian Throup/Mike																					
	Mental Health	Jeff Schryer	New 8A MH	Jeff Schryer		Duncan Ralph																				
			Sarah Bullock/ 8 A		Gillian Throup/Mike																					
	Mental Health	Catherine Fines	CAHMS W&C	Catherine Fines	Woodhead	Duncan Ralph																				
lental Health - Total THER:												0	0	0	0	0	0	0	0		0 0	0				
operty Costs review	Other	N/A	Mike Woodhead	Claire Wilson	Mike Woodhead		50,000		October		75,000	0	75,000	50,000	0	50,000	50,000	0	50,000		0 0	0	April'15		1	
ther - Total BIMARY CARE:							50,000	25,000			75,000	0	75,000	50,000	0	50,000	50,000	0	50,000		0 0	0				
A Venepuncture	Primary Care	Jeff Schryer	Zoe Alderson	Jeff Schryer	Craig Marshall		8,645	8,645	July 15					8945	0	8845	8645	0	8645				April'16	Ý		_
mmunity Eating Disorder Service	Primary Care	Jeff Schryer	8A CAHWS W&C Julie Gonda/Amy	Jeff Schryer	Gillian Throup	David Goldstone David Goldstone/																	\vdash			-
egrated Locality Teams	Primary Care	Jeff Schryer	Legiorz	Jeff Schryer	Gillian Throup	Helen Smith															-		\sqcup			-
ty Liver - for patients with isolated ((neview pathway)	Primary Care	Catherine Fines	Nasima Begum Replacement	Catherine Fines	Craig Marshall	David Goldstone		L																		
mary Care - Total GENT CARE:							8,845	8,845			0	0	0	8,845	0	8,845	8,845	0	8,845	0	0 0	0				
egrated Ambulatory Care	Urgent Care	Victoria Moyle	David Latham	Victoria Moyle	Craig Marshall		500,000	250,000	October		791,630	380,750	410,880	791,630	414,037	377,598	395,814	207,018	188,796		0 0	0	October'15		1	
eent Care Redesign ermediate Care, Reablement,	Urgent Care	Victoria Moyle	Devid Latham	Victoria Moyle	Craig Marshall	Duncan Ralph																	\vdash			-
hab [consider crisis response bed																										
age, consider sub acute habilitation	Urgent Care	Victoria Moyle	Sarah Bullock/Replacement	Victoria Moyle	Gillian Throup /Kevin Reid	Duncan Ralph																				
ent Care - Total							500,000	250,000			791,630	380,750	410,880	791,630	414,037	377,598	395,814	207,018	188,796		0 0	0				į
MEN & CHILDREN: diatric Pathways	Woman & Children's	Catherine Fines	Nasima Begum	Catherine Fines	Craig Marshall	David Goldstone					58,230	0	58,290	58,230	0	58,230	58,230	0	58,230		0 0	0	April'16		1	1
view of Children Services																										•
	Woman & Children's	Catherine Fines	8A CAHMS WSC	Catherine Fines	Gillian Throup /Kevin Reid	Duncan Ralph		L													L					
bulatory Care men & Children's Total		Catherine Fines	8A CAHMS WSC	Catherine Fines	Craig Marshall	Duncan Ralph					58,230		58,230	58,230	0	58,230	58,230		58,230							
al Schemes Identified								2,325,384			1,755,099		560,799	2,752,578	1,277,587	1,474,991	2,281,762	1,045,568	1,235,254	536,762						
P - To be identified erall Total								3,173,616			3,744,901 5,500,000			2,747,422	4,222,413 5,500,000		3,218,238		4,263,806 5,500,000	4,953,238 5,500,000		5,776,788		5	9	_
Aren IVAN											5,500,000	2,500,000	5,590,000			3,300,000			3,390,000	3,500,000	3,300,000	3,300,000		,	,	-
								7-PLAN lavings						Gross Savings	FD'S - LIKELY	Not Savinor		FD'S - LIKELY	Not Saulan							
							FYE	PYE							FYE	-Action mp		PYE								
						and the Person of State		£						£			£	£	- 6							
					Financial Risk of N Low risk to delive		_	_								1.094.217			1,041,212							
					Low risk to delive Medium risk to de	rtaget livertaget	1,064,217	1,064,217 153,500						1,044,217 258,230	50,000	1,044,217 208,230	1,044,217 183,230	0	1,644,217 158,230							
					Low risk to delive	rtaget livertaget	1,064,217 307,000 2,342,000	1,064,217						1,044,217	1,227,587		1,044,217 183,230 1,054,315	25,000 25,000								