

**2017/18 Quality Innovation Productivity and Prevention (QIPP)  
 Programme Performance Report**

Item 3

**Governing Body**

**1 February 2018**

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<b>Purpose of Paper</b>	
<p>Governing Body signed off a gross savings or Quality, Innovation, Productivity and Performance (QIPP) target of £21.6m (£21.2m net) in December 2016. This target was set in order to deliver NHS Sheffield Clinical Commissioning Group (CCG) commissioning intentions for 2017/18 and to meet our share of the South Yorkshire and Bassetlaw CCGs' single financial control total agreed with NHS England. This paper is an update on the position at month 9.</p>	
<b>Key Issues</b>	
<p>At the end of December 2017 (month 9) the QIPP plan remains at £19.4m and during quarter 4 the focus is on delivery against this plan rather than expanding the number of schemes. This means the £1.8m unidentified QIPP against the original target of £21.2m is a pressure which has been offset against contingency reserves in year.</p> <p>Delivery against the £19.4m continues to be forecast at a very similar level to last month at £10.4m, reflecting just a £50k improvement.</p> <p>We do not anticipate any major changes in the forecast position during Quarter 4 and hence it is proposed that the next report to Governing Body is in May on the final out-turn position. Any significant changes will be picked up in the monthly finance reports to Governing Body during Quarter 4.</p>	
<b>Is your report for Approval / Consideration / Noting</b>	
Noting	
<b>Recommendations / Action Required by Governing Body</b>	
<p>The Governing Body is asked to note the year to date and forecast out turn positions for 2017/18 QIPP and identified risks and mitigation.</p>	
<b>Governing Body Assurance Framework</b>	
<p><b><i>Which of the CCG's objectives does this paper support?</i></b>                  To ensure there is a sustainable, affordable healthcare system in Sheffield.</p>	

<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>
Yes as discussed in section 4 of the report, a focus of clinical and managerial time on priority projects.
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>
<b><i>Please attach if completed. Please explain if not, why not</i></b> Not required as this is an update paper, individual programmes and projects will undertake assessment as part of their implementation process.
<b><i>Have you involved patients, carers and the public in the preparation of the report?</i></b>
Increased clinical engagement and listening to our members has been agreed as a priority. Therefore, the Governing Body 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.

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### 1. Purpose

As part of the 2017-19 Operational and Financial Plan, NHS Sheffield Clinical Commissioning Group (SCCG) identified a gross savings target of £21.6m. Governing Body receive a monthly report on the development, implementation and delivery of the QIPP programme developed to secure delivery of this target in 2017/18. This paper presents performance at month 9, December 2017.

### 2. Delivery Against 2017/18 QIPP Plan

Table 1 below provides the headline information that we expect to deliver £10.4m and have delivered £7.9m at the end of month 9.

The forecast includes a robust assessment of anticipated delivery against those schemes that will move into delivery in the last quarter of the year, together with an assessment of the impact of winter pressures on delivery in a number of areas such as excess bed days. There have been no significant changes on those schemes under delivering and the reasons for this remain as discussed in previous reports.

*Table 1: 2017/18 QIPP Plan – Overall Performance at Month 9*

Delivery	Net Plan £'000	Net Actual £'000	Variance £'000	% Variance	RAG	Confidence Rating - RAG Thresholds for Delivery			
						Green	Green/ Amber	Amber	Red
Year to Date (inc. unidentified)	-13,104	-7,885	5,219	40%	R	Green	Green/ Amber	Amber	Red
Forecast Outturn (inc. unidentified)	-21,222	-10,417	10,805	51%	R	100%	≥ 90%	≥ 80%	< 80%

Table 2 overleaf presents a breakdown of the financial savings, by area of spend, at Month 9 and an assessment of the likely forecast out-turn position.

Table 2: QIPP position by area of spend at month 9 2017/18

Area of Spend	Annual Savings Plan		Year to Date (Net)			Year End (Net)	
	Gross £'000	Net £'000	Plan £'000	Actual £'000	(Over)/Under Delivery £'000	Savings Forecast £'000	(Over)/Under Delivery £'000
Child Health	(1,136)	(993)	(632)	(417)	216	(581)	412
Continuing Healthcare	(2,769)	(2,769)	(1,792)	(1,446)	346	(1,892)	877
Estates	(300)	(300)	(150)	0	150	0	300
Individual Funding Requests	(500)	(500)	(377)	(632)	(255)	(774)	(274)
Local Authority	2,107	2,107	1,026	(137)	(1,163)	(232)	(2,339)
Medicines Management	(3,265)	(3,265)	(2,318)	(2,217)	101	(3,026)	239
Mental Health	(1,240)	(1,240)	(621)	(23)	598	(40)	1,200
Planned Care	(5,083)	(5,083)	(3,007)	(875)	2,131	(1,198)	3,886
Primary Care & Community Services	(600)	(600)	(353)	(170)	183	(200)	400
Running Costs	(250)	(250)	(175)	(240)	(65)	(320)	(70)
Urgent Care	(6,682)	(6,468)	(3,309)	(1,728)	1,581	(2,155)	4,313
Unidentified	(1,861)	(1,861)	(1,396)	0	1,396	0	1,861
<b>QIPP Target</b>	<b>(21,579)</b>	<b>(21,222)</b>	<b>(13,104)</b>	<b>(7,885)</b>	<b>5,219</b>	<b>(10,417)</b>	<b>10,805</b>

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 e.g. 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 where if we make the efficiencies planned the level of funding which will flow to SCC will be reduced. **At month 8 we have played out the likely year end position on the risk share agreement. We expect to transfer c£0.5m to SCC as part of the risk share but have other savings to "claw back" from SCC as part of CHC savings – hence this allows us to release all of the budget held as originally requiring to be transferred to SCC but at the same we are reporting that this is because we have not achieved all the planned savings through the work with SHSC or continuing care on high cost packages.**

### 3. Mitigation and Additional QIPP

As reported previously, as part of the national QIPP Support Team, the North East Commissioning Support Unit (NECSU), are providing support to the CCG on a number of key projects. Analysis is being completed to produce a revised primary care variation report an Urgent and Emergency Care workshop will be held to assess the findings of the Urgent Care Review.

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On behalf of: Brian Hughes, Director of Commissioning and Performance

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SCCG QIPP Risk Ratings

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.