

Total value -

1,620 - 998 226 (772) 347

Ref	Project title	Exec Sponsor	Clinical Lead	Prgrmm Lead	GATEWAY 1	Plan on a page completed	Milestones defined	KPIs defined	Financial phasing by month	Risks ID'd and quantified	Impact assessments done	Key stakeholders engaged	Expected value of scheme (reviewed by Finance Lead)		GATEWAY 2	CONFIRMED TARGET (Gateway 2 sign off)		SAVINGS Year to Date (2016/17)			Forecast Outturn	Milestones on track	KPI's on track	Financial benefits on track	Risk Management	Impact assessment man.	Stakeholder management	Overall RAG	Comments for the attention of the [Senior Management Team]	
													16/17 (£000)	17/18 (£000)		16/17 (£000)	17/18 (£000)	YTD Plan (£000)	YTD Actual (£000)	Var										16/17 (£000)
PC4	Faecal Calprotectin	Jim Hayburn	SOC	AB	1										1	53	9	15	6		39	●	●	●	●	●	●	G	<p>AMBER to GREEN due to: Project achieving £6k variance on YTD plan. Start date slippage reflected in FOT. Start date slippage will not affect total saving but in year delivery will not deliver in line with original plan. 22/27 GP Practices are using the new pathway. The remaining 5 practices have experienced issues downloading templates onto clinical systems.</p> <p>Actions to resolve: Project team to continue to engage with practices not using the pathway. Project team to send communications to GP practices to outline progress report findings by end of February. Practice upload instructions to be re-visited by project team and offer GP Practices support or training. GP and patient survey to be drafted. Finance and contracting to continue monitoring of finances on a monthly basis.</p>	
PC2	Dermatology Indicative Budgets	Jim Hayburn	SOC	AB	1										1	100	83	53	(30)		102	●	●	●	●	●	●	A	<p>Remains AMBER due to: Finances remain slightly behind against plan however shortfall in YTD has remained static. Savings are expected to increase following delivery of dermatoscopes this is reflected in the FOT figure; however, not all practices have received their dermatoscopes yet. This project is expected to deliver savings at planned level by March 2017 and therefore any shortfall in 2016/17 will be offset by a full year effect in 2017/18.</p> <p>Actions to resolve: Project team to ensure dermatoscopes are delivered to practices by end of February 2017 (3/46 remaining). Finance and contracting to continue monitoring of finances on a monthly basis.</p>	
PL13	YTHFT Follow Up Ratio	Jim Hayburn	SOC	AB	1										1	703	586	-	(586)		-									<p>Remains GREY due to: Scheme has been superseded by the FRP. Reduction in spend on follow up attendances is included in the Improvement Plan and 2017/18 pipeline, with discussions ongoing over the mechanism to achieve this. Delivery of this project is dependant on contract and delivery decisions which are yet to be made. A principle of the scheme (based on W.Yorks model) has been moved to pipeline 2017/18.</p> <p>Actions to resolve: To be included in joint programme of work with YTHFT in line with 2017/18 contract planning process due to be completed by March 2017.</p>
PL5	Biosimilar Etanercept (YTHFT)	Jim Hayburn	SOC	F&C	1										1	287	239	125	(114)		162	●	●	●	●	●	●	A	<p>Remains AMBER due to: YTD variance increased from 100k to 114k. This project is not forecasting to catch-up in year to planned savings (287k), however all eligible patients have now been switched so there will be a full year effect impact to offset slippage in 2016/17.</p> <p>Actions to resolve: Finance and contracting to continue monitoring of finances on a monthly basis.</p>	
PL4	Biosimilar Infliximab & Etanercept (LTH)	Jim Hayburn	SOC	F&C	1										1	44	36	33	(4)		44	●	●	●	●	●	●	G	<p>Remains GREEN due to: Finance's YTD variance reduced from 7k to 4k and FOT still on track to deliver full savings in year (44k).</p> <p>Actions to resolve: Finance and contracting to continue monitoring of finances on a monthly basis.</p>	
PL2	ENT & Audiology Virtual Clinics	Jim Hayburn	SOC	AB	1										1	26	45	-	(45)		-	●	●	●	●	●	●	R	<p>Remains RED due to: YTD planned figure based on original start date of July 2016. Start date amended to January 2017 however proposed business case will incur a cost impact and CCG have asked YTHFT to review proposal.</p> <p>Actions to resolve: YTHFT to provide business case proposal that is cost neutral or cost saving.</p>	
PL8	Thresholds - BMI & Smoking (#064 in 2017/18)	Jim Hayburn	SOC	AB	1										1	332	-	-			-	●	●	●	●	●	●	A	<p>Remains AMBER due to: BMI & Smoking thresholds went live 16 January 2017. Hip and Knee thresholds went live 30 January 2017. Delays to original start date means QIPP savings for 2016/17 will not be realised - this is reflected in the FOT. The CCG anticipate a full year effect impact in 2017/18 QIPP to offset slippage in 2016/17.</p> <p>Actions to resolve: Finance to reflect updated forecast saving M11 QIPP reporting.</p>	
PL9	Thresholds - Cataract Surgery (#063 in 2017/18)	Jim Hayburn	SOC	AB	1										1	75	-	-			-	●	●	●	●	●	●	R	<p>Remains RED due to: Following a meeting between the CCG and the ophthalmology clinical team it was suggested to investigate potential savings by reducing the local tariff by £100 per procedure. Project has been paused by the clinical executive (15/12/2016) until a possible local tariff has been investigated. Scheme will not achieve QIPP for 2016/17.</p> <p>Actions to resolve: Project team to investigate the new proposal and agree next approach. This would require further discussion at CMB. QIPP savings have been incorporated into 2017/18 QIPP programme.</p>	
PL11	Direct Access Radiology (#049 in 2017/18)	Jim Hayburn	SOC	AB	1										1	-	-	-			-	●	●	●	●	●	●	A	<p>GREEN to AMBER due to: (Savings not planned for this scheme). Last minute amendments requested to the electronic referral process delayed implementation. Risk of GPs not utilising new electronic referral process once implemented. Monthly monitoring of KPI data from YTHFT in place.</p> <p>Actions to resolve: Project team to ensure project is rolled out end of February 2017 and monitor GP uptake of electronic referral process once implemented.</p>	

Overall RAG Rating	
G	Project on track to deliver full benefits
A	Minor issues that may result in full benefits not being realised
R	Significant project issues likely to result in full benefits not being realised

Ref	Project title	Exec Sponsor	Clinical Lead	Prgmm Lead	GATEWAY 1	Plan on a page completed	Milestones defined	KPIs defined	Financial phasing by month	Risks ID'd and quantified	Impact assessments done	Key stakeholders engaged	16/17 (£000)	17/18 (£000)	GATEWAY 2	16/17 (£000)	17/18 (£000)	YTD Plan (£000)	YTD Actual (£000)	Var	16/17 (£000)	Milestones on track	KPI's on track	Financial benefits on track	Risk Management	Impact assessment man.	Stakeholder management	Overall RAG	Comments for the attention of the [Senior Management Team]
011	Rightcare: MSK/Orthopaedics	Jim Hayburn	TM	AB	1	●	●	●	●	●	●				[dd/mm]												A	GREEN to AMBER due to: Project on track to be implemented April 2017. Service specification and KPIs are due to be finalised by end of March 2017. Testing of the cohort service model commenced January 2017. Condition specific pathways are in development and are due to be completed prior to the education event (March 2017). The MSK web portal and the website is in development and patient survey live. Staffing issues at the hospital could impact on dedicated time to the project. Finance Model currently in negotiation however, there is a gap c.£500k in the CCGs assumption compared to YTHFT. Actions to resolve: Project team working up impact that new elements within the model will have with regards to savings and whether or not this will encompass YTHFT increase in finance model. Project team will continue to monitor staffing levels as this could impact on the delivery of the new service model.	
009	Rigthcare: Gastroenterology	Jim Hayburn	SOC	AB	1	●									[dd/mm]													Grey due to: Project on hold due to loss of resource. Project will form part of the collaborative planned care programme with YTHFT. Collaborative meeting to discuss next steps due to take place Feb/March 2017. Actions to resolve: Project team to agreed and programme scoped following collaborative meeting with YTHFT.	
008	Rigthcare: CVD	Jim Hayburn	SOC / KG	AB	1	●									[dd/mm]													A AMBER due to: 'NHSE RightCare has agreed to produce a casebook on the successful clinical engagement the CCG has done to be shared nationally with other CCGs –scheduled to be developed in March. NHSE's Clinical Director for CVD Prevention has endorsed the VOYCCG's CVD programme and offered to support with the CVD campaign. RightCare have agreed to contribute financially to the development of our Healthy Hearts website and PR materials and offered additional support from their RightCare communications manager. The CVD overview and 'Cholesterol - Statin Optimisation' project was presented to Executive Committee 15 February 2017. The cholesterol project was supported; however, this needs to be taken through the mainstream change programme which JH oversees and connect this contractually with the acute trust so the NET impact is reflected in the contract. JH to discuss at contractual level with York Trust with support from CD and SOC. An AF GP education event was held on 15 February 2017. The AHSN have committed to provide an AF quality improvement resource (facilitators/equipment) in primary care for up to 10 GP practices which was launched at the GP event. So far, 8 GP practices have registered their interest to join wave one which will be available to commence from March 2017. Actions to resolve: AHSN recruit additional GP practices to participate in AF improvement programme.	
Main Programme schemes (sub total)																													
Other Programme schemes					13																								
Total value																													
Pipeline																													

Overall RAG Rating	
G	Project on track to deliver full benefits
A	Minor issues that may result in full benefits not being realised
R	Significant project issues likely to result in full benefits not being realised