

PMO: QIPP Scheme Report Month 6 2016/17 Updated on 13.10.16 for CCG Quality and Finance Committee 20.10.16										YTD			Forecast Outturn				
Programme Area/Scheme Name	Clinical Lead	Project Lead	Ref	Is the scheme in delivery?	Programme RAG rating of Scheme	Delivery Start Date	Immediate Key Risks	Mitigation Actions	Planned savings £000	Expected savings £000	Actual savings £000	Planned savings £000	Expected savings £000	Actual savings £000	Finance RAG rating	Risk Adj. FOT	
PRIMARY CARE																	
DVT	TM	SM	PC3	Y		Oct-16	Risk to the delivery of savings specific to DVT within the Ambulatory Care Unit block contract	CCG Contracting and Finance teams to analyse cost and activity data to understand whether alternative conditions, under consideration by the Urgent Care working group, could be managed within in the Ambulatory Care Unit block contract. Revised approach to contract would be needed.	0	0	0	17	0	0	R	0	
Anti-Coagulation service	TM	SM	PC1	N	A	Nov-16	Risk to the delivery and pace of planned savings if practice take up of the Anticoagulation contract and movement of patients out of the hospital service and into local GP services is not rapid enough. Delivery has been delayed by approximately 8 weeks.	CCG to work with and provide support to Vale of York Clinical Network to encourage Practices to offer the service to their registered patients as quickly as possible.	39	0	0	118	65	65	GA	49	
GP IT - NYNET	TBC		TBC	N		From 2017											
URGENT CARE																	
Non Contracted Activity	AP	LSm	U4	Y		Jul-16	Any planned reductions in non-contacted activity continue to be at risk although the CCG is undertaking a detailed financial forecast.	This area of CCG expenditure is currently under spending and undergoing thorough review and monitoring	89	89	52	267	267	267	GA	200	
Paediatric Zero Length of Stay	AP	HW	U1	Y		Oct-16	Communications to GPs and other health care professionals still required. Further pathways to be implemented.	Engagement work with all GPs and proactive nurses is on-going. Further pathways planned to add to existing four.	0	0	0	34	34	34	GA	25	
RightCare - Trauma & Injuries	AP	AB	U6	N		From 2018			0	0	0	37	0	0	R	0	
RightCare - Circulation (CVD)	SOC	CD	U7	N		From 2017			0	0	0	70	0	0	R	0	
ED Front Door	AP	BC	U2	Y		Jul-16	Navigation from YTH staff not effective, provision of primary care in ED not supported	Fortnightly meetings on-going, review of activity and finance data taking place monthly, activity of all staff being reviewed, monthly quality and governance meetings commencing.	30	0	0	91	0	0	R	0	
Urgent Care Practitioners	AP	BC	U3	Y		Apr-16	Effective use of the team through number of referrals from YAS, monitoring data accuracy	Pressing hard for revised KPIs or better referral management from YAS and NHS111 currently, monitoring data takes place monthly at CMB	76	76	84	76	76	84	G	84	
INTEGRATION AND COMMUNITY																	
Review of community inpatient services	TM	FB	IC2	N	A	Dec-16	Project delayed to original plan, which will impact on the level of savings realised in-year	Formally raised at CMB to request Trust to provide evidence of any additional internal efficiencies to off-set reduction in savings and also to make it clear to the Trust that savings of £333k would be delivered.	0	0	0	333	333	0	R	0	
Integrated Care Team Roll-out	TM	FB	IC1	N	A	Dec-16	Involvement from other practices to work to current YICT model, Vale of York Clinical Network governance and processes in place to monitor effectively, rapid activity changes to perform against QIPP expectations	Discussions now underway at Accountable Officer level re an Accountable Care System and alignment of the Provider Alliance Board, Clinical executive and Integrated Transformation Board in to a new Accountable Care Board. York Integrated Care Team undertaking a phased roll out to all City of York practices between 1st November and 31st March 2017.	0	0	0	378	378	378	A	189	
Wheelchairs & Community Equipment	TM	LS	IC3	Y	G	Dec-16	Estates need to be clarified for further provision, standard mobilisation risks around TUPE and systems change	Close monitoring of procurement process, robust KPIs in against contract, clear mediation and comms between old and new providers	0	0	0	118	222	222	G	222	
RightCare - Respiratory (COPD)	SOC	TBC	IC8	N		From 2017			0	0	0	17	0	0	R	0	
Community Diabetes	SOC	AB	IC9	Y		Apr-16	Service not delivering expected savings.	Review to highlight potential changes to existing service and I&I Team work up scheme to deliver such changes	75	0	0	149	75	0	R	0	
Community IV	AP	JR	IC7	N	R	Jun-16	YTHFT not engaging to support current limited arrangement for IV provision, and not engaging to work with CCG on next steps to rollout further. Risk to the planned savings of the scheme, as determined by pilot data: Trust information indicates that this would be an additional cost to the CCG if full schemes was implemented.	Discussion with senior teams at Contract Management Board to outline way forward including YTHFT have been asked again to respond with a cost neutral plan for progression from the pilot to full scale scheme.	20	0	0	50	0	0	R	0	
Patient Transport - contracting review	AP	BC	IC5	Y		May-16	Costs of new team more than previous arrangement with YorMed, reliant on internal procedures at YTHFT being consistent and robust. Awaiting May transport recharge details from YTHFT. Limited data has been received and used to calculate an estimated saving but this cannot yet be evidenced and invoices have not yet been received or agreed.	Monitoring activity/finance data weekly, working in partnership with YTHFT to ensure procedures reviewed and implemented	42	42	61	92	92	135	G	135	
Community Podiatry	TM	LS	IC4	N	G	From 2017	Multiple risks identified as part of shared procurement exercise.	Robust procurement process management, close relationship with CCG partners and stakeholders, monitoring procurement against plan.	0	0	0	0	0	0	R	0	
PRESCRIBING																	
Branded generics	SOC	LA	PS2	Y	A	Sep-16	Policy on branded generics needs final approval. Not all practices have agreed to do branded generic switches. Only one FTE person actively completing switches in practices.	LMC have agreed to support the branded generic policy, aim to use LMC support to encourage all practices to participate. Plan to ask Clinical Exec team to approve policy with ratification at Governing Body in November.	173	0	0	519	162	104	A	52	
Therapeutic switches	SOC	LA	PS1a	Y	A	Apr-16	None	None required	200	1	0	400	325	325	GA	244	
Repeat prescriptions	SOC	LA	PS1b	Y	A	Oct-16	Community Pharmacies and GP Practices may not follow the policy and hence no reduction in number of items dispensed. CCG have no 'authority' over either of these parties on this matter. Hard to measure, has been agreed to look at reduction in items.	Combined with medicines waste campaign, attempt to raise awareness of problems with GP Practices, Community Pharmacies and the public. Consider introduction of an approach successful elsewhere (Coventry/Sheffield)	200	2	0	400	200	200	R	50	
Glucoc Rx - Diabetic Prescribing	SOC	LA	PS3	Y	G	Jul-16	Practices do not complete because not concerned regarding losing KPI payment	Data being shared regarding who has completed switch in an attempt to encourage all to complete	149	3	20	297	156	123	GA	93	

PMO: QIPP Scheme Report Month 6 2016/17 Updated on 13.10.16 for CCG Quality and Finance Committee 20.10.16										YTD			Forecast Outturn				
Programme Area/Scheme Name	Clinical Lead	Project Lead	Ref	Is the scheme in delivery?	Programme RAG rating of Scheme	Delivery Start Date	Immediate Key Risks	Mitigation Actions	Planned savings £000	Expected savings £000	Actual savings £000	Planned savings £000	Expected savings £000	Actual savings £000	Finance RAG rating	Risk Adj. FOT	
Minor Ailments Prescribing	SOC	LA	PS7	N	A	Oct-16	GP practices can ignore the policy if they wish. Makes an assumption that policy will be adopted and reduction in prescribing in products for minor ailments. No capacity to review current prescribing to see if it can be stopped.	Request to increase the capacity of the Medicines Management Team to support practices with this. LMC support so will use data sharing/ peer review to encourage GP practices to support.	63	4	0	138	100	75	R	19	
Continence & Stoma Care	SOC	JR	PS4	Y	A	Jul-16	No universal take-up from all practices, patient acceptance of new systems, availability of community nurse provision including prescribing	Evidence from pilot available by end of Oct, findings to be shared. Patient engagement to continue to take place, on-going discussions with YTHFT re availability of nursing provision for both stoma and continence.	13	5	0	38	52	48	GA	36	
SIP Feeds	SOC	CD	PS6	Y	G	Apr-16	None	None	60	6	98	120	80	204	G	204	
Dressings	SOC	SK	PS5	Y	A	Oct-16	Risk that Non Medical Prescriber costs remain in a block contract, so savings not achieved. Further roll out need to Practice Nurses	Finance and contracting exploring impact of NMP costs being in block contract. Monitor further roll out.	0	7	10	63	63	53	GA	40	
Rebate Scheme	SOC	LA	TBC	Y	G	Oct-16	Risk to delivery of savings at planned level, due to availability and value of rebates.	Work to identify savings where available.	0	8	0	0	100	100	GA	75	
Waste Campaign	SOC	LA	TBC	Y		Aug-16	Issue regarding evidencing savings	Work to identify savings where available.	0	9	0	0	0	0	R	0	
Gluten Free Further Restrictions	SOC	JR	TBC	N		From 2017											

PLANNED CARE																
Programme Area/Scheme Name	Clinical Lead	Project Lead	Ref	Is the scheme in delivery?	Programme RAG rating of Scheme	Delivery Start Date	Immediate Key Risks	Mitigation Actions	Planned savings £000	Expected savings £000	Actual savings £000	Planned savings £000	Expected savings £000	Actual savings £000	Finance RAG rating	Risk Adj. FOT
Faecal Calprotectin	SOC	SMA	PC4	Y	A	Oct-16	Delays in implementation start date due to availability of capacity within Hospital Laboratories will affect QIPP projected savings, however, as scheme is against contract baseline, delivery against plan is envisaged	None, however good internal monitoring and data to be shared at 3 and 6 months	53	9	0	105	53	53	GA	39
Dermatology Indicative Budgets	SOC	AB	PC2	Y		Apr-16	None identified	None required	50	50	20	100	108	66	G	66
High Cost Drugs & Devices Review	SOC	LSm	PL3	N		From 2017			268	0	0	535	0	0	R	0
YTHFT follow up ratio	SOC	LSm	PL13	N	R	Apr-16	No specific schemes identified and would require agreement with YTHFT	Further exploration and discussion with YTHFT	351	351	0	703	703	0	R	0
Biosimilar Etanercept (YTHFT)	SOC	YTHFT	PL5	Y	A	Apr-16	Savings not at planned levels due to lead-in time	Trust has switched all patients to new drugs	144	144	45	287	287	287	GA	215
Biosimilar Infliximab & Etanercept (LTH)	SOC	LTHT	PL4	Y	G	Apr-16	None identified	Trust has switched all patients to new drugs	22	22	22	44	44	44	G	44
RightCare - Diabetes	SOC	N/A	PL6	N		N/A	Scheme not going ahead - has been preceded by the Community Diabetes Scheme		0	0	0	11	0	0	R	0
RightCare - Orthopaedics	TM	N/A	PL1	N		From 2017	Incorporated within MSK service schemes		0	0	0	192	192	0	R	0
RightCare - Gastro	SOC	PHE	TBC	N	A	From 2017	Reliance on on-going engagement from YTHFT, achievement of savings with GP engagement	Discussions continuing with YTHFT, escalation as necessary, GP comms and engagement to be part of implementation plan								0
ENT	SOC	YTHFT	PL2	N	R	Dec-16	Business case not supported by YTHFT and therefore not delivering against proposed revised contracting arrangements	Clarification of costing's requested from the Trust. Escalated, with Finance and contracting leading on negotiations.	19	19	0	58	26	26	R	6
POLCV - Hips & Knees	SOC	JR	PL8	N	A	Jan-17	Implementation delayed 6 weeks due to NHSE considering thresholds. If scheme not implemented by 31/12/2016 financial savings at risk to deliver in year due to number of patients on waiting lists outside of new thresholds.	20/10/2016 NHSE confirmed assurance of work associated with thresholds.	0	0	0	0	332	332	A	166
POLCV - Cataract Surgery	SOC	JR	PL9	N	R	Jan-17	Finances dependant on successful implementation. Risk of reputational damage given political sensitivity of the scheme.	Implementation date of scheme to be determined following hips and knee thresholds. As part of implementation - plan to agree effective communication and engagement process to be developed.	0	0	0	0	75	75	R	19
POLCV - Breast Reconstruction	SOC	JR	PL10	N		TBC	Risk to implementation date due to decision making processes and timescale. Contractual implications will arise and require addressing.	Best evidence will be presented and decisions taken at earliest opportunities.	0	0	0	0	0	0	R	0
Direct Access Radiology	SOC	HW	PL11	N	A	Jan-17	Risks to success of current pilot scheme and future roll out. Further guidelines required. Baseline referrals data required.	On-going monitoring of pilot required, improvements to referral forms and data collection	0	0	0	0	0	0	R	0
Review IVF commissioning	EB	SK	PL12	N		TBC	On hold		0	0	0	0	0	0	R	0
POLCV - Smoking cessation 'pause'	SOC	JR	TBC	N		From 2017										
Consultant Connect	SOC	AB	TBC	N		From 2017										

PMO: QIPP Scheme Report Month 6 2016/17 Updated on 13.10.16 for CCG Quality and Finance Committee 20.10.16							YTD			Forecast Outturn			Risk Adj.			
Programme Area/Scheme Name	Clinical Lead	Project Lead	Ref	Is the scheme in delivery?	Programme RAG rating of Scheme	Delivery Start Date	Immediate Key Risks	Mitigation Actions	Planned savings £000	Expected savings £000	Actual savings £000	Planned savings £000	Expected savings £000	Actual savings £000	Finance RAG rating	Risk Adj. FOT
Arthroscopies	SOC	JR	TBC	N		From 2017										

MENTAL HEALTH & CONTINUING HEALTHCARE																
Reduction in section 117 spend	LB	PH	M1	Y		Apr-16	A lack of capacity within the PCU is restricting the target number of reviews completed. Risks remain on the potential for reviews to highlight packages of excessive provision as well as insufficient provision. Risks remain on potential adverse effect on the social care contribution, where cases are joint funded with a Local Authority	Ensure appropriate staff attend review meetings and work is undertaken on identifying care provided in other settings by Health. Ensure benchmarking enhanced through discussion with other CCGs.	125	125	0	250	250	0	R	0
Continence Supplies	LB	PH	C1	Y		Sep-16	NHS Supply Chain are working to implement the agreed actions in relation to alternate monthly deliveries. Nursing home providers are required to store twice the volume of products.	Partnership Commissioning Unit (PCU) confident of meeting delivery targets now that the alternate month deliveries have commenced and savings should begin to be evidenced.	16	0	0	33	35	35	R	9
Joint Funded CHC review	MC	PH	TBC	N	A	Jan-17	Risks remain on potential adverse effect on the social care contribution, where cases are joint funded with a Local Authority	Ensure appropriate staff attend review meetings and work is undertaken on identifying care provided in other settings by Health. Ensure benchmarking enhanced through discussion with other CCGs.	0	0	0	0	425	0	A	0
CHC review	LB	PH	C2	Y		Apr-16	A lack of capacity within the PCU is restricting the target number of reviews completed. Risks remain on the potential for reviews to highlight packages of excessive provision as well as insufficient provision. Risk remain to the delays to implementing a change in care packages	Ensure appropriate staff are engaged to undertake review.	240	240	0	722	722	166	A	83
Respecification of May Lodge	LB	PH	C3	Y		Oct-16	Risk to delivery of identified savings. Very sensitive project.	Respecification still to be finalised, but due now during Q4 as all children's care packages are currently being reviewed.	6	6	0	12	12	36	R	9
Personal Health Budgets	MC	PH	TBC	N		From 2017										

RUNNING COSTS																
Running costs review & financial controls	TP		B1	Y		Apr-16	None identified	None required	375	375	185	750	750	235	G	235
Embed contract savings	TBC		TBC	N		From 2017										

Total identified QIPP									2,895	1,592	596	7,620	6,791	3,772		2,608
Additional YTHFT schemes	TBC	TBC	TBC	N	R	TBC	Risks to development of sufficient schemes and within timescale	CCG focussing on potential schemes with highest viability - described in Financial Recovery Plan and as Pipelines schemes	0	0	0	4,000	4,000	0	R	0
Unidentified QIPP	TBC	TBC	TBC	N	R	TBC	Risks to development of sufficient schemes and within timescale	CCG focussing on potential schemes with highest viability - described in Financial Recovery Plan and as Pipelines schemes	0	0	0	580	1,409	0	R	
Total QIPP requirement									2,895	1,592	596	12,200	12,200	3,772		2,608

QIPP Progress RAG Rating	in Year
Scheme now in Delivery and Finance-assigned RAG; OR scheme deferred to 2017/18 or stopped.	
Progress on track, no slippage to timescales within current stage.	G
Progress subject to minor slippage, minor impact on completion actions within current stage.	A
Progress subject to major slippage; major impact on completion of actions within current stage.	R

Planned savings' is the saving included in the 2016/17 financial plan
'Expected savings' are the most up to date savings and may be different from those included in the financial plan following development of a business case or changes to assumptions used in the financial plan

QIPP Finance RAG rating key	in Year	Risk Adjusted
No RAG rating required - schemes is in delivery OR deferred to 2017/15		201/17
In delivery and on track	G	100%
In delivery, savings expected to be in line with expected but not yet evidenced	GA	75%
Finances fully worked up but delivery not on track	A	50%
Finances not yet fully worked up, business case to do	R	25%

Key to Clinical Leads	AP	Dr Andrew Phillips
	SOC	Dr Shaun O'Connell
	LB	Dr Louise Barker
	TM	Dr Tim Maycock
	TP	Tracey Preece
	MC	Michelle Carrington
Key to Project Leads	SM	Shaun Macey
	HW	Helen Williams
	CD	Carl Donbavand
	BC	Becky Case
	FB	Fiona Bell
	LS	Lindsay Springall
	AB	Andrew Bucklee
	JR	Julie Ryan
	LA	Laura Angus
	SK	Sarah Kocinski
	SMA	Stacey Marriott
	PHE	Paul Henry
	PH	Paul Howatson
	Lsm	Liza Smithson
	LTHT	Leeds Teaching Hospitals Trust
	YTHFT	York Teaching Hospitals FT