

Total value - - 1,620 - 897 183 (714) 552

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	KPIs on track	Financial benefits on track	Rik Management	Impact assessment man.	Stakeholder management	Overall RAG
													16/17 (£000)	17/18 (£000)		16/17 (£000)	17/18 (£000)	YTD Plan (£000)	YTD Actual (£000)	Var								
PC4	Faecal Calprotectin		SOC	AB	1										1	53	53	9	-	(9)	53	●	●	●	●	●	A	
PC2	Dermatology Indicative Budgets		SOC	AB	1										1	100	75	53	(22)	93	93	●	●	●	●	●	A	
PL13	YTHFT Follow Up Ratio		SOC	AB	1										1	703	527	-	(527)	-	-							
PL5	Biosimilar Etanercept (YTHFT)		SOC	F&C	1										1	287	215	104	(111)	163	163	●	●	●	●	●	A	
PL4	Biosimilar Infliximab & Etanercept (LTH)		SOC	F&C	1										1	44	33	26	(7)	44	44	●	●	●	●	●	G	
PL2	ENT & Audiology Virtual Clinics		SOC	AB	1										1	26	39	-	(39)	-	-	●	●	●	●	●	R	
PL8	Thresholds - BMI & Smoking		SOC	AB	1										1	332	-	-	-	200	200	●	●	●	●	●	A	
PL9	Thresholds - Cataract Surgery		SOC	AB	1										1	75	-	-	-	-	-	●	●	●	●	●	R	
PL11	Direct Access Radiology		SOC	AB	1										1	-	-	-	-	-	-	●	●	●	●	●	G	

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

**Comments for the attention of the [Senior Management Team]**

**Remains AMBER due to:** 22 of 27 GP Practices are using the new pathway. The remaining 5 practices have experienced issues downloading templates onto clinical systems. Start date slippage will not affect total saving but in year delivery will not deliver in line with original plan. FOT value reflects start date slippage. October & November SUS data still to be analysed to identify actual savings, reported savings are currently in line with business case. KPI reporting due end of January 2017.  
**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. Finance and BI to analyse SUS data and provide update of actual savings in M10 QIPP reporting.

**Remains AMBER due to:** Finances remain slightly behind against plan however shortfall in YTD has remained static over the last month. 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.  
**Actions to resolve:** Project team to ensure dermatoscopes are delivered to practices by end of February 2017. Finance and contracting to continue monitoring of finances on a monthly basis.

**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.  
**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.

**Remains AMBER due to:** YTD variance increased from 100k to 111k. 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.  
**Actions to resolve:** Finance and contracting to continue monitoring of finances on a monthly basis.

**Remains GREEN due to:** Finance's YTD variance increased from 3k to 7k however FOT still on track to deliver full savings in year (44k).  
**Actions to resolve:** Finance to monitor variance of YTD figure throughout M10 to establish whether trend will continue.

**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.  
**Actions to resolve:** YTHFT to provide business case proposal that is cost neutral or cost saving.

**Remains AMBER due to:** BMI & Smoking thresholds went live 16 January 2017. Hips and Knees on track to be implemented w/c 30 January 2017. Hips and Knees communications due to go out to GP practices w/c 23 January 2017. Delays to original start date for QIPP savings (Nov 2016, now Mar 2017) and expansion of specialities (original figures were based on T&O only) have been reflected in M09 QIPP reporting (FOT 300k to 200k). Further analysis is being undertaken to build in any further savings on outpatient first attendances and ensure that current waiting times for each speciality are reflected in the forecast savings.  
**Actions to resolve:** Finance to reflect updated forecast saving in M10 QIPP reporting.

**Remains RED due to:** Following a meeting between the CCG and the ophthalmology clinical team it was suggested to investigate potential savings. 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.  
**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.

**Remains GREEN due to:** (Savings not planned for this scheme). Scheme is on track for full roll out end of Jan 2017 however, last minute amendments requested to the electronic referral process could delay implementation. Risk of GPs not utilising new electronic referral process once implemented. Monthly monitoring of KPI data from YTHFT in place.  
**Actions to resolve:** Project team to ensure project is rolled out end of January 2017 and monitor GP uptake of electronic referral process once implemented.

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																														(dd/mm)	(dd/mm)	(dd/mm)	(dd/mm)	(dd/mm)	(dd/mm)
011	Rightcare: MSK/Orthopaedics		TM	AB	1	●	●	●	●	●	●				(dd/mm)													G	<p><b>Overall RAG Rating</b></p> <table border="1"> <tr> <td>G</td> <td>Project on track to deliver full benefits</td> </tr> <tr> <td>A</td> <td>Minor issues that may result in full benefits not being realised</td> </tr> <tr> <td>R</td> <td>Significant project issues likely to result in full benefits not being realised</td> </tr> </table> <p><b>Green due to:</b> 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 will commence end of January. 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.</p> <p><b>Actions to resolve:</b> Project team to follow-up assurance that cohort service has commenced and pathways are on track to be completed by the agreed date at MSK board meeting (24/01/2017). Project team will continue to monitor staffing levels as this could impact on the delivery of the new service model.</p>	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
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009	Rigthcare: Gastroenterology			AB	1										(dd/mm)															<p><b>Green due to:</b> Regular meetings with the management and clinical leadership of general surgery and general medicine directorates are due to be scheduled for early 2017. Breakdown of ratio referrals has been requested from the trust. (GORD) and Dyspepsia guidelines are being re-worked to assist in the reduction of endoscopy referrals from primary care. Medicines Management team to review prescribing practice in guidance.</p> <p><b>Actions to resolve:</b> Project team to schedule meetings with the Trust and follow-up ratio referral data request.</p>					
	Rigthcare: CVD		SOC / KG	AB	1										(dd/mm)															<p><b>Green due to:</b> Plan on a page for overall rightcare CVD programme drafted (3 workstreams identified - cholesterol, AF &amp; Hypertention), financial input to be completed w/c 16 January 2017. Programme on track to start delivering improvement plans by April 2017. Plan on a page for the cholesterol management workstream drafted and 1<sup>st</sup> task and finish group due to meet 24 January 2017. AF/CVD GP education event due to be held 15 February 2017. Draft quote obtained for a 'Vale of York Healthy Hearts' website - development in progress. AHSN have committed to provide an AF quality improvement resource (facilitators/equipment) in primary care - wave 1 available from March 2017 for 10 GP practices.</p> <p><b>Actions to resolve:</b> Project team to meet with finance and complete plan on a page for programme by end of Jan. AHSN recruit GP practices to participate in AF improvement programme.</p>					
<b>Main Programme schemes (sub total)</b>												-	-				1,620	897	183	(714)	552														
Other Programme schemes												-	-				-	-	-	-	-	-													
<b>Total value</b>												-	-				1,620	897	183	(714)	552														
Pipeline												-	-				-	-	-	-	-	-													