

Total value					-		-				
Ref	Project title	Exec Sponsor	Clinical Lead	Prgrmm Lead	GATEWAY 1	Expected value of scheme (reviewed by Finance Lead)	GATEWAY 2	16/17 (£000)	17/18 (£000)		
					Plan on a page completed	Milestones defined	KPIs defined	Financial phasing by month	Risks IDd and quantified	Impact assessments done	Key stakeholders engaged
u4	Non Contracted Activity		Andrew Phillips		1						
u1	Zero day length of stay (under 5s) / Paediatric Zero Length of Stay		Andrew Phillips	Becky Case	1						
U2	GP on Front Door of ED / ED Front Door - finances merged with UC.15 below		Andrew Phillips	Becky Case	1						
UC.15	Pharmacist in ED / ED Front Door - finances merged with U2 above		Andrew Phillips	Becky Case	1						
U3	UCP (York & North Yorkshire) / UC Practitioners - finances merged with BCF.06 below		Andrew Phillips	Becky Case	-						
BCF.06	UCP new care pathways / UC Practitioners - finances merged with U3 above		Andrew Phillips	Becky Case	1						
<b>Main Programme schemes (sub total)</b>											
Other Programme schemes					6						
<b>Total value</b>											
Pipeline											

229 -		271 84 (187)		118		
CONFIRMED TARGET (Gateway 2 sign off)		SAVINGS Year to Date (2016/17)			Forecast Outturn	
16/17 (£000)	17/18 (£000)	YTD Plan (£000)	YTD Actual (£000)	Var	16/17 (£000)	
89		178		(178)		
34		17		(17)	34	
30		-		-		
-						
76		76	84	8	84	
-						
229	-	271	84	(187)	118	
-	-	-	-	-	-	
229	-	271	84	(187)	118	
-	-	-	-	-	-	

Milestones on track	KPIs on track	Financial benefits on track	Risk Management	Impact assessment man.	Stakeholder management	Overall RAG
						A
						G
						A
						A
						A

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 [Senior Management Team]**

**Remains AMBER due to:** Month 9 finance report continues to reflect lower figures than expected. All Milestones/KPIs/risks are being set against/reported in other project lines, so these are now greyed out. This is not logged or monitored on Covalent.  
**Actions to resolve:** Finance to confirm figures and whether performance of associated project lines inter-relate. Remains part of future contract monitoring.

**Remains GREEN due to:** On track. 5 pathways implemented. The implementation plan for the UTI pathway went to CREC for approval in January and has now been uploaded. The development of the asthma pathway is underway and it is anticipated that this pathway will be ready for CREC in February/March. Data: disappointingly, the latest zero day length of stay data shows a rise in admissions from emergency GP source, as well as ED (13% increase). Communications have been sent both via GP comms and targeted e-mails to ensure effective use of pathways. On discussion with GPs some have raised that the new information around the potential of 'sepsis' may also have contributed to the increase in admissions from GPs being over cautious to admit. BI/contracting have requested a breakdown of admissions data by practice from the trust. Contracting now understand that the top diagnosis for paediatric ED admissions are coded generically as 'MVI' misc viral infection - preventing further analysis of data. The trusts consultant respiratory paediatrician is carrying out an audit to determine exact types of admissions to CAU which will highlight coding issues.  
**Actions to resolve:** PMO to look at the data from BI to rationalise the increase in admissions by practice to identify any need for further comms to promote effective use of pathways to practices with high numbers of admissions.

**Remains AMBER due to:** Updated data for Period to end of November shows 23% of patients are being streamed and 16% are being streamed to the Primary Care GP within ED. ED is still under severe pressure but the streaming is working well and minor illness patients are consistently being seen within the 4 hour target. Data has been received from finance around casemix but this still does not evidence the 'missing' cohorts of patients as the majority of patients do not have diagnosis coded - BI are currently working to retrieve data around the treatment so that the patient groups can be identified. To be reviewed with YDUC and YTHFT on 25/01.  
**Actions to resolve:** PMO awaiting 'treatment' data from BI to identify patient groups and any directions from YDUC and YTHFT on 25/01.

**Remains AMBER due to:** YTHFT have indicated they're not progressing this at present. CCG continues to work with the Trust to move this forward.  
**Actions to resolve:** AESG have confirmed their focus is on flow at present, will keep this project on hold as much smaller benefit to QIPP or performance. This issue will be addressed formally with the Trust at February AESG.

**Remains AMBER due to:** Contracting are currently monitoring this and negotiating next years contract. It is envisaged that the contract will be drawn up to identify payment for services on a cost per case basis however, over the last two months (since changes in NHS111 pathways have been implemented) activity has increased. Contracting aware of the need for a 'risk element' in the contract to ensure any over/under activity in service demand is identified and capacity made available.  
**Actions to resolve:** Contracting team to provide an update on the contract arrangements.

**Linked to the project above:** The community team project has been done, and is in delivery. YAS UCP operational lead has visited all DN teams and given them relevant information about the service. Comms ongoing. More posters went out to community teams during December, and will be offered at the next Partners in Care meeting 26/01.  
**Actions to resolve:** Monitor where possible to identify lapses in effective service.