

Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

Meeting Title	Commissioning Collaborative Board (Joint Committee) - Meeting in <u>Public</u>	Date	Thursday 22 November 2018
Meeting no.	10	Time	1:00pm – 1:55pm
Chair	Professor Farooqi– Leicester City CCG	Venue / Location	Conference Room, 8th Floor, LC CCG, St John’s House, 30 East Street, Leicester, LE1 6NB

REF	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
CCBP/18/86	Welcome and Introductions		Professor Farooqi		1:00pm
CCBP/18/87	Apologies for Absence: <ul style="list-style-type: none"> • Mr Clive Wood • Ms Gillian Adams 	To receive	Professor Farooqi	verbal	1:00pm
CCBP/18/88	Notification of Any Other Business	To receive	Professor Farooqi	verbal	1:00pm
CCBP/18/89	Declarations of Interest on Agenda Topics	To receive	Professor Farooqi	verbal	1:00pm
CCBP/18/90	To receive questions from the Public in relation to items on the agenda only	To receive	Professor Farooqi	verbal	1:05pm
GOVERNANCE ARRANGEMENTS					
CCBP/18/91	Minutes of the meeting held on 18 October 2018	To approve	Professor Farooqi	A	1:15pm
CCBP/18/92	Matters Arising: Update on actions from the meeting held on 18 October 2018	To receive	Professor Farooqi	B	1:20pm
ITEMS FOR DECISION, ACTION AND ESCALATION					
CCBP/18/93	Progress Update on QIPP Schemes	To receive	Spencer Gay	C	1:25pm
CCBP/18/94	End of Life Programme of Work	To agree	Tamsin Hooton	D	1:40pm
DATE OF NEXT MEETING					
The next meeting of the Commissioning Collaborative Board will take place on Thursday 20 December 2018, Conference Room, 8th Floor, Leicester City CCG, St John’s House, 30 East Street, Leicester, LE1 6NB					

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**LEICESTER, LEICESTERSHIRE AND RUTLAND CCGs COMMISSIONING
COLLABORATIVE BOARD**

**Minutes of the Public Commissioning Collaborative Board held on Thursday 18
October 2018 at 1:00pm in the Conference Room, 8th Floor, St John's House, 30 East
Street, Leicester, LE1 6NB**

PRESENT:

Dr Andy Ker	Vice Clinical Chair, East Leicestershire and Rutland CCG (Chairman)
Dr Nick Pulman	Deputy Clinical Chair, West Leicestershire CCG
Dr Rajesh Kapur	Deputy Clinical Chair, Leicester City CCG
Mr Toby Sanders	Managing Director, West Leicestershire CCG
Ms Sue Lock	Managing Director, Leicester City CCG
Mr Spencer Gay	Chief Finance Officer, WL CCG
Mrs Karen English	Managing Director, East Leicestershire and Rutland CCG
Mr Nick Carter	Independent Lay Member, Leicester City CCG
Mr Michael Ryan	Interim Director of Urgent and Emergency Care, West Leicestershire CCG
Ms Tamsin Hooton	Director Lead for Community Services Redesign
Mr Alan Smith	Independent Lay Member, East Leicestershire and Rutland CCG
Mrs Caroline Trevithick	Chief Nurse and Quality Lead West Leicestershire CCG
Ms Sarah Prema	Director of Strategy and Implementation, Leicester City CCG
IN ATTENDANCE	
Mr Richard Morris	Director of Corporate Affairs (CCBP/18/84)
Mrs Jayshree Raval	Commissioning Collaborative Support Officer, East Leicestershire and Rutland CCG (minutes)

ITEM	DISCUSSION	LEAD RESPONSIBLE
CCBP/18/77	<p>Welcome and Introduction Dr Ker welcomed members of the Commissioning Collaborative Board (CCB) members to the joint meeting of CCB in public. It was noted that there were no members of the public present at the meeting in the Public Gallery.</p>	
CCBP/18/78	<p>Apologies received The following apologies were noted:</p> <ul style="list-style-type: none"> - Professor Mayur Lakhani, Clinical Chair, West Leicestershire CCG - Mr Zuffar Haq, Independent Lay Member, Leicester City CCG - Dr Richard Palin, Clinical Chair, East Leicestershire and Rutland CCG - Professor Azhar Farooqi, Clinical Chair, Leicester City CCG - Ms Gillian Adams, Independent Lay Member, West Leicestershire CCG - Mr Clive Wood, Independent Lay Member, East Leicestershire and Rutland CCG - Mrs Michelle Iliffe, Director of Finance, Leicester City CCG - Dr Avi Prasad, Co-Chair, Leicester City CCG - Ms Donna Enoux, Chief Finance Officer, East Leicestershire and Rutland CCG 	

CCBP/18/79	<p>Notification of Any Other Business</p> <p>The Chairman had not received notification of any additional items of business.</p>	
CCBP/18/80	<p>Declarations of Interest on Agenda Items</p> <p>The Chairman reminded members of their obligation to declare any interest they may have on any business arising at committee meeting which might conflict with the business of NHS Leicester City CCG, East Leicestershire and Rutland CCG or West Leicestershire CCG.</p>	
CCBP/18/81	<p>To RECEIVE questions from the Public in relation to items on the agenda only.</p> <p>A question from Healthwatch Rutland had been sent to the Head of Corporate Governance and Legal Affairs at East Leicestershire and Rutland CCG on the "Consolidation of level 3 ICU and dependent service moves within Leicester's hospitals".</p> <p>Question: Having agreed that they did not adhere to the Gunning Principles at the outset on the re-provision of ICU beds at UHL, can the committee now give Healthwatch Rutland and Rutland people a public assurance that this will not be repeated and that there will be full public engagement and formal consultation on any other future changes affecting service provision?</p> <p>Response to the question was provided during presentation of the report.</p>	
CCBP/18/82	<p>To APPROVE the minutes of the Public Commissioning Collaborative Board meeting held on 16 August 2018 (Paper A)</p> <p>The minutes of the Public Commissioning Collaborative Board meeting held in August 2018 were approved as an accurate record of the meeting.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - APPROVE the minutes of the last meeting. 	
CCBP/18/83	<p>To RECEIVE the Matters Arising: actions from Commissioning Collaborative Board held on 16 August 2018 (Paper B)</p> <p>The matters arising following the meeting held on 16 August 2018 were received:</p> <p>There were no updates to be provided this month's meeting.</p> <p>"Approved Referral Pathway Policy" This short report was presented at CCB under matters arising as it was for information only.</p> <p>The report provided CCB with an update on the development of the Leicester, Leicestershire and Rutland (LLR) Approved Referral Pathway Policy (ARP). It highlighted:</p> <ul style="list-style-type: none"> - Feedback from the public and clinical engagement undertaken in August and September 2018. - The next steps in respect of the implementation of the ARP. 	

	<p>It was RESOLVED:</p> <ul style="list-style-type: none"> - RECEIVE the matters arising, and note the progress to date. - RECEIVE the Approved Referral Pathway Policy for Information 	
<p>CCBP/18/84</p>	<p>To RECEIVE Consolidation of level 3 ICU and dependent service moves within Leicester's hospitals (Paper C)</p> <p>Ms Lock presented the report which provided the background on the outcome reached for the consolidation of level 3 ICU. Ms Lock highlighted that in 2014/15 University Hospitals of Leicester (UHL) presented plans to consolidate level 3 ICU services to Leicester Royal Infirmary (LRI) and Glenfield General Hospital (GGH) facilities. She noted that this was on the basis that maintaining services across three sites was unsustainable and inefficient and more so the primary reason identified as lack of qualified clinicians to maintain safe service across the three sites.</p> <p>Ms Lock stated that at the time, the plans were supported by the Commissioners and the Health Overview and Scrutiny Committees (HOSC). Leicester City and Leicestershire County were also consulted in early 2015 and support was provided to the proposed changes. UHL then commenced the process of securing capital to undertake the work; however work could not be taken forward due to a national shortfall in capital funding.</p> <p>Ms Lock informed that capital funding was awarded in 2017 via the Sustainability and Transformation Capital Funding which made it possible for the plan to progress. Following securing funding the associated Outline Business Case (OBC) was approved by UHL's Governing Body which was also supported by the CCG's Governing Bodies in November 2017. A full Business Case was then approved by UHL and by the CCG Boards in the public part of their meetings in July 2018.</p> <p>It was noted that following approval of the full business case in July 2018, the joint HOSC queried why no formal consultation had taken place. Ms Lock explained that this question was posed by the Joint HOSC based on the length of time that had passed since the original decisions had been made in 2015. The HOSC members questioned the previously presented clinical case for urgent action, bearing in mind the length of time that the ICU had been able to remain open. Some members argued that the removal of Level 3 ICU services from the Leicester General Hospital (LGH) effectively pre-judges future planned consultation of the wider reconfiguration of Leicester's acute hospital estate. The Joint HOSCs came together at the beginning of September 2018 where a number of councillors expressed a desire for a retrospective consultation to now take place.</p> <p>Ms Lock informed CCB that the CCGs sought legal advice on the matter and the advice received was clear. It stated that carrying out a retrospective consultation would not be possible as the decision had been made and by consulting now, it would contravene the Gunning Principles as it was too late to influence the decision.</p>	

Consultation should take place while proposals are still at a formative stage. Given that decisions were taken in 2015, 2017 and 2018, this would clearly not be the case.

Ms Lock stated that any elongation of the process would lead to a continuation of the current clinical risks, which remain as high in the present day as they were in 2015. Furthermore additional costs would also be incurred to the scheme build as a result of any delay, whilst there is uncertainty as to whether the national capital would continue to be available to LLR.

Ms Lock explained that despite all the information provided to the joint HOSC by the CCGs and UHL, they came to the view that they were not convinced that any of the reasons given preclude the ability to carry out consultation in relation to ITU specifically. As such, the joint HOSC recommended that the CCGs and UHL pause the implementation of the planned ICU changes and undertake public consultation before continuing with the ITU changes.

Ms Lock highlighted that paragraph 23 on page 4 of the report details a series of temporary actions that have been put in place by LGH since the issue had been raised in 2014. She noted that the clinical sustainability issues cannot be dismissed just because UHL has managed to mitigate the risk successfully up until this point. The fact remains that the service is fundamentally as vulnerable today as it was then and to not take immediate steps to resolve these issues could be argued to be negligent on the part of both the CCGs and UHL, especially now that the capital is available.

Ms Lock informed that the CCGs and UHL recognise that opportunities have been missed to keep patients, the public and stakeholders aware of the issues and progress made in relation to the proposal to consolidate ICU services. For this they have publicly apologised. The only way to meet the Gunning principles and legal duties now would be to resile from earlier decisions. This may mean losing the capital funding, risk the destabilisation of the existing service, and increase scheme costs. It would also require a completely new process including re-making the decisions which would take at least 12 to 24 months.

In terms of next steps Ms Lock highlighted that it is believed that it would be appropriate to use the planned Better Care Together (BCT) Next Steps engagement events over the coming weeks to engage in broader discussions with patients and the public on the ICU proposals before contracts with the preferred provider are concluded. These events will provide the opportunity to discuss the implementation of the plans and explain the clinical need and urgency for the ICU changes to take place.

Lastly Ms Lock highlighted that the purpose of presenting the report is to confirm that the CCGs remain committed to the support provided for UHL's plan in 2014/15 and the formal decisions already made by each of the Governing Bodies in November 2017 and July 2018. Specifically, this included approving the outline business case in November 2017 and approving the full business case in July 2018.

The question from Healthwatch Rutland was reiterated again and response was provided as below:

Mr Morris stated that the legal advice provided is clear around the public consultation and as commissioners the CCGs are committed to discharge those statutory duties in ensuring that public consultation takes place appropriately. On this occasion as highlighted during the presentation, the legal advice provided was clear that consultation must take place at the time the proposal is still at a formative stage. Furthermore he recapped on some of the reasons provided during the presentation.

Furthermore Mr Morris highlighted that it is believed that it would be appropriate to use the planned Better Care Together (BCT) Next Steps engagement events over the coming weeks to engage in broader discussions with patients and the public on plans for the reconfiguration of the City's hospitals and maternity services, including the ICU proposals.

Dr Ker stated that it is important to note that a blank assurance cannot be provided that there will always be consultation prior to any service change. He however provided assurances to Rutland Healthwatch, that each service that may require change/s in the future would be reviewed on the basis of clinical case and as commissioners; the CCGs will act in the patients' best interest. This means that in some instances, an immediate action may be required to ensure patient safety.

Some of the CCB members highlighted the following points that:

- The fact remains that the service remains fundamentally as vulnerable today as it was then.
- The service has been managing by putting in place a series of temporary measures.
- Not taking immediate steps to resolve the issues could be seen to be negligent on the part of both the CCGs and UHL.
- Prolonging or pausing the implementation of the plans may result in the national capital being withdrawn. Furthermore the pause will incur additional costs and a delayed process.
- CCGs are committed to involving patients, public and stakeholders in proposed changes, especially those that are likely to result in significant changes in regards to service delivery.
- It is recognised that opportunities have been missed to keep patients, the public and stakeholders aware of the issues and progress made in relation to the proposal to consolidate ICU services and for that, both UHL and CCGs have publicly apologised.
- The joint HOSC requested that decisions on future service changes should not only be based on the clinical case but should be balanced with social and economic factors as well. This point has been taken on board.

Mr Sanders highlighted the HOSC's question regarding the length of time that had passed since the original proposals were put forward and approved in 2014/15. They felt that the situation was

	<p>not as clinically urgent as they had been originally led to believe. Mr Sanders felt that it was crucial to explain the timelines. He stated that since 2015, it has taken over 19 months to receive the national funding in order to take the plans to the next stage. Once funding was received an outline business case was approved by the UHL Governing Bodies towards the end of 2017 and a full business case was then approved by the CCGs Governing Bodies in July 2018.</p> <p>Dr Ker summarised the discussions, highlighting that the CCGs remain committed to supporting UHL to proceed with the plans.</p> <p>CCB members suggested that Mr Morris obtains some case studies at the coming engagement events for the benefit of patients, the public and stakeholders, to provide a better understanding of the changes about to take place. It was agreed that having UHL clinicians at the events to present a clinical view would be valuable.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - RECEIVE the report and support the recommendations provided within the report. <p>Mr Morris left the meeting.</p>	
<p>CCBP/18/85</p>	<p>To RECEIVE Progress Update on QIPP Schemes (Paper D)</p> <p>Mr Gay presented the paper which outlined progress since the last meeting. He noted that at month 6 the LLR CCGs are forecasting under-delivery on the QIPP plan for 2018/19 of £0.525m. CCB noted that a QIPP recovery plan is being developed with the aim of ensuring full delivery of the total QIPP plan.</p> <p>Mr Gay stated that Senior Responsible Officers (SROs) have submitted workbooks for QIPP schemes, including risk adjusted forecasts of the likely financial delivery for the year. These workbooks have been reviewed and their contents analysed by the LLR Programme Management Office (PMO)</p> <p>Mr Gay explained that the forecast out-turn of £58m across LLR has moved adversely from month 5 by £1.7m. The major reason for this is non/reduced delivery of recently identified QIPP recovery schemes. The forecast out-turn in relation to the mitigation schemes deteriorated by £2.273m during the month. There have also been movements in original QIPP scheme forecasts during the month, both adversely and favourably, resulting in an overall favourable movement of £0.573m.</p> <p>Mr Gay highlighted that Leicester City (LC) CCG is reporting an over delivery against plan of £0.944m, East Leicestershire and Rutland (ELR) CCG is reporting full delivery and West Leicestershire (WL) CCG an under delivery of £1.468m. Mr Gay stated that it is worth noting that ELR CCG's full delivery includes a forecast delivery of £590k for schemes which are yet to be identified.</p> <p>Furthermore it was noted that on a positive note NHS England have now de-escalated the LLR CCGs QIPP plans which were</p>	

previously under close scrutiny since August 2018. Mr Sanders highlighted that although NHS England have de-escalated the CCGs in regards to the QIPP plan, it is vital to ensure that direction of travel and the speed at which the work is being taken forward is not lost.

CCB requested that a further update be provided at the November 2018 CCB, to include information on the wider spend across the different areas.

It was **RESOLVED** to:
- **RECEIVE** and **NOTE** the report.

Meeting concluded at 1:47pm.

Date of Next Meeting

Thursday 22 November 2018, in the Conference Room, 8th Floor, St John's House, 30 East Street, Leicester, LE1 6NB

Leicestershire CCG to Chair the meeting from September – December 2018 Inclusive.

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Commissioning Collaborative Board (CCB)

Key

Public Action Notes

Completed	On-Track	No progress made
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Minute No	Meeting Date	Item	Responsible Officer	Action Required	To be completed by	Progress as at 22 November 2018	Status
CCBP/18/75	August 2018	Lessons Learnt to improve Care Clinical Quality Audit	Caroline Trevithick	Progress update on the action plan to be provided to CCB in December 2018	December 2018	Work in progress	AMBER
CCBP/18/85	Oct 2018	Progress Update on QIPP Schemes	Mr Gay	Further update be provided at the November 2018 CCB which includes information on the wider spend across the different areas.	November 2018	Further update will be provided at the November 2018 CCB. Action closed.	GREEN

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COMMISSIONING COLLABORATIVE BOARD

PAPER C

Title of the report:	LLR Programme Management Office (PMO) and Finance, Quality, Innovation, Productivity and Prevention (QIPP) Report
Report to:	Commissioning Collaborative Board
Section:	Public
Date of the meeting:	22 November 2018
Report by:	Sarah Ferrin, Head of Financial Planning & Project Delivery Nigel Brady, PMO Manager
Sponsoring Director:	Spencer Gay, CFO West Leicestershire CCG
Presented by:	Spencer Gay, CFO West Leicestershire CCG

Report supports the following LLR CCG's goal(s):			
Improve health outcomes	✓	Improve the quality of health-care services	
Use our resources wisely	✓		

CCG Involvement to date:

	City	East	West	Insert name of any other groups ie ECN
Clinician	N/A	N/A	N/A	
Manager	PMO – C Nixon	PMO – C Richardson	PMO – N Brady	QAG, CFO's

SUMMARY:

Leicester, Leicestershire and Rutland Clinical Commissioning Groups (LLR CCGs) are forecasting an under delivery of the QIPP plan for 2018/19 of £2.767m, an adverse movement of £2.243m from last month.

Leicester City (LC) CCG is reporting an over delivery against plan of £0.458m, East Leicestershire and Rutland (ELR) CCG is reporting an under delivery of £1.661m and West Leicestershire (WL) CCG an under delivery of £1.564m.

Work is in progress to further develop the 2019/20 QIPP programme through the planning and contracting process.

RECOMMENDATIONS:

The Commissioning Collaborative Board is asked to:

- **NOTE and DISCUSS** the content of this report

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- Appendix 3: Full LLR QIPP Dashboard
- Appendix 4: Full LC CCG QIPP Dashboard
- Appendix 5: Full WL CCG QIPP Dashboard
- Appendix 6: Full ELR CCG QIPP Dashboard

1. QIPP Delivery

1.1 Introduction:

Senior Responsible Officers (SRO's) have submitted workbooks for QIPP schemes, including risk adjusted forecasts of the likely financial delivery for the year. These workbooks have been reviewed and their contents analysed by the LLR PMO. This report highlights key points and items of interest from these workbooks.

1.2 Month 7 Position

Month 7 position as reported by SRO's at the start of November 2018 and following review by CFOs indicated QIPP achievement of £34.507m year to date and forecast £55.433m achievement by the end of the year against plans of £29.544m and £58.200m respectively. This is shown at summary level in tables 1 and 2 below.

TABLE 1 - Summary Performance by Programme Area

Programme Area	YTD Plan (£'000)	YTD Actuals (£'000)	YTD Variance (£'000)	Annual Plan (£'000)	Forecast Outturn (£'000)	Annual Variance (£'000)	Annual variance %
CHC	(3,946)	(5,956)	(2,009)	(6,769)	(8,224)	(1,455)	22%
Community	(1,523)	(640)	882	(3,993)	(1,529)	2,464	-62%
Community Services Redesign	(202)	0	202	(1,334)	(112)	1,222	-92%
Contracting	(2,762)	(1,980)	782	(5,072)	(3,674)	1,398	-28%
Corporate	(1,256)	(813)	443	(2,415)	(1,336)	1,079	-45%
Finance	(3,007)	(9,072)	(6,065)	(5,235)	(11,553)	(6,318)	121%
Integrated Teams workstream	(1,149)	65	1,214	(1,973)	(470)	1,502	-76%
Medicine Management	(6,990)	(8,252)	(1,262)	(12,841)	(12,504)	337	-3%
Mental Health/LD	(1,841)	(2,255)	(413)	(4,074)	(4,356)	(282)	7%
Planned Care Workstream	(2,126)	(1,297)	829	(5,874)	(2,790)	3,083	-52%
Primary Care	(2,896)	(2,894)	1	(5,321)	(6,240)	(919)	17%
Urgent Care Workstream	(1,847)	(1,413)	434	(3,301)	(2,645)	656	-20%
Grand Total	(29,544)	(34,507)	(4,963)	(58,200)	(55,433)	2,767	-5%

This can be broken down by CCG as follows:

TABLE 2 - Summary Performance by CCG

CCG	YTD Plan (£'000)	YTD Actuals (£'000)	YTD Variance (£'000)	Annual Plan (£'000)	Forecast Outturn (£'000)	Annual Variance (£'000)	Annual variance %
ELR	(9,458)	(10,819)	(1,362)	(19,647)	(17,986)	1,661	-8%
LC	(9,487)	(11,529)	(2,042)	(18,055)	(18,513)	(458)	3%
WL	(10,600)	(12,158)	(1,559)	(20,498)	(18,934)	1,564	-8%
Grand Total	(29,544)	(34,507)	(4,963)	(58,200)	(55,433)	2,767	-5%

The forecast out-turn of £55.433m across LLR has moved adversely from month 6 by £2.243m. Table 3 below outlines the main movements in month by CCG:

TABLE 3 - Movement in Month				
	LLR (£'000)	ELR (£000)	WL (£'000)	LC (£'000)
Favourable Movements:				
Pathway 3	(569)	0	(295)	(275)
Budget review/plan assumptions (WL CCG)	(372)	0	(372)	0
Community Equipment	(146)	(53)	(50)	(43)
S117/AHP	(256)	(76)	0	(180)
LD Pool	(181)	(82)	(99)	0
Adverse Movements:				
Coding & Counting (Mitigation Scheme)	199	72	52	74
ELR Agency Spend	106	106	0	0
Urgent Care Schemes (Mitigating Schemes)	239	67	2	170
Pathway Redesign (Planned Care)	986	118	397	471
High Cost Drugs	329	115	107	107
CCG efficiencies (WL CCG)	254	0	254	0
ELR Primary Care Stretch	591	591	0	0
ELR Unidentified QIPP	590	590	0	0
ELR Prescribing	147	147	0	0
IAPT (WL CCG)	77	0	77	0
MH OOA	272	67	59	146
Other	(23)	(1)	(37)	15
Total Movement	2,243	1,661	96	486

The main adverse movement across LLR relates to the Pathway Redesign scheme within Planned Care (£0.956m). The original forecast of £1.3m has been reduced to £0.350m following a review of the progress in reducing follow ups and contractual negotiations. The PMO were aware of the risks around this scheme and in previous months had reported an assured value of £0.300m which correlates to this reduction in forecast.

The other major adverse movements are specific to ELR CCG and relate to primary care (£0.591m), prescribing (£0.147m) and unidentified QIPP (£0.590m).

LC CCG is reporting an over delivery against plan of £0.458m, ELR CCG is reporting an under delivery of £1.661m and WL CCG an under delivery of £1.564m.

The QIPP programme across LLR is over delivering to date by £4.963m, however forecasting a shortfall of £2.767m by the year end. Appendix 1 shows the monthly profile of the QIPP delivery by LLR and by CCG. The main reason for over delivery to date is the full delivery of schemes 8 and 'NEW G' which has delivered £6.424m in September as one off budget reviews. The remaining months of the year are forecast to deliver £20.926m QIPP savings with monthly delivery ranging between £3.3m and £5.3m. Of the remaining £20.926m due to be delivered, £18.371m relates to schemes which are already in place and £2.555m relates to schemes which have not yet commenced.

1.3 Overall Scheme Risks:

All schemes have been allocated an overall PMO RAG rating by the LLR PMO in relation to the completeness of documentation and the level of assurance that this gives regarding delivery. This review is focussed on documentation and rating the schemes across a number of categories (E.g. Milestones, deliverables, risks, issues)

– it does **not** include a review of the likelihood of financial delivery. This is shown in the table below:

TABLE 4 - Forecast Outturn by PMO RAG Rating & PMO Confidence/Assured Value

Programme Area	Green	Amber	Red	Blue (Completed)	Purple (Deferred)	Grey (Closed)	Grand Total	PMO Confidence/ Assured Value
CHC	(8,224)	0	0	0	0	0	(8,224)	(8,224)
Community	(1,433)	(96)	0	0	0	0	(1,529)	(1,445)
Community Services Redesign	(112)	0	0	0	0	0	(112)	(112)
Contracting	(1,433)	(600)	0	(1,641)	0	0	(3,674)	(3,584)
Corporate	(1,336)	0	0	0	0	0	(1,336)	(1,336)
Finance	(8,548)	(715)	(98)	(1,998)	0	(194)	(11,553)	(10,740)
Integrated Teams workstream	0	(130)	(340)	0	0	0	(470)	207
Medicine Management	(9,815)	0	(589)	(2,100)	0	0	(12,504)	(11,915)
Mental Health/LD	(3,800)	(373)	(183)	0	0	0	(4,356)	(3,800)
Planned Care Workstream	(2,522)	(198)	(70)	0	0	0	(2,790)	(2,567)
Primary Care	(4,819)	(300)	(920)	(200)	0	0	(6,240)	(6,210)
Urgent Care Workstream	(1,501)	(941)	(100)	(103)	0	0	(2,645)	(2,041)
Grand Total	(43,543)	(3,352)	(2,301)	(6,042)	0	(194)	(55,433)	(51,767)
	(43,386)	(1,591)	(553)	(6,042)	0	(194)		(51,767)

There is also a separate financial review undertaken by the LLR PMO which provides a level of confidence in the financial delivery of QIPP for each scheme:

- Red: Low confidence in delivery of the financial element of QIPP
- Amber: Medium confidence in the delivery of the financial element of QIPP
- Green: High confidence in the delivery of the financial element of QIPP (Assured Value in Table 4 above)

These financial RAG ratings are shown on Appendices 2 to 6.

The PMO assured value of £51.767m has increased from last month by £0.519m. This favourable movement is mostly due to increased confidence around Planned Care Demand Saving schemes and increased forecasts relating to Mental Health, Pathway 3, Falls and Community Equipment. However there have been reductions in assured values in relation to Coding and Counting, High Cost Drugs and Primary Care Stretch within ELR CCG.

Appendix 2 shows the schemes for which the financial RAG rating is red (i.e. low confidence). A number of these schemes also have an overall PMO Red Rated RAG status, reflecting that the scheme is still in the scoping phase, is behind in relation to its deliverables and milestones or has a number of high risks associated with it. There are also a couple of schemes with an overall PMO RAG rating of amber and these represent schemes which may be on track in terms of project milestones and risk management, however financial benefits are not being realised to the same extent.

A full list of LLR QIPP schemes, their current levels of delivery and RAG ratings is attached in Appendix 3, along with supporting PMO commentary. Appendices 4 to 6 show the overall QIPP performance per CCG.

2 PMO Progress.

2.1 QAG:

The QIPP Assurance group meet twice a month, once to review the overall QIPP position and once to receive updates and further clarity from specific schemes which are causing concern.

During the month, Pathway Redesign, Avastin and Mental Health Contracting were all discussed in detail with presentations given by relevant SRO's and project leads. Actions from these discussions will be tracked through workbooks and meeting action notes.

During the month, 1 scheme was recommended to the Joint Management Teams (JMTs) by Quality Assurance Group (QAG), for closure (scheme no longer viable) and 2 schemes recommended to be deferred (savings not achievable this financial year but should be delivered in 2019/20). These were approved by JMTs on 29th October 2018. The Table below identifies the schemes involved and the agreed action.

Table 5 - Closed, Completed & Deferred Schemes

Scheme Number	Scheme Name	Exec lead	Value in Plan	Rationale	Proposed Action
A1	Cardiology	Tamsin Hooton	£0k ELR; £77k WL; £154k LC	<ul style="list-style-type: none"> • LC and WL – zero delivery for the year as the AF and HF clinics have been in place for a while and considered business as usual. • ELR – There is a reduction in activity which had been thought due to ELR coming online with the clinics at a later. However, a great deal of work is being undertaken within ELR via their GP schemes around cardiology and the savings attributed to these schemes are being double counted here. Therefore assumed that any reduction in NEL activity in ELR is attributable to work their GP schemes are undertaking. 	Close
57	Readmissions reduction	Tamsin Hooton	£0k	No planned amount and scheme not worked up enough to deliver any savings in 18/19 - to be worked up and defer savings into 19/20	Defer
63 LLR	Prior Approvals (IFRs) tighter control	Sarah Shuttlewood	£0k	The £500k was an ambitious value – the original scheme looked at trying to strengthen the IFR team to also pick up the not routinely funded issues that come through on a regular basis. Each CCG manages this differently. The paper that went to JMT wasn't supported and we are unlikely to deliver additional savings. On this basis the scheme should be closed for 2018/19 but considered again for 2019/20 and test that we are doing all we can to put processes in place to manage equitable and consistent decisions.	Defer

2.2 Risks by Programme Area

Planned Care

Currently, there is insufficient uptake of PRISM. The team are working with referrers to ensure uptake is maximised.

Urgent Care

A&E activity remains high, but the implementation of a more realistic baseline to monitor the reduction in A&E activity has increased the forecast out-turn for this work stream. A number of the mitigation schemes are to be closed or deferred, but due to the low values associated with these schemes, the financial impact will be negligible. There has been an improvement in the position for the Discharge work stream, with £0.700m being identified in savings. However, it would appear that £0.209m in savings may not materialise, resulting in an overall variance from plan of £0.309m.

Review of CBS (WL CCG)

With a plan of £0.500m, a FOT of £0.030 has been declared by the SRO, resulting in a £0.470m variance.

CCG Efficiencies Incl Execs (WL CCG)

A zero FOT has now been declared against a plan of £0.507m. The main issue with the delivery of this scheme is the appointment of a single Accountable Officer (AO), which has been severely delayed. Since the savings were predicated on this appointment, delivery will now no longer materialise.

LD Pool

Delay in commencement of panels. Originally scheduled for October but slipped until late November. Awaiting confirmation from LA that they have reviewed the original assessments and are ready to proceed.

Out of Area

Discrepancy identified between the LPT and NHSE data sets on out of area data. A reconciliation exercise is currently being undertaken to ascertain the likely impact.

High Cost Drugs

Month 6 saw an overall drop in performance for HCD. The new post holder has just started and a priority has been tasked with looking at the reason behind the drop and whether this is a true position.

2.3 Additional PMO team activities

Business Case and PID templates have been designed by the PMO and they are now owned by the Planning team. They have been circulated for the 2019/20 Planning Round

The PMO is actively supporting Planning and the project teams during the Planning Round

The PMO is developing a Training and Education Strategy in order to provide a pedagogical service to project teams

2.4 PMO Next Steps

- Focus on amber schemes with a view to gaining clarity on their viability
- Recommending the closure or deferral of schemes where viability no longer exists, with a view to redirect resources in a more appropriate manner.
- Ensure Planning are aware of all deferred schemes

3 Conclusion and Recommendations

LLR CCGs are forecasting an under delivery of the QIPP plan for 2018/19 of £2.767m.

LC CCG is reporting an over delivery against plan of £0.458m, ELR CCG is reporting an under delivery of £1.661m and WL CCG an under delivery of £1.564m.

Work is in progress to further develop the 19/20 QIPP programme through the planning and contracting process.

RECOMMENDATIONS:

The Commissioning Collaborative Board is asked to:

- **NOTE and DISCUSS** the content of this report

APPENDIX 1

Scheme No.	Scheme Name	Actual YTD						Forecast					Sum of Revised FOT	
		April	May	June	July	August	September	October	November	December	January	February		March
A6 LC	Demand Savings: New Appointments	(12)	(12)	(8)	(12)	(13)	(53)	(13)	(13)	(13)	(13)	(13)	(13)	(185)
A6 WL	Demand Savings: New Appointments	(24)	(24)	(20)	(24)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(175)
A7 ELR	Demand Savings: Follow Up Appointments	(11)	(11)	(11)	(10)	(11)	(11)	(11)	(11)	(11)	(11)	(11)	(11)	(132)
A7 LC	Demand Savings: Follow Up Appointments	0	0	0	(8)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(87)
A7 WL	Demand Savings: Follow Up Appointments	0	0	0	(15)	(17)	(17)	(17)	(17)	(17)	(17)	(17)	(17)	(150)
A8 ELR	Demand Savings: Low Value Treatments	0	0	0	0	0	0	0	(5)	(5)	(5)	(5)	(5)	(23)
A8 LC	Demand Savings: Low Value Treatments	0	0	0	0	0	0	0	(6)	(6)	(6)	(6)	(6)	(29)
A8 WL	Demand Savings: Low Value Treatments	0	0	0	0	0	0	0	(9)	(9)	(9)	(9)	(9)	(46)
A9 ELR	Pathway Redesign	0	0	0	(15)	(15)	0	(3)	(3)	(3)	(3)	(3)	(3)	(44)
A9 LC SAV	Pathway Redesign	0	0	0	0	0	(95)	(12)	(12)	(12)	(12)	(12)	(12)	(167)
A9 WL SAV	Pathway Redesign	0	0	0	0	0	(77)	(10)	(10)	(10)	(10)	(10)	(10)	(138)
New 1 ELR	Procurement price reduction Inflectra	(5)	(5)	(6)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(61)
New 1 LC	Procurement price reduction Inflectra	(4)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(57)
New 1 WL	Procurement price reduction Inflectra	(4)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(57)
NEW A ELR	PCL Utilisation	0	0	0	0	0	0	0	0	0	(4)	(4)	(4)	(11)
NEW A LC	PCL Utilisation	0	0	0	0	0	0	0	0	0	(4)	(4)	(4)	(11)
NEW A WL	PCL Utilisation	0	0	0	0	0	0	0	0	0	(4)	(4)	(4)	(11)
NEW B ELR	Pathology - Target Tests	0	0	0	0	0	0	0	0	0	(12)	(12)	(12)	(35)
NEW B LC	Pathology - Target Tests	0	0	0	0	0	0	0	0	0	(15)	(15)	(15)	(45)
NEW B WL	Pathology - Target Tests	0	0	0	0	0	0	0	0	0	(11)	(11)	(11)	(33)
NEW C ELR	Alliance at Reduced Tariff	0	0	0	0	0	0	0	0	0	(6)	(6)	(6)	(19)
NEW C LC	Alliance at Reduced Tariff	0	0	0	0	0	0	0	0	0	(6)	(6)	(6)	(19)
NEW C WL	Alliance at Reduced Tariff	0	0	0	0	0	0	0	0	0	(6)	(6)	(6)	(19)
NEW D ELR	Avastin	0	0	0	0	0	0	0	0	0	(6)	(6)	(6)	(18)
NEW D LC	Avastin	0	0	0	0	0	0	0	0	0	(6)	(6)	(6)	(18)
NEW D WL	Avastin	0	0	0	0	0	0	0	0	0	(6)	(6)	(6)	(18)
NEW E ELR	UHL CQUIN Delivery	0	0	0	0	(47)	0	0	0	0	0	(134)	0	(180)
NEW E LC	UHL CQUIN Delivery	0	0	0	0	(62)	0	0	0	0	0	(178)	0	(240)
NEW E WL	UHL CQUIN Delivery	0	0	0	0	(47)	0	0	0	0	0	(134)	0	(180)
NEW F ELR	LPT Contract review including MH parity over investment	0	0	0	0	0	0	0	0	0	0	0	(50)	(50)
NEW F LC	LPT Contract review including MH parity over investment	0	0	0	0	0	0	0	0	0	0	0	(50)	(50)
NEW F WL	LPT Contract review including MH parity over investment	0	0	0	0	0	0	0	0	0	0	0	(50)	(50)
NEW G ELR	Budget Review	0	0	0	0	0	(771)	0	0	0	0	0	0	(771)
NEW G LC	Budget Review	0	0	0	0	0	(1,423)	0	0	0	0	0	0	(1,423)
NEW G WL	Budget Review	0	0	0	0	0	(1,659)	0	0	0	0	0	0	(1,659)
NEW I ELR	Telehealth - Dedicated line for Care/Nursing/Residential Homes	0	0	0	0	0	0	0	0	0	0	0	(8)	(8)
NEW I LC	Telehealth - Dedicated line for Care/Nursing/Residential Homes	0	0	0	0	0	0	0	0	0	0	0	(8)	(8)
NEW I WL	Telehealth - Dedicated line for Care/Nursing/Residential Homes	0	0	0	0	0	0	0	0	0	0	0	(8)	(8)
NEW K ELR	Reduction of EMAS conveyancing activity/Transfer o activity to UCCs	0	0	0	0	0	0	0	0	0	0	0	(5)	(5)
NEW K LC	Reduction of EMAS conveyancing activity/Transfer o activity to UCCs	0	0	0	0	0	0	0	0	0	0	0	(5)	(5)
NEW K WL	Reduction of EMAS conveyancing activity/Transfer o activity to UCCs	0	0	0	0	0	0	0	0	0	0	0	(5)	(5)
NEW N ELR	GPIT review: utilisation of contract efficiencies	0	0	0	0	0	0	0	0	0	0	0	(25)	(25)
NEW N WL	GPIT review: utilisation of contract efficiencies	0	0	0	0	0	0	0	0	0	0	0	(25)	(25)
NEW O ELR	Assista	0	0	0	(1)	(1)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(17)
NEW O WL	Assista	0	0	0	(1)	(1)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(17)
NEW O LC	Assista	0	0	0	(1)	(1)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(17)
Grand Total		(6,375)	(3,784)	(3,010)	(3,443)	(3,096)	(11,560)	(3,239)	(3,324)	(4,495)	(3,497)	(4,259)	(5,352)	(55,433)
	ELR CCG	(1,953)	(1,582)	(1,094)	(920)	(857)	(3,612)	(803)	(774)	(2,085)	(913)	(1,201)	(2,193)	(17,986)
	WL CCG	(2,286)	(866)	(703)	(1,257)	(1,105)	(4,792)	(1,150)	(1,092)	(1,191)	(1,260)	(1,486)	(1,747)	(18,934)
	LC CCG	(2,136)	(1,336)	(1,213)	(1,266)	(1,135)	(3,156)	(1,286)	(1,458)	(1,219)	(1,323)	(1,572)	(1,412)	(18,513)
		(6,375)	(3,784)	(3,010)	(3,443)	(3,096)	(11,560)	(3,239)	(3,324)	(4,495)	(3,497)	(4,259)	(5,352)	(55,433)

Appendix 2: Finance Red Rag Rated Schemes

Scheme no. for LLR Summary Report	Scheme Name	Deliverables	Milestones	Total Risks	Issues	Overall PMO RAG ratings	Grouping / Function	Annual Plan	Sum of Revised FOT	Sum of Low Finance Confidence	Sum of Medium Finance Confidence	Sum of High Finance Confidence
29	DHU - all services/contracting redesign	Red	Red	Red	Red	Red	Urgent Care Workstream	0	(85)	(85)	0	0
47	Joint Funding University of Leicester	Red	Red	Red	Red	Red	Finance	(48)	(48)	(48)	0	0
21 WL	PRIMARY CARE - CBS investments reviewed	Red	Red	Red	Red	Red	Primary Care	(500)	(30)	(30)	0	0
62 WL	Prescribing Stretch to £1m	Amber	Amber	Red	Red	Red	Medicine Management	(1,000)	(589)	(299)	(290)	0
A10	Audiology	Amber	Amber	Amber	Green	Red	Planned Care Workstream	(96)	(70)	(70)	0	0
A14	Diagnostics - Non Imaging	Amber	Amber	Red	Amber	Amber	Planned Care Workstream	(8)	(11)	(2)	0	(9)
A2	Respiratory	Red	Red	Red	Red	Red	Integrated Teams workstream	(113)	(2)	(2)	0	0
A37	LD short breaks - other reviews	Amber	Amber	Amber	Amber	Red	Mental Health/LD	(82)	(33)	(33)	0	0
A4	EoL - CHC Deflected Patients	Red	Red	Red	Red	Red	Integrated Teams workstream	(1,455)	(338)	(676)	0	337
NEW D	Avastin	Green	Green	Amber	Green	Amber	Planned Care Workstream	0	(54)	(54)	0	0
NEW F	LPT Contract review including MH parity over investment	Red	Red	Red	Red	Red	Mental Health/LD	0	(150)	(150)	0	0
NEW K	Reduction of EMAS conveyancing activity/Transfer o activity to UCCS	Red	Red	Red	Red	Red	Urgent Care Workstream	0	(15)	(15)	0	0
NEW N ELR	GPIT review: utilisation of contract efficiencies	Red	Red	Red	Red	Red	Finance	0	(25)	(25)	0	0
NEW N WL	GPIT review: utilisation of contract efficiencies	Red	Red	Red	Red	Red	Finance	0	(25)	(25)	0	0
Grand Total								(3,301)	(1,476)	(1,514)	(290)	328

Appendix 3 Full LLR QIPP Dashboard

Scheme no. for LLR Summary Report	Scheme Name	Deliverables	Milestones	Total Risks	Issues	Overall PMO RAG ratings	Annual Plan	Sum of Revised FOT	Sum of Low Finance Confidence	Sum of Medium Finance Confidence	Sum of High Finance Confidence
1	Ambulatory Care	Red	Red	Red	Red	Red	0	0	0	0	0
2	Demand Management HUB: MSK, Dermatology (RSS)	Amber	Green	Amber	Green	Amber	0	(42)	0	(6)	(36)
4	Orthotics Procurement(Blatchfords)	Green	Green	Green	Green	Green	(215)	(249)	0	0	(249)
5	Pathway 3 Control/Risk Share	Green	Green	Amber	Green	Green	(800)	(714)	0	0	(714)
6	Coding and Counting	Grey	Grey	Grey	Grey	Grey	0	0	0	0	0
9	Public Health Funding Flu Vaccines	Grey	Grey	Grey	Grey	Grey	(800)	(194)	0	0	(194)
12	Removal of double payment to LPT for UHL discharge co-ordinators (Primary Care Co-ordinators)	Green	Green	Green	Green	Green	(393)	0	0	0	0
13	Block Contracts at UHL	Blue	Blue	Blue	Blue	Blue	(348)	(848)	0	0	(848)
14	UHL Contract Price negotiation - Follow Up Ratios	Grey	Grey	Grey	Grey	Grey	(891)	0	0	0	0
15	UHL Contract Price negotiation - CAU	Blue	Blue	Blue	Blue	Blue	(300)	(469)	0	0	(469)
16	UHL Contract Price Negotiation - CDU	Purple	Purple	Purple	Purple	Purple	(1,000)	0	0	0	0
17	UHL Contract Price Negotiation - RDA's	Purple	Purple	Purple	Purple	Purple	(500)	0	0	0	0
20	All historic AQP contracts to be reviewed	Grey	Grey	Grey	Grey	Grey	(2,061)	0	0	0	0
22	Independent Sector Contract Control	Grey	Grey	Grey	Grey	Grey	0	0	0	0	0
23	Independent Sector - manage IPT transfers from UHL	Grey	Grey	Grey	Grey	Grey	0	0	0	0	0
24	NCA's tighter controls	Amber	Green	Green	Green	Amber	0	0	0	0	0
27	Night Nursing contract negotiation - DHU	Blue	Blue	Blue	Blue	Blue	(416)	(103)	0	0	(103)
29	DHU - all services/contracting redesign	Red	Red	Red	Red	Red	0	(85)	(85)	0	0
31	LD Pool -improved case management	Green	Green	Green	Green	Green	(1,321)	(1,104)	0	0	(1,104)
32	Reduce corporate clinical input	Green	Green	Green	Green	Green	(200)	(148)	0	0	(148)
34	Review and redesign in ICS/IP Beds/District Nursing	Amber	Amber	Amber	Amber	Amber	(1,000)	0	0	0	0
35	EMAS - Negotiation of 18/19 contract	Blue	Blue	Blue	Blue	Blue	(801)	(324)	0	0	(324)
36	LD Short breaks consolidation	Purple	Purple	Purple	Purple	Purple	(255)	0	0	0	0
37	LPT CQUIN expectation	Amber	Amber	Amber	Amber	Green	(576)	(1,383)	0	0	(1,383)
38	Stroke Rehab Bed Numbers Reduction Following redesign and investment	Green	Green	Green	Green	Green	(318)	(318)	0	0	(318)
39	Agnes unit - options for use	Grey	Grey	Grey	Grey	Grey	0	0	0	0	0
40	Potential realignment of Community Hospital Beds across sites	Purple	Purple	Purple	Purple	Purple	(209)	0	0	0	0
41	AHP/117 repatriation	Grey	Grey	Grey	Grey	Grey	0	0	0	0	0
43	Vol Sector - Review VFM and service need	Green	Green	Green	Amber	Amber	(972)	(12)	0	0	(12)
44	Derbyshire Healthcare non acute SLA negotiation	Red	Red	Red	Red	Red	(156)	0	0	0	0
47	Joint Funding University of Leicester	Red	Red	Red	Red	Red	(48)	(48)	(48)	0	0
49	Office Accommodation savings	Purple	Purple	Purple	Purple	Purple	0	0	0	0	0
50	In House Legal expertise	Green	Green	Amber	Green	Amber	(105)	0	0	0	0
57	Readmissions reduction	Purple	Purple	Purple	Purple	Purple	0	0	0	0	0
58	BCT Partnership office maintain spend in line with 17/18 outturn	Green	Green	Green	Green	Green	(236)	(236)	0	0	(236)
59	Anticoag at UHL - moved into community	Green	Green	Green	Green	Green	(630)	(630)	0	0	(630)
61	Consider Staff Car Parking Charges	Green	Green	Amber	Green	Red	0	0	0	0	0
63	Prior approvals (IFR's) tighter controls	Purple	Purple	Purple	Purple	Purple	(500)	0	0	0	0
64	Primary care transformation fund	Grey	Grey	Grey	Grey	Grey	0	0	0	0	0
65	PLT to be funded from FDR/ PMS	Green	Green	Green	Green	Green	(70)	(70)	0	0	(70)
66	HNN practice engagement/training funding review	Green	Green	Amber	Green	Green	(150)	(150)	0	0	(150)
67	Prescribing Incentive Scheme	Grey	Grey	Grey	Grey	Grey	0	0	0	0	0
69	Practice backfill	Purple	Purple	Purple	Purple	Purple	(131)	0	0	0	0
70	Acute activity funded within BCF	Blue	Blue	Blue	Blue	Blue	(1,900)	(1,998)	0	0	(1,998)
71	GPAU, Urgent Care flow and pathways - admissions impact	Amber	Amber	Amber	Amber	Red	0	0	0	0	0
72	MHSOP Review	Grey	Grey	Grey	Grey	Grey	0	0	0	0	0
73	Independent Sector Contract - Circle, Loughborough	Grey	Grey	Grey	Grey	Grey	0	0	0	0	0
74	Biologics Support Service (UHL)	Amber	Amber	Amber	Amber	Green	(198)	0	0	0	0
81	Review of IAPT	Amber	Amber	Amber	Amber	Green	(500)	(1,097)	0	0	(1,097)

Appendix 3 Full LLR QIPP Dashboard

Scheme no. for LLR Summary Report	Scheme Name	Deliverables	Milestones	Total Risks	Issues	Overall PMO RAG ratings	Annual Plan	Sum of Revised FOT	Sum of Low Finance Confidence	Sum of Medium Finance Confidence	Sum of High Finance Confidence
11 ELR	Review/Reduce expenditure on agency staff	Green	Green	Green	Green	Green	(557)	(141)	0	0	(141)
11 LC	Review/Reduce expenditure on agency staff	Grey	Grey	Grey	Grey	Grey	0	0	0	0	0
11 WL	Review/Reduce expenditure on agency staff	Green	Green	Green	Green	Green	(477)	(477)	0	0	(477)
18 ELR	PRIMARY CARE - Federation QIPP scheme impact on acute demand	Grey	Grey	Grey	Grey	Grey	0	0	0	0	0
18 WL	PRIMARY CARE - Federation QIPP scheme impact on acute demand	Amber	Amber	Amber	Red	Red	(1,300)	(890)	0	0	(890)
21 ELR	PRIMARY CARE - CBS investments reviewed	Amber	Amber	Amber	Amber	Green	0	0	0	0	0
21 LC	PRIMARY CARE - CBS investments reviewed	Green	Green	Amber	Green	Amber	(300)	(300)	0	0	(300)
21 WL	PRIMARY CARE - CBS investments reviewed	Red	Red	Red	Red	Red	(500)	(30)	(30)	0	0
25 ELR	Review all LA Charges that come to the CCG outside of BCF	Green	Green	Green	Green	Amber	(336)	(336)	0	(336)	0
25 WL	Review all LA Charges that come to the CCG outside of BCF	Green	Green	Green	Green	Amber	0	(336)	0	(336)	0
26 ELR	MPC controls	Green	Green	Red	Green	Amber	(17)	(14)	0	(14)	0
26 LC	MPC controls	Green	Green	Red	Green	Amber	(17)	(14)	0	(14)	0
26 WL	MPC controls	Green	Green	Red	Green	Amber	(17)	(14)	0	(14)	0
51 ELR	Primary Care Global Sum	Purple	Purple	Purple	Purple	Purple	0	0	0	0	0
51 LC	Primary Care Global Sum	Purple	Purple	Purple	Purple	Purple	0	0	0	0	0
51 WL	Primary Care Global Sum	Purple	Purple	Purple	Purple	Purple	0	0	0	0	0
52 ELR	Primary Care Dispensing	Purple	Purple	Purple	Purple	Purple	0	0	0	0	0
52 LC	Primary Care Dispensing	Purple	Purple	Purple	Purple	Purple	0	0	0	0	0
52 WL	Primary Care Dispensing	Purple	Purple	Purple	Purple	Purple	0	0	0	0	0
54 ELR	Estate Consolidation in Primary Care	Purple	Purple	Purple	Purple	Purple	0	0	0	0	0
54 LC	Estate Consolidation in Primary Care	Purple	Purple	Purple	Purple	Purple	0	0	0	0	0
54 WL	Estate Consolidation in Primary Care	Purple	Purple	Purple	Purple	Purple	0	0	0	0	0
55 ELR	GPIT	Blue	Blue	Blue	Blue	Blue	(61)	(61)	0	0	(61)
55 LC	GPIT	Blue	Blue	Blue	Blue	Blue	(73)	(73)	0	0	(73)
55 WL	GPIT	Blue	Blue	Blue	Blue	Blue	(66)	(66)	0	0	(66)
56 ELR	GP Staff Training cessation (East hosted)	Green	Green	Amber	Amber	Red	0	0	0	0	0
56 LC	GP Staff Training cessation (East hosted)	Green	Green	Amber	Amber	Red	0	0	0	0	0
56 WL	GP Staff Training cessation (East hosted)	Green	Green	Amber	Amber	Red	(70)	0	0	0	0
62 ELR	Prescribing Stretch to £1m	Green	Green	Green	Amber	Green	(1,000)	(1,000)	0	0	(1,000)
62 WL	Prescribing Stretch to £1m	Amber	Amber	Red	Red	Red	(1,000)	(589)	(299)	(290)	0
68 ELR	Nursing Homes	Grey	Grey	Grey	Grey	Grey	0	0	0	0	0
68 LC	Nursing Homes	Grey	Grey	Grey	Grey	Grey	0	0	0	0	0
68 WL	Nursing Homes	Grey	Grey	Grey	Grey	Grey	0	0	0	0	0
7 ELR	Primary Care - Federation QIPP, Quality SIP etc.	Green	Green	Green	Green	Green	(2,000)	(2,000)	0	0	(2,000)
7 WL	Primary Care - Federation QIPP, Quality SIP etc.	Grey	Grey	Grey	Grey	Grey	0	0	0	0	0
8 ELR	Plan assumptions/Budget Reviews	Green	Green	Green	Green	Green	0	(1,015)	0	0	(1,015)
8 LC	Plan assumptions/Budget Reviews	Green	Green	Green	Green	Green	0	(184)	0	0	(184)
8 WL	Plan assumptions/Budget Reviews	Green	Green	Green	Green	Green	0	(1,372)	0	0	(1,372)
82 ELR	Stop Risk Stratification related investments	Red	Red	Red	Red	Red	0	0	0	0	0
82 LC	Stop Risk Stratification related investments	Red	Red	Red	Red	Red	0	0	0	0	0
82 WL	Stop Risk Stratification related investments	Red	Red	Red	Red	Red	0	0	0	0	0
A1	Cardiology	Grey	Grey	Grey	Grey	Grey	(231)	0	0	0	0
A10	Audiology	Amber	Amber	Amber	Green	Red	(96)	(70)	(70)	0	0
A11	MSK Physiotherapy	Green	Green	Amber	Green	Green	(690)	(526)	0	0	(526)
A12	Physio	Amber	Amber	Red	Green	Amber	(64)	0	0	0	0
A13	Diagnostics - Imaging	Amber	Amber	Red	Amber	Green	(472)	(472)	0	0	(472)
A14	Diagnostics - Non Imaging	Amber	Amber	Red	Amber	Amber	(8)	(11)	(2)	0	(9)
A15	ED Front Door Model 1	Amber	Amber	Amber	Amber	Amber	(167)	(71)	0	(35)	(35)
A16	ED Front Door Model 2	Amber	Amber	Amber	Amber	Amber	(76)	(34)	0	(17)	(17)
A17	Increase & Improve Ambulatory Pathways 1	Amber	Amber	Amber	Amber	Amber	(202)	(85)	0	(43)	(43)

Appendix 3 Full LLR QIPP Dashboard

Scheme no. for LLR Summary Report	Scheme Name	Deliverables	Milestones	Total Risks	Issues	Overall PMO RAG ratings	Annual Plan	Sum of Revised FOT	Sum of Low Finance Confidence	Sum of Medium Finance Confidence	Sum of High Finance Confidence
A18	Increase & Improve Ambulatory Pathways 2	Amber	Amber	Amber	Amber	Green	(372)	(704)	0	(141)	(563)
A19	Increase & Improve Ambulatory Pathways 3	Amber	Amber	Green	Green	Green	(72)	(83)	0	(17)	(66)
A2	Respiratory	Red	Red	Red	Red	Red	(113)	(2)	(2)	0	0
A20	Improved Clinical Triage	Amber	Amber	Amber	Amber	Amber	(25)	(11)	0	(5)	(5)
A21	Expansion of Clinical Navigation Hub	Amber	Amber	Amber	Amber	Amber	(169)	(71)	0	(35)	(35)
A22	Tighten Eligibility for NEPTS	Amber	Amber	Amber	Amber	Amber	(344)	(462)	0	(95)	(367)
A23	Urgent Diagnostic Pathways	Red	Amber	Amber	Amber	Amber	(24)	0	0	0	0
A24	Increase Support for EMAS to reduce conveyances	Amber	Amber	Amber	Amber	Amber	(198)	(89)	0	(45)	(45)
A25	Discharge Pathways	Red	Red	Red	Red	Red	(209)	0	0	0	0
A26	Frailty	Amber	Amber	Amber	Amber	Amber	(177)	(73)	0	(37)	(37)
A27	Passporting	Amber	Amber	Amber	Amber	Amber	(49)	(20)	0	(10)	(10)
A28 ELR	Medicines Optimisation (CCG)	Green	Green	Green	Green	Green	(2,000)	(2,000)	0	0	(2,000)
A28 LC	Medicines Optimisation (CCG)	Green	Green	Green	Green	Green	(2,700)	(2,719)	0	0	(2,719)
A28 WL	Medicines Optimisation (CCG)	Green	Green	Green	Green	Green	(2,000)	(2,000)	0	0	(2,000)
A29 ELR	Cat M	Grey	Grey	Grey	Grey	Grey	0	0	0	0	0
A29 LC	Cat M	Blue	Blue	Blue	Blue	Blue	(500)	(500)	0	0	(500)
A29 WL	Cat M	Grey	Grey	Grey	Grey	Grey	0	0	0	0	0
A3	Falls	Amber	Amber	Amber	Amber	Amber	(76)	(130)	0	0	(130)
A30 ELR	NSCO	Grey	Grey	Grey	Grey	Grey	0	0	0	0	0
A30 LC	NSCO	Blue	Blue	Blue	Blue	Blue	(1,600)	(1,600)	0	0	(1,600)
A30WL	NSCO	Grey	Grey	Grey	Grey	Grey	0	0	0	0	0
A31	Biosimilar Switches	Green	Green	Amber	Amber	Green	(1,212)	(1,344)	0	0	(1,344)
A32	Patent Expiry Humira®	Green	Green	Amber	Amber	Green	(570)	(570)	0	0	(570)
A33 ELR	Move to VAT Free Route (TMP)- Tolvaptan	Green	Green	Amber	Amber	Green	(20)	(2)	0	0	(2)
A33 LC	Move to VAT Free Route (TMP)- Tolvaptan	Green	Green	Amber	Amber	Green	(20)	(2)	0	0	(2)
A33 WL	Move to VAT Free Route (TMP)- Tolvaptan	Green	Green	Amber	Amber	Green	(20)	(2)	0	0	(2)
A34	Adult Mental Health	Grey	Grey	Grey	Grey	Grey	(1,139)	0	0	0	0
A35	Section 117 and AHP	Green	Green	Green	Green	Green	(540)	(1,599)	0	0	(1,599)
A36	MH OOA Placements - additional provision in LPT	Green	Green	Amber	Amber	Amber	(237)	(373)	0	(373)	0
A37	LD short breaks - other reviews	Amber	Amber	Amber	Amber	Red	(82)	(33)	(33)	0	0
A38	Community Health Services Various schemes	Red	Red	Red	Red	Red	(975)	0	0	0	0
A39	Community Equipment Scheme (returned equipment)	Amber	Amber	Amber	Amber	Green	(150)	(236)	0	0	(236)
A4	EoL - CHC Deflected Patients	Red	Red	Red	Red	Red	(1,455)	(338)	(676)	0	337
A40 ELR	CCG Efficiencies (incl Execs)	Green	Green	Green	Green	Green	(166)	(166)	0	0	(166)
A40 LC	CCG Efficiencies (incl Execs)	Green	Green	Green	Green	Green	(167)	(167)	0	0	(167)
A40 WL	CCG Efficiencies (incl Execs)	Amber	Amber	Amber	Amber	Amber	(507)	0	0	0	0
A41	CHC	Green	Green	Green	Green	Green	(4,819)	(7,747)	0	0	(7,747)
A42	CHC Stretch	Red	Amber	Amber	Amber	Green	(1,950)	(477)	0	0	(477)
A43 ELR	BCF Slippage/contingency/savings plan	Green	Green	Amber	Amber	Green	(1,100)	(1,124)	0	0	(1,124)
A43 WL	BCF Slippage/contingency/savings plan	Green	Green	Amber	Amber	Green	(1,000)	(1,000)	0	0	(1,000)
A44	Integrated urgent care - Primary care	Green	Green	Green	Green	Green	(600)	(600)	0	0	(600)
A46	2. Repeat Ordering - FYE 3. Pregabalin - FYE 4. Technician Care Home Project - Reducing Waste	Grey	Grey	Grey	Grey	Grey	0	0	0	0	0
A47	Ambulatory Care -look at closer to home services	Grey	Grey	Grey	Grey	Grey	(300)	0	0	0	0
A48	Recharge for UCC outside LLR	Amber	Amber	Amber	Amber	Amber	(40)	(84)	0	(84)	0
A49	Primary Care Stretch Target - as part of contractual review	Green	Green	Amber	Amber	Green	0	(2,000)	0	0	(2,000)
A5	EOL Reduction in Emergency Admissions	Red	Red	Red	Red	Red	(99)	0	0	0	0
A50 ELR	Paediatric Pathways	Grey	Grey	Grey	Grey	Grey	0	0	0	0	0
A50 LC	Paediatric Pathways	Grey	Grey	Grey	Grey	Grey	0	0	0	0	0
A50 WL	Paediatric Pathways	Grey	Grey	Grey	Grey	Grey	0	0	0	0	0

Appendix 3 Full LLR QIPP Dashboard

Scheme no. for LLR Summary Report	Scheme Name	Deliverables	Milestones	Total Risks	Issues	Overall PMO RAG ratings	Annual Plan	Sum of Revised FOT	Sum of Low Finance Confidence	Sum of Medium Finance Confidence	Sum of High Finance Confidence
A51	ICS notice (ELR - Consider alongside 34, A51, 40.)	Green	Green	Amber	Amber	Green	(125)	(112)	0	0	(112)
A6	Demand Savings: New Appointments	Green	Green	Green	Green	Green	(672)	(595)	0	0	(595)
A7	Demand Savings: Follow Up Appointments	Green	Green	Green	Green	Green	(369)	(369)	0	0	(369)
A8	Demand Savings: Low Value Treatments	Green	Green	Green	Green	Green	(137)	(98)	0	0	(98)
A9	Pathway Redesign	Green	Green	Green	Green	Green	(1,305)	(350)	0	0	(350)
New 1 ELR	Procurement price reduction Inflectra	Green	Green	Green	Red	Green	0	(61)	0	0	(61)
New 1 LC	Procurement price reduction Inflectra	Green	Green	Green	Red	Green	0	(57)	0	0	(57)
New 1 WL	Procurement price reduction Inflectra	Green	Green	Green	Red	Green	0	(57)	0	0	(57)
NEW A	PCL Utilisation	Green	Green	Amber	Green	Amber	0	(33)	0	(33)	0
NEW B	Pathology - Target Tests	Green	Green	Green	Green	Green	0	(114)	0	0	(114)
NEW C	Alliance at Reduced Tariff	Green	Green	Amber	Green	Amber	0	(58)	0	(58)	0
NEW D	Avastin	Green	Green	Amber	Green	Amber	0	(54)	(54)	0	0
NEW E	UHL CQUIN Delivery	Green	Green	Amber	Green	Amber	0	(600)	0	(90)	(510)
NEW F	LPT Contract review including MH parity over investment	Red	Red	Red	Red	Red	0	(150)	(150)	0	0
NEW G ELR	Budget Review	Amber	Amber	Green	Green	Green	0	(771)	0	0	(771)
NEW G LC	Budget Review	Green	Green	Green	Green	Green	0	(1,423)	0	0	(1,423)
NEW G WL	Budget Review	Amber	Amber	Green	Green	Green	0	(1,659)	0	0	(1,659)
NEW H	High Volume Service Users (EMAS/A&E)	Red	Red	Red	Red	Red	0	0	0	0	0
NEW I	Telehealth - Dedicated line for Care/Nursing/Residential Homes	Amber	Amber	Amber	Amber	Amber	0	(25)	0	(25)	0
NEW J	Audit of Readmission Rates	Red	Red	Red	Red	Red	0	0	0	0	0
NEW K	Reduction of EMAS conveyancing activity/Transfer o activity to UCCs	Red	Red	Red	Red	Red	0	(15)	(15)	0	0
NEW L	Reduction of isolation and unnecessary hospital activity. Frailty & Isolation - BCF and community design; social inclusion	Red	Red	Red	Red	Red	0	0	0	0	0
NEW N ELR	GPIT review: utilisation of contract efficiencies	Red	Red	Red	Red	Red	0	(25)	(25)	0	0
NEW N WL	GPIT review: utilisation of contract efficiencies	Red	Red	Red	Red	Red	0	(25)	(25)	0	0
NEW O ELR	Assista	Green	Green	Green	Green	Green	0	(17)	0	0	(17)
NEW O WL	Assista	Green	Green	Green	Green	Green	0	(17)	0	0	(17)
NEW O LC	Assista	Green	Green	Green	Green	Green	0	(17)	0	0	(17)
Grand Total							(58,200)	(55,433)	(1,514)	(2,153)	(51,767)

RAG Status Key:

	Scheme Status	Priority	Financial Confidence
Red	Open	High Risk	Low
Amber	Open	Medium Risk	Medium
Green	Open	Low Risk	High
Grey	Closed	N/A	N/A
Blue	Completed	N/A	N/A
Purple	referred to 19/2	N/A	N/A

Appendix 4 Full LC CCG QIPP Dashboard

Scheme no. for LLR Summary Report	Scheme Name	Deliverables	Milestones	Total Risks	Issues	Overall PMO RAG ratings	Grouping / Function	Annual Plan	Sum of Revised FOT	Sum of Low Finance Confidence	Sum of Medium Finance Confidence	Sum of High Finance Confidence
1	Ambulatory Care	Red	Red	Red	Red	Red	Integrated Teams workstream	0	0	0	0	0
2	Demand Management HUB: MSK, Dermatology (RSS)	Amber	Green	Amber	Green	Amber	Planned Care Workstream	0	(13)	0	(2)	(11)
4	Orthotics Procurement(Blatchfords)	Green	Green	Green	Green	Green	Community	(75)	(29)	0	0	(29)
5	Pathway 3 Control/Risk Share	Green	Green	Amber	Green	Green	Urgent Care Workstream	(300)	(333)	0	0	(333)
6	Coding and Counting	Grey	Grey	Grey	Grey	Grey	Contracting	0	0	0	0	0
9	Public Health Funding Flu Vaccines	Grey	Grey	Grey	Grey	Grey	Finance	(200)	0	0	0	0
12	Removal of double payment to LPT for UHL discharge co-ordinators (Primary Care Co-ordinators)	Green	Green	Green	Green	Green	Community	(134)	0	0	0	0
13	Block Contracts at UHL	Blue	Blue	Blue	Blue	Blue	Contracting	(146)	(470)	0	0	(470)
15	UHL Contract Price negotiation - CAU	Blue	Blue	Blue	Blue	Blue	Contracting	(123)	(156)	0	0	(156)
16	UHL Contract Price Negotiation - CDU	Purple	Purple	Purple	Purple	Purple	Contracting	(408)	0	0	0	0
17	UHL Contract Price Negotiation - RDA's	Purple	Purple	Purple	Purple	Purple	Contracting	(204)	0	0	0	0
20	All historic AQP contracts to be reviewed	Grey	Grey	Grey	Grey	Grey	Planned Care Workstream	(70)	0	0	0	0
22	Independent Sector Contract Control	Grey	Grey	Grey	Grey	Grey	Contracting	0	0	0	0	0
23	Independent Sector - manage IPT transfers from UHL	Grey	Grey	Grey	Grey	Grey	Contracting	0	0	0	0	0
24	NCA's tighter controls	Amber	Green	Green	Green	Amber	Contracting	0	0	0	0	0
27	Night Nursing contract negotiation - DHU	Blue	Blue	Blue	Blue	Blue	Urgent Care Workstream	(83)	(41)	0	0	(41)
29	DHU - all services/contracting redesign	Red	Red	Red	Red	Red	Urgent Care Workstream	0	(28)	(28)	0	0
34	Review and redesign in ICS/IP Beds/District Nursing	Amber	Amber	Amber	Amber	Amber	CommunityServices Redesign	(345)	0	0	0	0
35	EMAS - Negotiation of 18/19 contract	Blue	Blue	Blue	Blue	Blue	Contracting	(312)	(127)	0	0	(127)
36	LD Short breaks consolidation	Purple	Purple	Purple	Purple	Purple	Mental Health/LD	(81)	0	0	0	0
37	LPT CQUIN expectation	Amber	Amber	Amber	Amber	Amber	Contracting	(233)	(559)	0	0	(559)
38	Stroke Rehab Bed Numbers Reduction Following redesign and investment	Green	Green	Green	Green	Green	Community	(124)	(124)	0	0	(124)
39	Agnes unit - options for use	Grey	Grey	Grey	Grey	Grey	Mental Health/LD	0	0	0	0	0
40	Potential realignment of Community Hospital Beds across sites	Purple	Purple	Purple	Purple	Purple	CommunityServices Redesign	(104)	0	0	0	0
41	AHP/117 repatriation	Grey	Grey	Grey	Grey	Grey	Mental Health/LD	0	0	0	0	0
43	Vol Sector - Review VFM and service need	Green	Green	Green	Amber	Amber	Community	(174)	0	0	0	0
47	Joint Funding University of Leicester	Red	Red	Red	Red	Red	Finance	(24)	(24)	(24)	0	0
49	Office Accommodation savings	Purple	Purple	Purple	Purple	Purple	Corporate	0	0	0	0	0
50	In House Legal expertise	Green	Green	Amber	Green	Amber	Corporate	0	0	0	0	0
57	Readmissions reduction	Purple	Purple	Purple	Purple	Purple	Urgent Care Workstream	0	0	0	0	0
58	BCT Partnership office maintain spend in line with 17/18 outturn	Green	Green	Green	Green	Green	Corporate	(90)	(90)	0	0	(90)
59	Anticoag at UHL - moved into community	Green	Green	Green	Green	Green	Community	(257)	(403)	0	0	(403)
61	Consider Staff Car Parking Charges	Green	Green	Amber	Green	Red	Corporate	0	0	0	0	0
63	Prior approvals (IFR's) tighter controls	Purple	Purple	Purple	Purple	Purple	Contracting	(204)	0	0	0	0
64	Primary care transformation fund	Grey	Grey	Grey	Grey	Grey	Primary Care	0	0	0	0	0
65	PLT to be funded from FDR/ PMS	Green	Green	Green	Green	Green	Primary Care	(70)	(70)	0	0	(70)
66	HNN practice engagement/training funding review	Green	Green	Amber	Green	Green	Primary Care	(150)	(150)	0	0	(150)
69	Practice backfill	Purple	Purple	Purple	Purple	Purple	Primary Care	(131)	0	0	0	0
70	Acute activity funded within BCF	Blue	Blue	Blue	Blue	Blue	Finance	(1,900)	(1,998)	0	0	(1,998)
71	GPAU, Urgent Care flow and pathways - admissions impact	Amber	Amber	Amber	Amber	Red	Urgent Care Workstream	0	0	0	0	0
72	MHSOP Review	Grey	Grey	Grey	Grey	Grey	Mental Health/LD	0	0	0	0	0
73	Independent Sector Contract - Circle, Loughborough	Grey	Grey	Grey	Grey	Grey	Contracting	0	0	0	0	0
74	Biologics Support Service (UHL)	Amber	Amber	Amber	Amber	Green	Medicine Management	(198)	0	0	0	0
81	Review of IAPT	Amber	Amber	Amber	Amber	Green	Mental Health/LD	0	0	0	0	0
11 LC	Review/Reduce expenditure on agency staff	Grey	Grey	Grey	Grey	Grey	Corporate	0	0	0	0	0
21 LC	PRIMARY CARE - CBS investments reviewed	Green	Green	Amber	Green	Amber	Primary Care	(300)	(300)	0	0	(300)
26 LC	MPC controls	Green	Green	Red	Green	Amber	Finance	(17)	(14)	0	(14)	0
51 LC	Primary Care Global Sum	Purple	Purple	Purple	Purple	Purple	Primary Care	0	0	0	0	0
52 LC	Primary Care Dispensing	Purple	Purple	Purple	Purple	Purple	Primary Care	0	0	0	0	0
54 LC	Estate Consolidation in Primary Care	Purple	Purple	Purple	Purple	Purple	Primary Care	0	0	0	0	0
55 LC	GPIT	Blue	Blue	Blue	Blue	Blue	Primary Care	(73)	(73)	0	0	(73)
56 LC	GP Staff Training cessation (East hosted)	Green	Green	Amber	Amber	Red	Primary Care	0	0	0	0	0
68 LC	Nursing Homes	Grey	Grey	Grey	Grey	Grey	Medicine Management	0	0	0	0	0
8 LC	Plan assumptions/Budget Reviews	Green	Green	Green	Green	Green	Finance	0	(184)	0	0	(184)
82 LC	Stop Risk Stratification related investments	Red	Red	Red	Red	Red	Primary Care	0	0	0	0	0
A1	Cardiology	Grey	Grey	Grey	Grey	Grey	Integrated Teams workstream	(154)	0	0	0	0
A10	Audiology	Amber	Amber	Amber	Green	Red	Planned Care Workstream	(48)	(23)	(23)	0	0
A11	MSK Physiotherapy	Green	Green	Amber	Green	Green	Planned Care Workstream	(292)	(194)	0	0	(194)
A12	Physio	Amber	Amber	Red	Green	Amber	Planned Care Workstream	(32)	0	0	0	0
A13	Diagnostics - Imaging	Amber	Amber	Red	Amber	Green	Planned Care Workstream	(236)	(141)	0	0	(141)
A14	Diagnostics - Non Imaging	Amber	Amber	Red	Amber	Amber	Planned Care Workstream	(4)	(4)	(1)	0	(3)
A15	ED Front Door Model 1	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(97)	(44)	0	(22)	(22)
A16	ED Front Door Model 2	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(64)	(29)	0	(15)	(15)
A17	Increase & Improve Ambulatory Pathways 1	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(113)	(51)	0	(26)	(26)

Appendix 4 Full LC CCG QIPP Dashboard

Scheme no. for LLR Summary Report	Scheme Name	Deliverables	Milestones	Total Risks	Issues	Overall PMO RAG ratings	Grouping / Function	Annual Plan	Sum of Revised FOT	Sum of Low Finance Confidence	Sum of Medium Finance Confidence	Sum of High Finance Confidence
A18	Increase & Improve Ambulatory Pathways 2	Amber	Amber	Amber	Amber	Green	Urgent Care Workstream	(174)	(360)	0	(72)	(288)
A19	Increase & Improve Ambulatory Pathways 3	Amber	Amber	Green	Green	Green	Urgent Care Workstream	(32)	(40)	0	(8)	(32)
A2	Respiratory	Red	Red	Red	Red	Red	Integrated Teams workstream	(59)	(0)	(0)	0	0
A20	Improved Clinical Triage	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(16)	(7)	0	(4)	(4)
A21	Expansion of Clinical Navigation Hub	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(85)	(39)	0	(19)	(19)
A22	Tighten Eligibility for NEPTS	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(136)	0	0	0	0
A23	Urgent Diagnostic Pathways	Red	Amber	Amber	Amber	Amber	Urgent Care Workstream	(1)	0	0	0	0
A24	Increase Support for EMAS to reduce conveyances	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(184)	(84)	0	(42)	(42)
A25	Discharge Pathways	Red	Red	Red	Red	Red	Urgent Care Workstream	(84)	0	0	0	0
A26	Frailty	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(79)	(36)	0	(18)	(18)
A27	Passporting	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(17)	(8)	0	(4)	(4)
A28 LC	Medicines Optimisation (CCG)	Green	Green	Green	Green	Green	Medicine Management	(2,700)	(2,719)	0	0	(2,719)
A29 LC	Cat M	Blue	Blue	Blue	Blue	Blue	Medicine Management	(500)	(500)	0	0	(500)
A3	Falls	Amber	Amber	Amber	Amber	Amber	Integrated Teams workstream	(0)	0	0	0	0
A30 LC	NSCO	Blue	Blue	Blue	Blue	Blue	Medicine Management	(1,600)	(1,600)	0	0	(1,600)
A31	Biosimilar Switches	Green	Green	Amber	Amber	Green	Medicine Management	(394)	(437)	0	0	(437)
A32	Patent Expiry Humira®	Green	Green	Amber	Amber	Green	Medicine Management	(185)	(185)	0	0	(185)
A33 LC	Move to VAT Free Route (TMP)- Tolvaptan	Green	Green	Amber	Amber	Green	Medicine Management	(20)	(2)	0	0	(2)
A34	Adult Mental Health	Grey	Grey	Grey	Grey	Grey	Mental Health/LD	0	0	0	0	0
A35	Section 117 and AHP	Green	Green	Green	Green	Green	Mental Health/LD	(180)	(838)	0	0	(838)
A36	MH OOA Placements - additional provision in LPT	Green	Green	Amber	Amber	Amber	Mental Health/LD	0	(281)	0	(281)	0
A37	LD short breaks - other reviews	Amber	Amber	Amber	Amber	Red	Mental Health/LD	0	0	0	0	0
A38	Community Health Services Various schemes	Red	Red	Red	Red	Red	Community	0	0	0	0	0
A39	Community Equipment Scheme (returned equipment)	Amber	Amber	Amber	Amber	Green	Community	(75)	(81)	0	0	(81)
A4	EoL - CHC Deflected Patients	Red	Red	Red	Red	Red	Integrated Teams workstream	(456)	(103)	(213)	0	110
A40 LC	CCG Efficiencies (incl Execs)	Green	Green	Green	Green	Green	Corporate	(167)	(167)	0	0	(167)
A41	CHC	Green	Green	Green	Green	Green	CHC	(1,782)	(2,825)	0	0	(2,825)
A42	CHC Stretch	Red	Amber	Amber	Amber	Green	CHC	(650)	(168)	0	0	(168)
A46	2. Repeat Ordering - FYE 3. Pregabalin - FYE 4. Technician Care Home Project - Reducing Waste	Grey	Grey	Grey	Grey	Grey	Medicine Management	0	0	0	0	0
A5	EoL Reduction in Emergency Admissions	Red	Red	Red	Red	Red	Integrated Teams workstream	0	0	0	0	0
A50 LC	Paediatric Pathways	Grey	Grey	Grey	Grey	Grey	Elective Care	0	0	0	0	0
A51	ICS notice (ELR - Consider alongside 34, A51, 40.)	Green	Green	Amber	Amber	Green	CommunityServices Redesign	0	0	0	0	0
A6	Demand Savings: New Appointments	Green	Green	Green	Green	Green	Planned Care Workstream	(144)	(185)	0	0	(185)
A7	Demand Savings: Follow Up Appointments	Green	Green	Green	Green	Green	Planned Care Workstream	(87)	(87)	0	0	(87)
A8	Demand Savings: Low Value Treatments	Green	Green	Green	Green	Green	Planned Care Workstream	(40)	(29)	0	0	(29)
A9	Pathway Redesign	Green	Green	Green	Green	Green	Planned Care Workstream	(638)	(167)	0	0	(167)
New 1 LC	Procurement price reduction Infectra	Green	Green	Green	Red	Green	Medicine Management	0	(57)	0	0	(57)
NEW A	PCL Utilisation	Green	Green	Amber	Green	Amber	Planned Care Workstream	0	(11)	0	(11)	0
NEW B	Pathology - Target Tests	Green	Green	Green	Green	Green	Planned Care Workstream	0	(45)	0	0	(45)
NEW C	Alliance at Reduced Tariff	Green	Green	Amber	Green	Amber	Planned Care Workstream	0	(19)	0	(19)	0
NEW D	Avastin	Green	Green	Amber	Green	Amber	Planned Care Workstream	0	(18)	(18)	0	0
NEW E	UHL CQUIN Delivery	Green	Green	Amber	Green	Amber	Contracting	0	(240)	0	(36)	(204)
NEW F	LPT Contract review including MH parity over investment	Red	Red	Red	Red	Red	Mental Health/LD	0	(50)	(50)	0	0
NEW G LC	Budget Review	Green	Green	Green	Green	Green	Finance	0	(1,423)	0	0	(1,423)
NEW H	High Volume Service Users (EMAS/A&E)	Red	Red	Red	Red	Red	Urgent Care Workstream	0	0	0	0	0
NEW I	Telehealth - Dedicated line for Care/Nursing/Residential Homes	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	0	(8)	0	(8)	0
NEW J	Audit of Readmission Rates	Red	Red	Red	Red	Red	Urgent Care Workstream	0	0	0	0	0
NEW K	Reduction of EMAS conveyancing activity/Transfer o activity to UCCS	Red	Red	Red	Red	Red	Urgent Care Workstream	0	(5)	(5)	0	0
NEW L	Reduction of isolation and unnecessary hospital activity. Frailty & Isolation - BCF and community design; so	Red	Red	Red	Red	Red	Urgent Care Workstream	0	0	0	0	0
NEW O LC	Assista	Green	Green	Green	Green	Green	Contracting	0	(17)	0	0	(17)
Grand Total								(18,055)	(18,513)	(363)	(601)	(17,549)

RAG Status Key:

	Scheme Status	Priority	Financial Confidence
Red	Open	High Risk	Low
Amber	Open	Medium Risk	Medium
Green	Open	Low Risk	High
Grey	Closed	N/A	N/A
Blue	Completed	N/A	N/A
Purple	Deferred to 19/20	N/A	N/A

Appendix 5 Full WL CCG QIPP Dashboard

Scheme no. for LLR Summary Report	Scheme Name	Deliverables	Milestones	Total Risks	Issues	Overall PMO RAG ratings	Grouping / Function	Annual Plan	Sum of Revised FOT	Sum of Low Finance Confidence	Sum of Medium Finance Confidence	Sum of High Finance Confidence
1	Ambulatory Care	Red	Red	Red	Red	Red	Integrated Teams workstream	0	0	0	0	0
2	Demand Management HUB: MSK, Dermatology (RSS)	Amber	Green	Amber	Green	Amber	Planned Care Workstream	0	(12)	0	(2)	(10)
4	Orthotics Procurement(Blatchfords)	Green	Green	Green	Green	Green	Community	(75)	(154)	0	0	(154)
5	Pathway 3 Control/Risk Share	Green	Green	Amber	Green	Green	Urgent Care Workstream	(300)	(353)	0	0	(353)
6	Coding and Counting	Grey	Grey	Grey	Grey	Grey	Contracting	0	0	0	0	0
9	Public Health Funding Flu Vaccines	Grey	Grey	Grey	Grey	Grey	Finance	(300)	(69)	0	0	(69)
12	Removal of double payment to LPT for UHL discharge co-ordinators (Primary Care Co-ordinators)	Green	Green	Green	Green	Green	Community	(140)	0	0	0	0
13	Block Contracts at UHL	Blue	Blue	Blue	Blue	Blue	Contracting	(98)	(173)	0	0	(173)
15	UHL Contract Price negotiation - CAU	Blue	Blue	Blue	Blue	Blue	Contracting	(88)	(156)	0	0	(156)
16	UHL Contract Price Negotiation - CDU	Purple	Purple	Purple	Purple	Purple	Contracting	(295)	0	0	0	0
17	UHL Contract Price Negotiation - RDA's	Purple	Purple	Purple	Purple	Purple	Contracting	(147)	0	0	0	0
20	All historic AQP contracts to be reviewed	Grey	Grey	Grey	Grey	Grey	Planned Care Workstream	(686)	0	0	0	0
22	Independent Sector Contract Control	Grey	Grey	Grey	Grey	Grey	Contracting	0	0	0	0	0
23	Independent Sector - manage IPT transfers from UHL	Grey	Grey	Grey	Grey	Grey	Contracting	0	0	0	0	0
24	NCA's tighter controls	Amber	Green	Green	Green	Amber	Contracting	0	0	0	0	0
27	Night Nursing contract negotiation - DHU	Blue	Blue	Blue	Blue	Blue	Urgent Care Workstream	(83)	(34)	0	0	(34)
29	DHU - all services/contracting redesign	Red	Red	Red	Red	Red	Urgent Care Workstream	0	(28)	(28)	0	0
31	LD Pool -improved case management	Green	Green	Green	Green	Green	Mental Health/LD	(718)	(600)	0	0	(600)
32	Reduce corporate clinical input	Green	Green	Green	Green	Green	Corporate	(200)	(148)	0	0	(148)
34	Review and redesign in ICS/IP Beds/District Nursing	Amber	Amber	Amber	Amber	Amber	CommunityServices Redesign	(349)	0	0	0	0
35	EMAS - Negotiation of 18/19 contract	Blue	Blue	Blue	Blue	Blue	Contracting	(269)	(108)	0	0	(108)
36	LD Short breaks consolidation	Purple	Purple	Purple	Purple	Purple	Mental Health/LD	(87)	0	0	0	0
37	LPT CQUIN expectation	Amber	Amber	Amber	Green	Green	Contracting	(189)	(454)	0	0	(454)
38	Stroke Rehab Bed Numbers Reduction Following redesign and investment	Green	Green	Green	Green	Green	Community	(108)	(108)	0	0	(108)
39	Agnes unit - options for use	Grey	Grey	Grey	Grey	Grey	Mental Health/LD	0	0	0	0	0
40	Potential realignment of Community Hospital Beds across sites	Purple	Purple	Purple	Purple	Purple	CommunityServices Redesign	(105)	0	0	0	0
41	AHP/117 repatriation	Grey	Grey	Grey	Grey	Grey	Mental Health/LD	0	0	0	0	0
43	Vol Sector - Review VFM and service need	Green	Green	Green	Amber	Amber	Community	(580)	(12)	0	0	(12)
44	Derbyshire Healthcare non acute SLA negotiation	Red	Red	Red	Red	Red	Contracting	(156)	0	0	0	0
47	Joint Funding University of Leicester	Red	Red	Red	Red	Red	Finance	(24)	(24)	(24)	0	0
49	Office Accommodation savings	Purple	Purple	Purple	Purple	Purple	Corporate	0	0	0	0	0
50	In House Legal expertise	Green	Green	Amber	Green	Amber	Corporate	(60)	0	0	0	0
57	Readmissions reduction	Purple	Purple	Purple	Purple	Purple	Urgent Care Workstream	0	0	0	0	0
58	BCT Partnership office maintain spend in line with 17/18 outturn	Green	Green	Green	Green	Green	Corporate	(146)	(146)	0	0	(146)
59	Anticoag at UHL - moved into community	Green	Green	Green	Green	Green	Community	(206)	(104)	0	0	(104)
61	Consider Staff Car Parking Charges	Green	Green	Amber	Green	Red	Corporate	0	0	0	0	0
63	Prior approvals (IFR's) tighter controls	Purple	Purple	Purple	Purple	Purple	Contracting	(147)	0	0	0	0
71	GPAU, Urgent Care flow and pathways - admissions impact	Amber	Amber	Amber	Amber	Red	Urgent Care Workstream	0	0	0	0	0
72	MHSOP Review	Grey	Grey	Grey	Grey	Grey	Mental Health/LD	0	0	0	0	0
73	Independent Sector Contract - Circle, Loughborough	Grey	Grey	Grey	Grey	Grey	Contracting	0	0	0	0	0
74	Biologics Support Service (UHL)	Amber	Amber	Amber	Amber	Green	Medicine Management	0	0	0	0	0
81	Review of IAPT	Amber	Amber	Amber	Amber	Green	Mental Health/LD	0	(597)	0	0	(597)
11 WL	Review/Reduce expenditure on agency staff	Green	Green	Green	Green	Green	Corporate	(477)	(477)	0	0	(477)
18 WL	PRIMARY CARE - Federation QIPP scheme impact on acute demand	Amber	Amber	Amber	Red	Red	Primary Care	(1,300)	(890)	0	0	(890)
21 WL	PRIMARY CARE - CBS investments reviewed	Red	Red	Red	Red	Red	Primary Care	(500)	(30)	(30)	0	0
25 WL	Review all LA Charges that come to the CCG outside of BCF	Green	Green	Green	Green	Amber	Finance	0	(336)	0	(336)	0
26 WL	MPC controls	Green	Green	Red	Green	Amber	Finance	(17)	(14)	0	(14)	0
51 WL	Primary Care Global Sum	Purple	Purple	Purple	Purple	Purple	Primary Care	0	0	0	0	0
52 WL	Primary Care Dispensing	Purple	Purple	Purple	Purple	Purple	Primary Care	0	0	0	0	0
54 WL	Estate Consolidation in Primary Care	Purple	Purple	Purple	Purple	Purple	Primary Care	0	0	0	0	0
55 WL	GPIT	Blue	Blue	Blue	Blue	Blue	Primary Care	(66)	(66)	0	0	(66)
56 WL	GP Staff Training cessation (East hosted)	Green	Green	Amber	Amber	Red	Primary Care	(70)	0	0	0	0
62 WL	Prescribing Stretch to £1m	Amber	Amber	Red	Red	Red	Medicine Management	(1,000)	(589)	(299)	(290)	0
68 WL	Nursing Homes	Grey	Grey	Grey	Grey	Grey	Medicine Management	0	0	0	0	0
7 WL	Primary Care - Federation QIPP, Quality SIP etc.	Grey	Grey	Grey	Grey	Grey	Primary Care	0	0	0	0	0
8 WL	Plan assumptions/Budget Reviews	Green	Green	Green	Green	Green	Finance	0	(1,372)	0	0	(1,372)
82 WL	Stop Risk Stratification related investments	Red	Red	Red	Red	Red	Primary Care	0	0	0	0	0
A1	Cardiology	Grey	Grey	Grey	Grey	Grey	Integrated Teams workstream	(77)	0	0	0	0
A10	Audiology	Amber	Amber	Amber	Green	Red	Planned Care Workstream	(48)	(23)	(23)	0	0
A11	MSK Physiotherapy	Green	Green	Amber	Green	Green	Planned Care Workstream	(292)	(245)	0	0	(245)
A12	Physio	Amber	Amber	Red	Green	Amber	Planned Care Workstream	(32)	0	0	0	0
A13	Diagnostics - Imaging	Amber	Amber	Red	Amber	Green	Planned Care Workstream	(236)	(141)	0	0	(141)
A14	Diagnostics - Non Imaging	Amber	Amber	Red	Amber	Amber	Planned Care Workstream	(4)	(4)	(1)	0	(3)
A15	ED Front Door Model 1	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(46)	(18)	0	(9)	(9)
A16	ED Front Door Model 2	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(10)	(4)	0	(2)	(2)
A17	Increase & Improve Ambulatory Pathways 1	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(59)	(23)	0	(11)	(11)
A18	Increase & Improve Ambulatory Pathways 2	Amber	Amber	Amber	Amber	Green	Urgent Care Workstream	(141)	(244)	0	(49)	(195)
A19	Increase & Improve Ambulatory Pathways 3	Amber	Amber	Green	Green	Green	Urgent Care Workstream	(27)	(29)	0	(6)	(23)
A2	Respiratory	Red	Red	Red	Red	Red	Integrated Teams workstream	(53)	(1)	(1)	0	0

Appendix 5 Full WL CCG QIPP Dashboard

Scheme no. for LLR Summary Report	Scheme Name	Deliverables	Milestones	Total Risks	Issues	Overall PMO RAG ratings	Grouping / Function	Annual Plan	Sum of Revised FOT	Sum of Low Finance Confidence	Sum of Medium Finance Confidence	Sum of High Finance Confidence
A20	Improved Clinical Triage	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(5)	(2)	0	(1)	(1)
A21	Expansion of Clinical Navigation Hub	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(60)	(23)	0	(12)	(12)
A22	Tighten Eligibility for NEPTS	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(152)	(30)	0	(6)	(24)
A23	Urgent Diagnostic Pathways	Red	Amber	Amber	Amber	Amber	Urgent Care Workstream	(21)	0	0	0	0
A24	Increase Support for EMAS to reduce conveyances	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(14)	(5)	0	(3)	(3)
A25	Discharge Pathways	Red	Red	Red	Red	Red	Urgent Care Workstream	(83)	0	0	0	0
A26	Frailty	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(64)	(25)	0	(12)	(12)
A27	Passporting	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(21)	(8)	0	(4)	(4)
A28 WL	Medicines Optimisation (CCG)	Green	Green	Green	Green	Green	Medicine Management	(2,000)	(2,000)	0	0	(2,000)
A29 WL	Cat M	Grey	Grey	Grey	Grey	Grey	Medicine Management	0	0	0	0	0
A3	Falls	Amber	Amber	Amber	Amber	Amber	Integrated Teams workstream	(76)	(72)	0	0	(72)
A30WL	NSCO	Grey	Grey	Grey	Grey	Grey	Medicine Management	0	0	0	0	0
A31	Biosimilar Switches	Green	Green	Amber	Amber	Green	Medicine Management	(394)	(437)	0	0	(437)
A32	Patent Expiry Humira*	Green	Green	Amber	Amber	Green	Medicine Management	(185)	(185)	0	0	(185)
A33 WL	Move to VAT Free Route (TMP)- Tolvaptan	Green	Green	Amber	Amber	Green	Medicine Management	(20)	(2)	0	0	(2)
A34	Adult Mental Health	Grey	Grey	Grey	Grey	Grey	Mental Health/LD	(547)	0	0	0	0
A35	Section 117 and AHP	Green	Green	Green	Green	Green	Mental Health/LD	(111)	(563)	0	0	(563)
A36	MH OOA Placements - additional provision in LPT	Green	Green	Amber	Amber	Amber	Mental Health/LD	(131)	(55)	0	(55)	0
A37	LD short breaks - other reviews	Amber	Amber	Amber	Amber	Red	Mental Health/LD	0	0	0	0	0
A38	Community Health Services Various schemes	Red	Red	Red	Red	Red	Community	(383)	0	0	0	0
A39	Community Equipment Scheme (returned equipment)	Amber	Amber	Amber	Amber	Green	Community	(75)	(75)	0	0	(75)
A4	EoL - CHC Deflected Patients	Red	Red	Red	Red	Red	Integrated Teams workstream	(460)	(107)	(213)	0	106
A40 WL	CCG Efficiencies (incl Execs)	Amber	Amber	Amber	Amber	Amber	Corporate	(507)	0	0	0	0
A41	CHC	Green	Green	Green	Green	Green	CHC	(1,826)	(3,195)	0	0	(3,195)
A42	CHC Stretch	Red	Amber	Amber	Amber	Green	CHC	(650)	(170)	0	0	(170)
A43 WL	BCF Slippage/contingency/savings plan	Green	Green	Amber	Amber	Green	Finance	(1,000)	(1,000)	0	0	(1,000)
A44	Integrated urgent care - Primary care	Green	Green	Green	Green	Green	Primary Care	(600)	(600)	0	0	(600)
A46	2. Repeat Ordering - FYE 3. Pregabalin - FYE 4. Technician Care Home Project - Reducing Waste	Grey	Grey	Grey	Grey	Grey	Medicine Management	0	0	0	0	0
A5	EoL Reduction in Emergency Admissions	Red	Red	Red	Red	Red	Integrated Teams workstream	(59)	0	0	0	0
A50 WL	Paediatric Pathways	Grey	Grey	Grey	Grey	Grey	Elective Care	0	0	0	0	0
A51	ICS notice (ELR - Consider alongside 34, A51, 40.)	Green	Green	Amber	Amber	Green	CommunityServices Redesign	0	0	0	0	0
A6	Demand Savings: New Appointments	Green	Green	Green	Green	Green	Planned Care Workstream	(293)	(175)	0	0	(175)
A7	Demand Savings: Follow Up Appointments	Green	Green	Green	Green	Green	Planned Care Workstream	(150)	(150)	0	0	(150)
A8	Demand Savings: Low Value Treatments	Green	Green	Green	Green	Green	Planned Care Workstream	(65)	(46)	0	0	(46)
A9	Pathway Redesign	Green	Green	Green	Green	Green	Planned Care Workstream	(535)	(138)	0	0	(138)
New 1 WL	Procurement price reduction Infectra	Green	Green	Green	Red	Green	Medicine Management	0	(57)	0	0	(57)
NEW A	PCL Utilisation	Green	Green	Amber	Green	Amber	Planned Care Workstream	0	(11)	0	(11)	0
NEW B	Pathology - Target Tests	Green	Green	Green	Green	Green	Planned Care Workstream	0	(33)	0	0	(33)
NEW C	Alliance at Reduced Tariff	Green	Green	Amber	Green	Amber	Planned Care Workstream	0	(19)	0	(19)	0
NEW D	Avastin	Green	Green	Amber	Green	Amber	Planned Care Workstream	0	(18)	(18)	0	0
NEW E	UHL CQUIN Delivery	Green	Green	Amber	Green	Amber	Contracting	0	(180)	0	(27)	(153)
NEW F	LPT Contract review including MH parity over investment	Red	Red	Red	Red	Red	Mental Health/LD	0	(50)	(50)	0	0
NEW G WL	Budget Review	Amber	Amber	Green	Green	Green	Finance	0	(1,659)	0	0	(1,659)
NEW H	High Volume Service Users (EMAS/A&E)	Red	Red	Red	Red	Red	Urgent Care Workstream	0	0	0	0	0
NEW I	Telehealth - Dedicated line for Care/Nursing/Residential Homes	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	0	(8)	0	(8)	0
NEW J	Audit of Readmission Rates	Red	Red	Red	Red	Red	Urgent Care Workstream	0	0	0	0	0
NEW K	Reduction of EMAS conveyancing activity/Transfer o activity to UCCs	Red	Red	Red	Red	Red	Urgent Care Workstream	0	(5)	(5)	0	0
NEW L	Reduction of isolation and unnecessary hospital activity. Frailty & Isolation - BCF and community design; soc	Red	Red	Red	Red	Red	Urgent Care Workstream	0	0	0	0	0
NEW M WL	CFO Prescribing Stretch	Red	Red	Red	Red	Red	Medicine Management	0	0	0	0	0
NEW N WL	GPIT review: utilisation of contract efficiencies	Red	Red	Red	Red	Red	Finance	0	(25)	(25)	0	0
NEW O WL	Assista	Green	Green	Green	Green	Green	Contracting	0	(17)	0	0	(17)
Grand Total								(20,498)	(18,934)	(718)	(878)	(17,338)

RAG Status Key:

Scheme Status	Priority	Financial Confidence
Red	Open High Risk	Low
Amber	Open Medium Risk	Medium
Green	Open Low Risk	High
Grey	Closed	N/A
Blue	Completed	N/A
Purple	Deferred to 19/20	N/A

Appendix 6 Full ELR CCG QIPP Dashboard

Scheme no. for LLR Summary Report	Scheme Name	Deliverables	Milestones	Total Risks	Issues	Overall PMO RAG ratings	Grouping / Function	Annual Plan	Sum of Revised FOT	Sum of Low Finance Confidence	Sum of Medium Finance Confidence	Sum of High Finance Confidence
1	Ambulatory Care	Red	Red	Red	Red	Red	Integrated Teams workstream	0	0	0	0	0
2	Demand Management HUB: MSK, Dermatology (RSS)	Amber	Green	Amber	Green	Amber	Planned Care Workstream	0	(18)	0	(3)	(15)
4	Orthotics Procurement(Blatchfords)	Green	Green	Green	Green	Green	Community	(65)	(66)	0	0	(66)
5	Pathway 3 Control/Risk Share	Green	Green	Amber	Green	Green	Urgent Care Workstream	(200)	(28)	0	0	(28)
6	Coding and Counting	Grey	Grey	Grey	Grey	Grey	Contracting	0	0	0	0	0
9	Public Health Funding Flu Vaccines	Grey	Grey	Grey	Grey	Grey	Finance	(300)	(125)	0	0	(125)
12	Removal of double payment to LPT for UHL discharge co-ordinators (Primary Care Co-ordinators)	Green	Green	Green	Green	Green	Community	(119)	0	0	0	0
13	Block Contracts at UHL	Blue	Blue	Blue	Blue	Blue	Contracting	(104)	(205)	0	0	(205)
14	UHL Contract Price negotiation - Follow Up Ratios	Grey	Grey	Grey	Grey	Grey	Contracting	(891)	0	0	0	0
15	UHL Contract Price negotiation - CAU	Blue	Blue	Blue	Blue	Blue	Contracting	(89)	(156)	0	0	(156)
16	UHL Contract Price Negotiation - CDU	Purple	Purple	Purple	Purple	Purple	Contracting	(297)	0	0	0	0
17	UHL Contract Price Negotiation - RDA's	Purple	Purple	Purple	Purple	Purple	Contracting	(149)	0	0	0	0
20	All historic AQP contracts to be reviewed	Grey	Grey	Grey	Grey	Grey	Planned Care Workstream	(1,305)	0	0	0	0
22	Independent Sector Contract Control	Grey	Grey	Grey	Grey	Grey	Contracting	0	0	0	0	0
23	Independent Sector - manage IPT transfers from UHL	Grey	Grey	Grey	Grey	Grey	Contracting	0	0	0	0	0
24	NCA's tighter controls	Amber	Green	Green	Green	Amber	Contracting	0	0	0	0	0
27	Night Nursing contract negotiation - DHU	Blue	Blue	Blue	Blue	Blue	Urgent Care Workstream	(250)	(28)	0	0	(28)
29	DHU - all services/contracting redesign	Red	Red	Red	Red	Red	Urgent Care Workstream	0	(28)	(28)	0	0
31	LD Pool -improved case management	Green	Green	Green	Green	Green	Mental Health/LD	(603)	(504)	0	0	(504)
34	Review and redesign in ICS/IP Beds/District Nursing	Amber	Amber	Amber	Amber	Amber	CommunityServices Redesign	(306)	0	0	0	0
35	EMAS - Negotiation of 18/19 contract	Blue	Blue	Blue	Blue	Blue	Contracting	(220)	(89)	0	0	(89)
36	LD Short breaks consolidation	Purple	Purple	Purple	Purple	Purple	Mental Health/LD	(87)	0	0	0	0
37	LPT CQUIN expectation	Amber	Amber	Amber	Amber	Green	Contracting	(154)	(370)	0	0	(370)
38	Stroke Rehab Bed Numbers Reduction Following redesign and investment	Green	Green	Green	Green	Green	Community	(86)	(86)	0	0	(86)
39	Agnes unit - options for use	Grey	Grey	Grey	Grey	Grey	Mental Health/LD	0	0	0	0	0
40	Potential realignment of Community Hospital Beds across sites	Purple	Purple	Purple	Purple	Purple	CommunityServices Redesign	0	0	0	0	0
41	AHP/117 repatriation	Grey	Grey	Grey	Grey	Grey	Mental Health/LD	0	0	0	0	0
43	Vol Sector - Review VFM and service need	Green	Green	Green	Amber	Amber	Community	(218)	0	0	0	0
47	Joint Funding University of Leicester	Red	Red	Red	Red	Red	Finance	0	0	0	0	0
49	Office Accommodation savings	Purple	Purple	Purple	Purple	Purple	Corporate	0	0	0	0	0
50	In House Legal expertise	Green	Green	Amber	Green	Amber	Corporate	(45)	0	0	0	0
57	Readmissions reduction	Purple	Purple	Purple	Purple	Purple	Urgent Care Workstream	0	0	0	0	0
58	BCT Partnership office maintain spend in line with 17/18 outturn	Green	Green	Green	Green	Green	Corporate	0	0	0	0	0
59	Anticoag at UHL - moved into community	Green	Green	Green	Green	Green	Community	(167)	(123)	0	0	(123)
61	Consider Staff Car Parking Charges	Green	Green	Amber	Green	Red	Corporate	0	0	0	0	0
63	Prior approvals (IFR's) tighter controls	Purple	Purple	Purple	Purple	Purple	Contracting	(149)	0	0	0	0
67	Prescribing Incentive Scheme	Grey	Grey	Grey	Grey	Grey	Medicine Management	0	0	0	0	0
71	GPAU, Urgent Care flow and pathways - admissions impact	Amber	Amber	Amber	Amber	Red	Urgent Care Workstream	0	0	0	0	0
72	MHSOP Review	Grey	Grey	Grey	Grey	Grey	Mental Health/LD	0	0	0	0	0
73	Independent Sector Contract - Circle, Loughborough	Grey	Grey	Grey	Grey	Grey	Contracting	0	0	0	0	0
74	Biologics Support Service (UHL)	Amber	Amber	Amber	Amber	Green	Medicine Management	0	0	0	0	0
81	Review of IAPT	Amber	Amber	Amber	Amber	Green	Mental Health/LD	(500)	(500)	0	0	(500)
11 ELR	Review/Reduce expenditure on agency staff	Green	Green	Green	Green	Green	Corporate	(557)	(141)	0	0	(141)
18 ELR	PRIMARY CARE - Federation QIPP scheme impact on acute demand	Grey	Grey	Grey	Grey	Grey	Primary Care	0	0	0	0	0
21 ELR	PRIMARY CARE - CBS investments reviewed	Amber	Amber	Amber	Amber	Green	Primary Care	0	0	0	0	0
25 ELR	Review all LA Charges that come to the CCG outside of BCF	Green	Green	Green	Green	Amber	Finance	(336)	(336)	0	(336)	0
26 ELR	MPC controls	Green	Green	Red	Green	Amber	Finance	(17)	(14)	0	(14)	0
51 ELR	Primary Care Global Sum	Purple	Purple	Purple	Purple	Purple	Primary Care	0	0	0	0	0
52 ELR	Primary Care Dispensing	Purple	Purple	Purple	Purple	Purple	Primary Care	0	0	0	0	0
54 ELR	Estate Consolidation in Primary Care	Purple	Purple	Purple	Purple	Purple	Primary Care	0	0	0	0	0
55 ELR	GPIT	Blue	Blue	Blue	Blue	Blue	Primary Care	(61)	(61)	0	0	(61)
56 ELR	GP Staff Training cessation (East hosted)	Green	Green	Amber	Amber	Red	Primary Care	0	0	0	0	0
62 ELR	Prescribing Stretch to £1m	Green	Green	Green	Amber	Green	Medicine Management	(1,000)	(1,000)	0	0	(1,000)
68 ELR	Nursing Homes	Grey	Grey	Grey	Grey	Grey	Medicine Management	0	0	0	0	0
7 ELR	Primary Care - Federation QIPP, Quality SIP etc.	Green	Green	Green	Green	Green	Primary Care	(2,000)	(2,000)	0	0	(2,000)
8 ELR	Plan assumptions/Budget Reviews	Green	Green	Green	Green	Green	Finance	0	(1,015)	0	0	(1,015)
82 ELR	Stop Risk Stratification related investments	Red	Red	Red	Red	Red	Primary Care	0	0	0	0	0
A1	Cardiology	Grey	Grey	Grey	Grey	Grey	Integrated Teams workstream	0	0	0	0	0
A10	Audiology	Amber	Amber	Amber	Green	Red	Planned Care Workstream	0	(23)	(23)	0	0
A11	MSK Physiotherapy	Green	Green	Amber	Green	Green	Planned Care Workstream	(106)	(87)	0	0	(87)
A12	Physio	Amber	Amber	Red	Green	Amber	Planned Care Workstream	0	0	0	0	0
A13	Diagnostics - Imaging	Amber	Amber	Red	Amber	Green	Planned Care Workstream	0	(190)	0	0	(190)
A14	Diagnostics - Non Imaging	Amber	Amber	Red	Amber	Amber	Planned Care Workstream	0	(4)	(1)	0	(3)
A15	ED Front Door Model 1	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(24)	(9)	0	(4)	(4)
A16	ED Front Door Model 2	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(2)	(1)	0	(0)	(0)
A17	Increase & Improve Ambulatory Pathways 1	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(30)	(11)	0	(6)	(6)
A18	Increase & Improve Ambulatory Pathways 2	Amber	Amber	Amber	Amber	Green	Urgent Care Workstream	(57)	(100)	0	(20)	(80)
A19	Increase & Improve Ambulatory Pathways 3	Amber	Amber	Green	Green	Green	Urgent Care Workstream	(13)	(14)	0	(3)	(11)
A2	Respiratory	Red	Red	Red	Red	Red	Integrated Teams workstream	0	(0)	(0)	0	0

Appendix 6 Full ELR CCG QIPP Dashboard

Scheme no. for LLR Summary Report	Scheme Name	Deliverables	Milestones	Total Risks	Issues	Overall PMO RAG ratings	Grouping / Function	Annual Plan	Sum of Revised FOT	Sum of Low Finance Confidence	Sum of Medium Finance Confidence	Sum of High Finance Confidence
A20	Improved Clinical Triage	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(4)	(1)	0	(1)	(1)
A21	Expansion of Clinical Navigation Hub	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(24)	(9)	0	(4)	(4)
A22	Tighten Eligibility for NEPTS	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(56)	(432)	0	(89)	(343)
A23	Urgent Diagnostic Pathways	Red	Amber	Amber	Amber	Amber	Urgent Care Workstream	(2)	0	0	0	0
A24	Increase Support for EMAS to reduce conveyances	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	0	0	0	0	0
A25	Discharge Pathways	Red	Red	Red	Red	Red	Urgent Care Workstream	(42)	0	0	0	0
A26	Frailty	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(34)	(13)	0	(6)	(6)
A27	Passporting	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	(11)	(4)	0	(2)	(2)
A28 ELR	Medicines Optimisation (CCG)	Green	Green	Green	Green	Green	Medicine Management	(2,000)	(2,000)	0	0	(2,000)
A29 ELR	Cat M	Grey	Grey	Grey	Grey	Grey	Medicine Management	0	0	0	0	0
A3	Falls	Amber	Amber	Amber	Amber	Amber	Integrated Teams workstream	0	(58)	0	0	(58)
A30 ELR	NSCO	Grey	Grey	Grey	Grey	Grey	Medicine Management	0	0	0	0	0
A31	Biosimilar Switches	Green	Green	Amber	Amber	Green	Medicine Management	(424)	(471)	0	0	(471)
A32	Patent Expiry Humira®	Green	Green	Amber	Amber	Green	Medicine Management	(200)	(200)	0	0	(200)
A33 ELR	Move to VAT Free Route (TMP)- Tolvaptan	Green	Green	Amber	Amber	Green	Medicine Management	(20)	(2)	0	0	(2)
A34	Adult Mental Health	Grey	Grey	Grey	Grey	Grey	Mental Health/LD	(592)	0	0	0	0
A35	Section 117 and AHP	Green	Green	Green	Green	Green	Mental Health/LD	(249)	(198)	0	0	(198)
A36	MH OOA Placements - additional provision in LPT	Green	Green	Amber	Amber	Amber	Mental Health/LD	(106)	(36)	0	(36)	0
A37	LD short breaks - other reviews	Amber	Amber	Amber	Amber	Red	Mental Health/LD	(82)	(33)	(33)	0	0
A38	Community Health Services Various schemes	Red	Red	Red	Red	Red	Community	(592)	0	0	0	0
A39	Community Equipment Scheme (returned equipment)	Amber	Amber	Amber	Amber	Green	Community	0	(80)	0	0	(80)
A4	EoL - CHC Deflected Patients	Red	Red	Red	Red	Red	Integrated Teams workstream	(539)	(128)	(249)	0	121
A40 ELR	CCG Efficiencies (incl Execs)	Green	Green	Green	Green	Green	Corporate	(166)	(166)	0	0	(166)
A41	CHC	Green	Green	Green	Green	Green	CHC	(1,211)	(1,728)	0	0	(1,728)
A42	CHC Stretch	Red	Amber	Amber	Amber	Green	CHC	(650)	(139)	0	0	(139)
A43 ELR	BCF Slippage/contingency/savings plan	Green	Green	Amber	Amber	Green	Finance	(1,100)	(1,124)	0	0	(1,124)
A46	2. Repeat Ordering - FYE 3. Pregabalin - FYE 4. Technician Care Home Project - Reducing Waste	Grey	Grey	Grey	Grey	Grey	Medicine Management	0	0	0	0	0
A47	Ambulatory Care -look at closer to home services	Grey	Grey	Grey	Grey	Grey	Community	(300)	0	0	0	0
A48	Recharge for UCC outside LLR	Amber	Amber	Amber	Amber	Amber	Community	(40)	(84)	0	(84)	0
A49	Primary Care Stretch Target - as part of contractual review	Green	Green	Amber	Amber	Green	Primary Care	0	(2,000)	0	0	(2,000)
A5	EoL Reduction in Emergency Admissions	Red	Red	Red	Red	Red	Integrated Teams workstream	(40)	0	0	0	0
A50 ELR	Paediatric Pathways	Grey	Grey	Grey	Grey	Grey	Elective Care	0	0	0	0	0
A51	ICS notice (ELR - Consider alongside 34, A51, 40.)	Green	Green	Amber	Amber	Green	CommunityServices Redesign	(125)	(112)	0	0	(112)
A6	Demand Savings: New Appointments	Green	Green	Green	Green	Green	Planned Care Workstream	(235)	(235)	0	0	(235)
A7	Demand Savings: Follow Up Appointments	Green	Green	Green	Green	Green	Planned Care Workstream	(132)	(132)	0	0	(132)
A8	Demand Savings: Low Value Treatments	Green	Green	Green	Green	Green	Planned Care Workstream	(32)	(23)	0	0	(23)
A9	Pathway Redesign	Green	Green	Green	Green	Green	Planned Care Workstream	(132)	(44)	0	0	(44)
New 1 ELR	Procurement price reduction Inflectra	Green	Green	Green	Red	Green	Medicine Management	0	(61)	0	0	(61)
NEW A	PCL Utilisation	Green	Green	Amber	Green	Amber	Planned Care Workstream	0	(11)	0	(11)	0
NEW B	Pathology - Target Tests	Green	Green	Green	Green	Green	Planned Care Workstream	0	(35)	0	0	(35)
NEW C	Alliance at Reduced Tariff	Green	Green	Amber	Green	Amber	Planned Care Workstream	0	(19)	0	(19)	0
NEW D	Avastin	Green	Green	Amber	Green	Amber	Planned Care Workstream	0	(18)	(18)	0	0
NEW E	UHL CQUIN Delivery	Green	Green	Amber	Green	Amber	Contracting	0	(180)	0	(27)	(153)
NEW F	LPT Contract review including MH parity over investment	Red	Red	Red	Red	Red	Mental Health/LD	0	(50)	(50)	0	0
NEW G ELR	Budget Review	Amber	Amber	Green	Green	Green	Finance	0	(771)	0	0	(771)
NEW H	High Volume Service Users (EMAS/A&E)	Red	Red	Red	Red	Red	Urgent Care Workstream	0	0	0	0	0
NEW I	Telehealth - Dedicated line for Care/Nursing/Residential Homes	Amber	Amber	Amber	Amber	Amber	Urgent Care Workstream	0	(8)	0	(8)	0
NEW J	Audit of Readmission Rates	Red	Red	Red	Red	Red	Urgent Care Workstream	0	0	0	0	0
NEW K	Reduction of EMAS conveyancing activity/Transfer o activity to UCCs	Red	Red	Red	Red	Red	Urgent Care Workstream	0	(5)	(5)	0	0
NEW L	Reduction of isolation and unnecessary hospital activity. Frailty & Isolation - BCF and community design; so	Red	Red	Red	Red	Red	Urgent Care Workstream	0	0	0	0	0
NEW M ELR	ELR Unidentified QIPP	Red	Red	Red	Red	Red	Community	0	0	0	0	0
NEW N ELR	GPIT review: utilisation of contract efficiencies	Red	Red	Red	Red	Red	Finance	0	(25)	(25)	0	0
NEW O ELR	Assista	Green	Green	Green	Green	Green	Contracting	0	(17)	0	0	(17)
Grand Total								(19,647)	(17,986)	(432)	(674)	(16,880)

RAG Status Key:

Scheme Status	Priority	Financial Confidence
Red	Open	High Risk
Amber	Open	Medium Risk
Green	Open	Low Risk
Grey	Closed	N/A
Blue	Completed	N/A
Purple	Deferred to 19/20	N/A

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COMMISSIONING COLLABORATIVE BOARD MEETING

Paper D

Title of the report:	End of Life Care Programme of Work
Report to:	Commissioning Collaborative Board
Section:	Public
Date of the meeting:	22 November 2018
Report by:	Rebecca Perry, EoL/LLtIC Project Lead, West Leicestershire CCG
Sponsoring Director:	Tamsin Hooton - Director lead for Community Services Redesign, Leicester, Leicestershire and Rutland CCGs
Presented by:	Tamsin Hooton - Director lead for Community Services Redesign, Leicester, Leicestershire and Rutland CCGs

CCG Involvement to date:

	City	East	West	Insert name of any other groups ie ECN
Clinician	Dr Raj Than	Dr Hilary Fox	Professor Mayur Lakharni	End of Life Steering Group inclusive of clinical leads from all providers
Manager	x	x	Tamsin Hooton	QAG

Received by CCG (sub-group or equivalent) prior to CCB:

City	East	West
Governing Body	Governing Body	Governing Body

Introduction and Background

The 2017 End of Life Care business case set out to define the LLR approach to the key issues with regards to the delivery of End of Life Care identified from the LLR wide Health Needs assessment undertaken in 2016, mapped with National and local Ambitions for the delivery of quality End of Life Care to patients.

The Health Needs assessment identified;

- a very fragmented end of life pathway
- a premium offer to a small number of patients and a sub-optimal offer to the majority of patients
- overwhelming demand on Fast Track Package of Care – this is the point of least resistance
- requesting a Fast Track Package of Care is perceived as being the only way to get care at End of Life
- there are multiple providers - 5 providers (Primary Care, UHL, LPT, LOROS and Marie Curie) with 4 contractual/payment mechanisms (Tariff, Block, subcontracting and voluntary sector grants)

Through the business case the CCGs agreed to commission a 24/7 LLR wide Integrated Community Palliative Care service, so patients with complex End of Life Care needs would have access to rapid response community based care. It was agreed that this need would be realised through re-designing existing services, commissioning service gaps and investing in the new service with a predicted return of approx. 500K. There was also an agreement in principle across LLR to assess the feasibility of moving towards a contractual framework which supports the integration of existing providers into one contract during 2017/18 i.e. Alliance contract or a Lead Provider contract.

Summary of the new model

The co-designed, defined and agreed delivery model was a single point of access (SPA) for both referring clinician and patient carer, with an integrated team (staffed across providers (LPT, Marie Curie & LOROS) assessing and triaging patients in the community and delivering co-ordinated care according to individualised need to patients across LLR. It looked to maximise on the opportunities for patients to have care delivered in their preferred place of death by an integrated specialist community palliative care based team. End of Life Care patients would include patients who would have been supported by CHC Fast Track packages of care or admitted to hospital, but would benefit from a more individualised community package of care delivered in their preferred care setting. This integrated offer may include support from core nursing teams, specialist HCAs/Hospice at Home, and CHC funded domiciliary care, making best use of available resources.

Whilst there remains goodwill and co-operation across providers and an understanding of the need to deliver a more integrated service from April 2019, over

the past 6 months of mobilisation we have met with significant challenges with regards to operational issues and the model of care. Working together to combat these challenges, progress has been made towards testing a model of integrated triage and co-ordination hub.

The work to develop an integrated End of Life Care service has highlighted the key role core community services play in delivering End of Life Care, particularly District Nurses and the Intensive Community Support service. It is now apparent that there is a need for a more fundamental approach to changing the way that End of Life Care is commissioned and contracted for. There are benefits therefore in aligning the End of Life care re-design to the Community Services re-design work.

Delivery Risks & Challenges

The Governance for this workstream has been sought through the End of Life Care Steering Group with delegated authority for the delivery of the mobilisation of the new service given to the End of Life Care operational group who have in turn supported the delivery of the project plan through the Clinical End of Life Care mobilisation group.

This complex programme of work has required significant management of inter-provider relationships and organisational development, to bring providers to a point where they could effectively work towards the envisaged integrated service. Evidence from similar models, such as Mid-Nottinghamshire demonstrate that the time taken to develop effective relationships in these new models of care cannot be underestimated, but that these are positive steps towards greater future integration.

Investments have to date have focused on boosting the generalist hands on care offer to patients delivered by the Marie Curie night and day workforce delivered through the LPT Hospice @ Home service. In terms of the overall delivery of the mobilisation plan slow roll-out of the service plan has been down to

- OD issues surrounding the retention of the day-time Marie Curie Health Care Assistants within the LPT Hospice & Home team
- OD issues around job roles and responsibilities across Specialist Nursing workforce
- Generalist/Specialist resource gaps

Initially investments in Marie Curie Night Sitting were not being used effectively with 30% under-utilisation of the staff. However during the phase 1 of testing 2 dedicated Marie Curie Staff have been well utilised by the new service allowing patients within the service to have support out of hours, avoiding admission or referral to fast track.

As part of the mobilisation of the new service, initial testing of a more integrated service was undertaken during the month of October 2018. It focused on the triage element of the model and delivery of the co-ordinated care across providers to both step up and step down patients. The cohort included patients who may have relied

on CHC Fast Track packages of care who were discharged into the community for assessment of care based on their individual needs. This has allowed for a more flexible approach to the delivery of specialist palliative care to End of Life Care patients who meet the referral for this palliative care service.

Initial analysis has shown 15 patients were supported in the service during the month of testing, of which 50% of patients had generalist end of life needs and 50% specialist needs. Referrals into the pilot service were slow to come from UHL wards, so referrals were also taken of patients in the community. A longer mobilisation period is needed to embed awareness of the service and it is hoped this will be run from December to March.

Currently evaluation of this short testing period is being undertaken and includes:

- Analysis of the referral data captured in the dedicated Community System one unit
- Patient Satisfaction data – family and carers feedback on the new service
- Operational impact to the joint workforce in terms of joined workforce triage of patients (use of the new triage tool)
- Addressing concerns the three partners may have

An LLR provider meeting planned for 15th November, led by the CCG, is intended to secure further LLR wide provider commitment to ramp up the testing phases throughout the rest of the financial year to ensure maximum impact on reducing CHC and preventing admission, working towards delivery of a fully integrated palliative care service on 1 April 2019. This provider commitment to continuing to work together in advance of April 2019 to put in place elements of the model will ensure we have the learning we need to redefine the model (including any capacity gaps) and give us the best chance of success for the full integration of the service in Spring 2019.

Quality and Patient Experience

During the first phase of testing, staff from across organisations have worked very well together to deliver good quality care to the 15 patients using the jointly developed Standard Operating procedure and triage tool. The feedback from the Marie Curie post death survey from families and carers identifies that the dedicated night sitting and daytime service has supported patients to die in their preferred place of death and this support along with the awareness that families and carers have on how to access additional clinical care when needed has prevented patients being admitted/re-admitted to hospital. The investment in the daytime Marie Curie care within Hospice & Home has enabled the service to deliver hands-on care to patients which is focused on their specific needs and has prevented patients discharged into the community applying for further support through Fast Track packages of care. The recording of information onto the new Community Systemone unit has enabled the mobilisation team to track patient care delivered across providers. This will enable us to learn lessons on how care can be delivered more effectively in the

future across the integrated team and how the skills of the team can be effectively harnessed to deliver co-ordinated patient care in the community.

Financial Impact to date

The QIPP saving for the End of Life Care programme signed off in the business case was based on a £1.5m reduction in Fast Track CHC funding and £100,000 QIPP saving associated with non-Elective (NEL) admissions, once the service was fully mobilised. Challenges with attributing NEL savings for end of life to specific Healthcare Resource Groups (HRGs) and concerns about double counting with other QIPP schemes resulted in the NEL saving for 18/19 being removed from the scheme, and incorporated in the CHC QIPP scheme although the scheme will undoubtedly contribute to the shared NEL target for 19/20 and this is currently being modelled.

Although some additional capacity in the form of 3 HCAs was recruited into the Hospice at Home service in May, mobilisation delays have prevented any measurable impact on CHC fast tracks until October 2018 when first phase of testing the triage element commenced. In recent months the system has now gained a greater understanding of potential impact and the cost of Fast Track CHC packages based on the last weeks of life.

Initial modelling indicates that, for the 15 patients in the initial test, assuming these would all have been CHC avoided costs, not admissions, which for step up referrals might have been the case, a conservative estimate of the avoided CHC cost is **£6,417** for the initial 15 patients. Projected forward from December to March this will release at least a further £25,668 of savings in CHC, again assuming no admission avoidance savings. These figures are likely to under-represent real cost improvements for the system once the model is at full capacity.

Work is on-going to cost these future savings opportunities for both Fast Track CHC packages of care and non-elective admissions. The proposed plan from the end of November 2018 is to triage ALL CHC Fast Track referrals through one single point of access which will allow us to see a further financial benefit albeit this will be at a lower level than the original financial base line figure, due to changes in costing methodology.

Investments

Planned investments in the original business case agreed by the CCB by CCG are listed below;

	17/18 PYE	FYE 19/20
LC CCG	£ 110,244	154,671
ELR CCG	£ 121,072	169,861
WLCCG	£ 106,307	149,147
	£ 337,622	£ 473,679

**Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group**

Actual investment levels have been below planned business case levels, partly due to phasing of mobilisation, but also due to changes to the model of the triage hub.

The table below shows the current level of committed spend for this stage of the mobilisation of the service. Forecast PYE18/19 investment is **£209K**, of which £92,755 has been spent by the end of September with a maximum further £116,705 by the end of the financial year to support the mobilisation and to deliver hands on care. Of this figure, some commitments are still discretionary in Q4, so minimum expenditure for 18/19 is **£155,686**.

Investment Description	Detail	PYE 18/19	FYE 19/20	Benefit of resource/ Risks/ options re savings
Expenditure to date: April- September 2018				
Palliative Care Consultant in Community	5 sessions/wk	£27, 541	£56,697	Clinical lead enabling/ supporting implementation
Increase Night Sitting Service	3 x Marie Curie HCAs	£22,500	£45,000	Resource to manage in community avoiding acute admissions/ reducing LOS and CHC costs
Daytime HCAs	5 Marie Curie HCAs (Band 3) - Investment from May 2018	£42,714	£116,740	Resource to manage in community avoiding acute admission reducing LOS and CHC costs
Total expenditure to date		£92,755	£218,437	
Committed expenditure: October- March 2019				
Increased Night Sitting Service	3 x Marie Curie HCAs	£22,500		Resource to manage in community avoiding acute/ CHC costs
Daytime HCAs	5 Marie Curie HCAs (Band 3)	£26,256		Resource to manage in community avoiding acute/ CHC costs
Palliative Care Consultant (Oct-Dec)	5 sessions/wk	£14,175		Provide clinical management to service
Total committed expenditure		£62,931		
Uncommitted planned expenditure: October- March 2019				
Palliative care Consultant Dec-March	5 sessions/wk	£14,175		Clinical leadership to specialist nurses (Could be reduced to 2PA as in BC). This would save £8,505
LPT staffing for SPA from December to March		£39,599		Enables single triage point creating efficiency in provision and increasing combined service capacity
Total uncommitted expenditure		£53,774		

Investment for the SPA based within LPT (£180k) was identified in the original business case, at the level of £180,000 for a full year. This expenditure is now unlikely in 18/19, as there is CQUIN funding to LPT for mobilising the service, and the triage hub is currently hosted by LOROS. There may be a need for some investment in an EOL SPA in 19/20, but this is already reflected in the initial business case figures.

Investment to date has largely been increased funding to employ daytime HCAs, boosting the Marie Curie Night Sitting service, funding to build the Community Systemone unit and the Palliative Care Consultant to lead the clinical work of the new service. The investment in the operational nursing and HCA staff, which is the majority of the investment, provides hands on care, and if this funding is withdrawn, there will be a direct impact on ability to keep people at home, with an impact on admission levels and on people dying in hospital.

Clinical Leadership

Clinical leadership in the service is currently being provided by a community based Palliative Care Consultant, funded with additional investment agreed in the original 2017 business case. Existing consultant resource from LOROS and UHL was initially explored to support the new service. This could not be sourced as there is currently a lack of consultant resource across LLR. This was modelled in the Health Needs assessment as a gap of 5 Palliative Care consultants.

A clinical lead has been supporting the service for 5 sessions a week to date. It is proposed that this drops to 2 sessions from December, which will reduce planned expenditure by £8,505 PYE and £24,020 FYE.

The Clinical leadership for integrated palliative care services needs to be reviewed, in the light of learning from the work so far and dependent on the extent to which services become further integrated. This needs to address clinical management of the triage hub, hospice at home model and the specialist palliative care teams.

Future proposals

The initial work, whilst not yet delivering the scale of savings anticipated, is showing a quality improvement in care in terms of delivering co-ordinated End of Life Care within the community, assisting with timely discharges for hospital and allowing patients to realise their goal of dying in their preferred place. The work to date has shown that there is potential for delivering a much better integrated EOL, which gets better outcomes by co-ordinating support from currently fragmented services to keep people in their chosen setting, avoiding admissions and reducing CHC costs.

It is clear that the original model needs some modification to respond to the learning and to fit with the future model of community services in LLR. The proposed way forward is therefore to:

- Align the End of Life Care workstream to the Community Services Redesign in order to ensure that the implications for core nursing services are reflected in changed specifications and any future contract or procurement changes.
- Clearly define and specify the End of Life care generalist offer within the District Nursing teams in LPT
- Define opportunities to triage all CHC Fast Track packages of care through the triage hub
- Redefine the current LPT End of Life Care Specifications to ensure the right care is being commissioned for patients in terms of the generalist and specialist offer

Recommendations

The Commissioning Collaborative Board is asked to:

- **NOTE** the progress made towards developing an integrated End of Life Care pathway
- **SUPPORT** the further work to develop an integrated EOL triage and co-ordination hub
- **SUPPORT** the continued investment in the clinical team to support patients in the community – night sitting and daytime Health Care Assistants.
- **AGREE** continued investment in a Clinical lead to March 2019, but reducing sessions to 2 from January 2019 whilst the future clinical input from April 2019 is scoped
- **AGREE** that the work should be aligned to the Community Services re-design in order to ensure that access points to EOL and use of core nursing are clearly specified and commissioned to meet patient needs.