				S South: - South East Coast Arings for progress against QIPP				
For SHA USE Summary commentry on I Summary commentry for	PCT clusters	progress has been made of	peen made on retining milestone on milestones, month 2 financial I through the SoE Performance	I savings are reporting below p Management Framework and fo	lan, although this is expected t	o be back on track at month 3. eting with PCT Clusters. QIPP le	Where risks have been identified	d through the QIPP tracker
Report for the month of:	Date			,	PCT Clusters	3.		
Domains	Totals for RAG Rating	Kent & Medway	Surrey	Sussex	PCT Cluster 4	PCT Cluster 5	PCT Cluster 6	PCT Cluster 7
	Red Amber Green	Green	Green	Green	RAG Rating	RAG Rating	RAG Rating	RAG Rating
Initiative 1	Narrative			All milestones are green				
	0 0 3	Green	Green	Green	RAG Rating	RAG Rating	RAG Rating	RAG Rating
Initiative 2	Narrative	Work is on track		All milestones are green				
	0 0 3	Green	Green	Green	RAG Rating	RAG Rating	RAG Rating	RAG Rating
Initiative 3	Narrative			All milestones are green				
	0 1 2	Green	Amber	Green	RAG Rating	RAG Rating	RAG Rating	RAG Rating
Initiative 4	Narrative		There has been some slippage in terms of the recruitment for psychiatric listicon potes. This is a risk to the delivery of the required reduction in non elective activity. Mitigating actions are in place to reduce this impact.	All milestones are green				
	0 0 2	Green	Green	RAG Rating	RAG Rating	RAG Rating	RAG Rating	RAG Rating
Initiative 5	Narrative	Schemes on Target and work in progress						
	0 0 2	Green	Green	RAG Rating	RAG Rating	RAG Rating	RAG Rating	RAG Rating
Initiative 6	Narrative	Work is on track						
	0 0 1	Green	RAG Rating	RAG Rating	RAG Rating	RAG Rating	RAG Rating	RAG Rating
Initiative 7	Narrative							
SHA narrative on PCT clust	ter progress							

RAG Rating

RAG Rating

RAG Rating

RAG Rating

RAG Rating

Overall RAG rating for QIPP programme

To be completed by PCT cluster and moderated by their SHA cluster

RAG Rating

RAG Rating



Yr 1 FIMS savings delivered (forecast outturn) 2011-12 (£000s)																													
Yr 2 Plan FIMS savings for 2012-13 (£000s) £76,318																													
Yr 3 Plan FIMS savings for 2013-14 (£000s)	-																												
Yr 4 Plan FIMS savings for	_																												
2014-15 (£000s)  Total savings years 1-4 (£000's)  F335,716																													
(should equal savings for the CSR period (Cell C8))  Estimated value of centrally																													
reported QIPP initiatives in remaining CSR period (£000's) £139.123																													
(Should be <50% of years 2-4 (Cells C11:C13))  QIPP Initiative Planning																													
QIPP Initiative scale and title (this should be one of the 5 7 sub-programme area which will contribute to material savings in FIMS Categories)	Scale		PCT cluster	Title															Urgent Care										
FIMS Categories where this initiative will impact (n.b. the sum of savings across all initiatives should be <50% of	Primary FIMS category for savings	Acute Contracts (Non Elective)	Estimated savings 2012-13 (£000's)	£14,831	Estimated savings 2013-14 (£000's)	s £32,158	Estimated savings 2014-15 (£000's)		Secondary FIMS category for savings		Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		Additional FIMS category for savings		Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		Additional FIMS category for savings		Estimated savings 2012-13 (£000's)	Esti 2013	stimated savings 113-14 (£000's)
planned savings)  Totals of planned savings from this initiative (£000's)			FIMS savings 2012-13	£14,831	FIMS savings 2013-14	£32,158	FIMS savings 2014-15		Total for CSR period	£46,989			(0.000)								()		,				, ,,,,,,		()
QIPP workstreams supporting this initiative (title /	Workstream 1A	Partacian of Same D	ay emergency care pathways	Workstream 1B		urgent care pathways	Workstream 1C			Workstream 1D			Workstream 1E			Workstream 1F			Workstream 1G			Workstream 1H			Workstream 1I		We	orkstream 1J	
description narrative required)  Focus of workstreams	TO REAL CAST IN	redesign of dame b	ay emergency care parimays	Workshied II 15	Redesign of	argani care patrinays	Workstream 10			Workshould 15			Norkarioum 12			HORACCAII II			Nortalitali 10			Worksteam III			TO NOTICE IT			Orkarcum 10	
Optional SHA FIMS Categories (Use where these have been defined within your SHA)		Estimated savings			Estimated savings			Estimated savings in-year			Estimated savings			Estimated savings			Estimated savings in-year			Estimated savings in-year			Estimated savings			Estimated savings		Estim	timated savings
Milestone type	QIPP 1 End state 12-13	QIPP 1 End state 13-14	QIPP 1 End state 14-15	QIPP LM 1.1	QIPP LM 1.2	QIPP LM 1.3	QIPP LM 1.4		QIPP LM 1.6	QIPP LM 1.7	QIPP LM 1.8	QIPP LM 1.9	QIPP LM 1.10	QIPP LM 1.11	QIPP LM 1.12	QIPP LM 1.13	QIPP LM 1.14	QIPP LM 1.15	QIPP LM 1.16	QIPP LM 1.17	QIPP LM 1.18	QIPP LM 1.19	QIPP LM 1.20	QIPP LM 1.21	QIPP LM 1.22	QIPP LM 1.23	QIPP LM 1.24		QIPP LM 1.26
End state: Enter a description of how the initiative will affect the local healthcare sytem e.g. activity, transfers, quality/adverse quality indicators, health inequalities,	There will be a reduction in long and short stay admissions for people with conditions for same day emergency care.	There will be a reduction in long and short stay admissions for people with conditions for same day emergency or	The number of unplanned hospital admissions will be reduced as a result redesigned urgent and same day.	Introduction of best of practice tariff for same	Clinical leadership group will have identified a further 3	Same day emergency Care Pathways for implementation in	y Second designation visit to Trauma Units	Agreed prioritised list is same day emergency	t of Redesigned urgent care strategic model	phase of best practice	Progress implementation & review progress of	Progress implementation & review progress of																	
incidence/prevalence of illness, morbidity/mortality from specified acute or long term health conditions. And; quantify the number / percentage change you are	for In-patient capacity The specific pathways and numbers of	t resulting in a reduction in the requirent for In-patient capacity The specific pathways and numbers of	are, redesigned urgent and same day ment emergency care pathways; in particula that  4. All 49 conditions/ scenarios contained within the Directory of AEC for Adults v	r (First Phase)	specialist pathway areas for review (eg trauma)	by urgent care boards by end July, including	Trauma system is	and implementation			(dependant on plan	same day emergency care pathways (dependent on plan																	
planning to effect.  Provide at least one end state ideally for 2015. For some initiatives, it may be more appropriate to break this down	pathway will be agreed by end July 2012.	pathway will be agreed by end Dec 20	within the Directory of AEC for Adults v have been considered, opportunities for pathway development reviewed and a t clear decision made as to whether serv	or		estimate of numbers of patients planned to follow the pathway.	of operational across Ke & Medway	ent dates for each pathway to be set when pathway signed off	ay ay		agreed Dec 2012)and agree a revised action plan with urgent care	any tariff changes) and agree a revised action																	
into end states for each remaining year in the CSR period or an end state which falls before 2015.	further strategic redesign, including specialist pathways) will have been agreed by CCGs (linked to NHS 111	strategic redesign, including specialis pathways) will have been implemente CCGs	by redesign is required.  By considering the Potential								boards, which will include specific patient activity	plan with urgent care boards, which will include specific patient																	
Milestone Descriptors: Enter descriptions of the high level milestones from your integrated plan. Milestones should be provided for key deliverables or outcomes such as decision points (go or no go) and review points	initiative)		Opportunities and redesigning services as considered appropriate it is intende to maximise the number of patients wh	d								activity'																	
that will do to bring about the changes in the local healthcare system as described in the end state. Risks/issues: Enter descriptions of risks or issues which			are assessed/diagnosed/treated and discharged without the need for a stay a hospital bed – i.e. treated using an Ambulatory Emergency Care pathway.	in																									
relate to the initiative.  Relevant SUS performance indicators  Activity indicators being monitored to identify progress against			•The financial impact of any additional											Increased numi	er of patients accessing	non-acute unplanned ca	are and reduction in acute a	attendances											
milestones (SUS indicators) Anticipated performance at period end																													
Relevant UNIFY performance indicators Other operating framework measures being tracked to identify progress against milestones		'	<u>'</u>																										
(UNIFY indicators) Anticipated performance at period end																													
Relevant ESR / workforce performance indicators		T.																											
(ESR / workforce indicators) Anticipated performance at period end  Relevant other key performance indicator(s)))																													
(Other KPIs) Anticipated performance at period end																													
QIPP Initiative Reporting Milestone type	QIPP 1 End state 12-13	QIPP 1 End state 13-14	QIPP 1 End state 14:15	QIPP LM 1.1 and	QIPP LM 1.2 end	I QIPP LM 1.3 end	QIPP LM 1.4 end	QIPP LM 1.5 end	QIPP LM 1.6 and	QIPP LM 1.7 end	QIPP LM 1.8 end	QIPP LM 1.9 end	QIPP LM 1.10 end	QIPP LM 1.11 end	QIPP LM 1.12 end	QIPP LM 1.13 end	QIPP LM 1.14 end	QIPP LM 1.15 end	QIPP LM 1.16 end	QIPP LM 1.17 end	QIPP LM 1.18 end	QIPP LM 1.19 end	QIPP LM 1.20 end	QIPP LM 1.21 end	QIPP LM 1.22 end	QIPP LM 1.23 end	QIPP LM 1.24 end	QIPP LM 1.25 end	QIPP LM 1.26 end
Milestone due date	Mar-13	Mar-14	Mar-15	Apr-12 Progress against mileste	Apr-12 tone Progress against miles	Jul-12 stone Progress against milesto	Nov-12 one Progress against milest	Dec-12 one Progress against milestor	QIPP LM 1.6 end  Mar-13  one Progress against milestone	Apr-13 Progress against mileston	Sep-13 ne Progress against milestone	Jun-14 Progress against milestone	Progress against milestone I	Progress against milestone	Progress against milestone	Progress against milestone	e Progress against milestone	Progress against milestone		Progress against milestone	ne Progress against milesto	ine Progress against milestone	e Progress against milestone	Progress against mileston	Progress against mileston	e Progress against milestone	Progress against milestone Pro	ogress against milestone Prog	ogress against milestone
Progress reporting against milestones and	Guidance for reporting progress of the initiative	page should be reported highlighting impact on o				Pathways agreed in Medway Due for discussion a	board meeting held																						
Initiative 1	<ul> <li>Monthly (optional) Report overall progress of the</li> </ul>		g actions where relevant ing an assessment of progress against performance			WK meeting on 2 Jul	Interim internal revie of Medway and MTI completed and	W																					
Milestone status			but no material impact on delivery scope or			Awaiting confirmation Fast Kent	n in progressing well. Further discussions	in																					
Date	completed = on time and in full; in-progress impact; Delayed - red = due date has passe Forecast delivery	c; Delayed - amber = due date has passed d and there is / will be material impact on Forecast delivery	but no material impact on derivery scope or delivery scope or impact  Forecast delivery	Completed Forecast delivery	Completed Forecast delivery	In progress y Forecast delivery	In progress Forecast delivery	In progress Forecast delivery	In progress Forecast delivery	In progress Forecast delivery	Work not yet commenced Forecast delivery	Work not yet commenced Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery
Month 9 Dec-11  Month 10 Jan-12  Month 11 Feb-12																													
Month 1 Apr-12  Month 1 Apr-12  Month 2 May-12  Month 3 Jun-12	Mar 13 Mar 13	Mar 14 Mar 14	Mar 15 Mar 15	Apr 12 Apr 12	Apr 12 Apr 12	Jul 12 Jul 12 Jul 12	Nov 12 Nov 12 Nov 12	Dec 12 Dec 12 Dec 12	Mar 13 Mar 13 Mar 13	Apr 13 Apr 13 Apr 13	Sep 13 Sep 13 Sep 13	Jun 14 Jun 14 Jun 14																	
Month 4 Jul-12 Month 5 Aug-12 Month 6 Sep-12																													
Month 8 Nov-12 Month 9 Dec-12 Month 10 Jan-13 Month 11 Feb-13																													
Month 11 Feb-13 Month 12 Mar-13 Month 1 Apr-13 Month 1 Apr-13																													
Month 3 Jun-13 Month 4 Jul-13 on Month 5 Aug-13																													
Month 6 Sep-13 Month 7 Oct-13 Month 8 Nov-13																													
Month 9 Dec-13  Month 10 Jan-14  Month 11 Feb-14  Month 12 Mar-14																													
Month 1 Apr-14 Month 2 May-14 Month 3 Jun-14																													
Month 4 Jul-14 Month 5 Aug-14 Month 6 Sep-14 Month 7 Oct-14																													
Month 10   Jan 12																													
Month 10 Jan-15  Month 11 Feb-15  Month 12 Mar-15  Month 1 Apr-15  Month 1 Number of CCGs samed up to this milestone	9	9				0					0	0	9	,	2		0	p	,				0				8	8	8
Number of CCGs who have completed this milestone Percentage of PCTs completing this milestone	0	0				0	0	0		0				,	-		0	٥		٥								-	0
	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0	0	0 0%	0 0%	0 0%	0 0%	0	0 0%	0 0%	0	0	0 0%	0%	0	0 0%	0	0%	0%

2012- 2013 Milestone Tracker

	Estimated savings 2014-15 (£000's)		
	2014-15 (2000 5)		
	Workstream 1K		
		Estimated savings	
QIPP LM 1.27	QIPP LM 1.28	QIPP LM 1.29	Risks and issues (initial level)
QIPP LM 1.27 end	QIPP LM 1.28 end	QPP LM 1.29 and	PAG ration for t
QIPP LM 1.27 end	GPP LM 128 and	QPP LM 1.29 and	Initiative Green
			Initiative
			Initiative
			Initiative  Green 0  Delays (Combined
Progress against milestond	Progress against milestone	Progress against milestone	Initiative  Green 0  Delays (Combined
Progress against milestond	Progress against milestone	Progress against milestone	Delays (Combined  0  Delays (Combined 0 0 0 0 0 0 0
Progress against milestond	Progress against milestone	Progress against milestone	Initiative  Green  0  Delays (Combined  0  0  0  0  0  0  0  0  0  0  0  0  0
Progress against milestond	Progress against milestone	Progress against milestone	Initiative  Green  Delays (Combane)  Bellys (Com
Progress against milestond	Progress against milestone	Progress against milestone	Initiative  Green  Design (Combined  Both
Progress against milestond	Progress against milestone	Progress against milestone	Delays Combined  Delays Combined  B  B  B  B  B  B  B  B  B  B  B  B  B
Progress against milestond	Progress against milestone	Progress against milestone	Initiative  Green  Datays (Combined  Bodys (Combined  Body (Combined  Bodys (Combined  Body
Progress against milestond	Progress against milestone	Progress against milestone	Initiative Green  Delays (Combrade  8  8  8  8  8  8  8  8  8  8  8  8  8
Progress against milestond	Progress against milestone	Progress against milestone	Green   O   O   O   O   O   O   O   O   O

Scale	P	PCT cluster	Title														Lor	ong term conditions												
MS Ador savings	ute Contracts (Nor	Estimated savings 2012-13 (£000's)	£15,603	Estimated savings 2013-14 (£000's)	Estim 2014-1	nated savings 15 (£000's)	Secondary l	FIMS or savings	Es 20	stimated savings 012-13 (£000's)		Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		Additional FIMS category for savings	Estir 2012	timated savings 12-13 (£000's)	Estimate 2013-14 (	nted savings 4 (£000's)	Estimated sav 2014-15 (£000'	ngs	Additional FIMS category for savings		Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)	
		FIMS savings 2012-13				savings 040.44	_		£35,917																					
2A	Te	elehealth	Workstream 2B	Predictive risk me	el Works	stream 2C	Cancer pathways	Workstr	ream 2D			Workstream 2E			Workstream 2F		Wor	orkstream 2G		Workstr	tream 2H		Workstream 2I			Workstream 2J			Workstream 2K	
Est in-	imated savings year			Estimated savings in-year		Estimated saving In-year			Est in-y	timated savings -year			Estimated savings in-year			Estimated savings in-year		Estimates in-year	d savings		Estimated savings in-year			Estimated savings in-year			Estimated savings in-year			stimated savings -year
ncressed Do	tiante hava increse	14 QIPP 2 End state 14-15 used Patients have increased	Diek etralification and	Profile of activity Oneral	al nuidance Social	QIPP LM 2.4 QIPP LM care data link Agreement by	ach Early indicate	tors from All organ	QIPP LM 2.7	QIPP LM 2.8 rofile of 13/14 LTC	QIPP LM 2.9	Streamlined lung	QIPP LM 2.11 In line with National	QIPP LM 2.12 High level options	QIPP LM 2.13  Decision about the	QIPP LM 2.14  A decision about the Co	commentaries on Up to	to 3 new linac	QIPP LM 2.17 QIP	QIPP LM 2.18 QII	QIPP LM 2.19 QIPP LM 2	0 QIPP LM 2.21	QIPP LM 2.22	QIPP LM 2.23	QIPP LM 2.24	QIPP LM 2.25	QIPP LM 2.26	QIPP LM 2.27	QIPP LM 2.28	QIPP LM 2.29
receive aw ent to pr se the pr	rareness and receivoactive treatment to event or reduce the	awareness and receive to proactive treatment to prevent or reduce the	decision tools for CCGs Outline Business case submitted to the Kent &	reduction by CCG up to availat support with CCGs.	to CCGs to include elivery of new Medware based on Inform	ed in Kent & CCG to deploy ray Health specific risk latics Service data stratification to	inform 2013	contract	tratification tool ac	CG confirmed	Telehealth base units are in place and in us	s cancer pathways in place	campaigns carried out	appraisal complete for radiotherapy	new linacs to be taken by the CCG	electronic prescribing El- system for cancer inc	lectronic prescribing and included in contract incre	rease capacity and												
result, co	pact of long term nditions. As a resultients benefit from:	impact of long term ult, conditions. As a result, patients benefit from:	Medway Clinical Commissioning Committee for	local a	ysis wareh	supplied by the data warehous secured, in ad	single is						following successful trial in 11/12. More Campaigns will follow		commissioners in line	chemotherapy so administration in all W Kent & Medway Acute be	chedules as required. impr fork to be developed	prove access												
ival - li	ncreased survival es;	Increased survival rates; f - Improved quality of	agreement.			the two decisions support tools to also available	et are						in time.			Provider Trusts will be No made by a Chief Co	etwork and contracting and													
life ed - F	ewer unplanned	life; - Fewer unplanned				CCG's in Kent Medway.										Executive Led group Pr with Cancer Partnership Board, ac	cute/other provider													
m	onitored the interim	hospital admissions CCG s will have monitored the interim														pr	rovision													
is ac finalised gu	hievement of the antified benefits se	achievement of the quantified benefits set ted out in 2012/3 projected																												
cted by for	ward to 2013/14, to	to forward to 2014/5, to show year on year																												
12-13	DIPP 2 End state 13-1 Mar-14	14 QPP 2 End state 14-15 Mar-15	QPP LM 2.1 end Jul 42	QPPLM 2.2 and QI	LM 2.3 end Q	IIP LM 24 erd	and GIPP LM	A 2.5 end QPF	PP LM 2.7 end	QIPP LM 2.8 and	OIPP LM 2.9 and Mar-13	QPP LM 2.10 and Apr.12	QIPP LM 2.11 and 3/4-12	QIPP LM 2.12 and Sep 12	GIPP LM 2:13 end Oct-12	QPP LM 2.14 end	QPP LM 2.15 end (April 3	QIPP LM 2-16 and QIP Mar-14	P LM 2.17 end QIPP	P LM 2.18 and QIPP	PP LM 2.19 end	end QIPP LM 2.21 en Sep-12	QIPP LM 2.22 and	QIPP LM 2.23 erd	GPP LM 2.24 erd	QPP LM 2.25 end	CRPP LM 2.26 and	QIPP LM 2.27 end	GIPP LM 2.28 and	QIPP LM 2.29 end
ing progress ted monthly	on milestones as required. Slippage s	rhould be reported highlighting	Progress against milestone	Progress against milestone Progres	gainst milestone Progres	ss against milestone Progress agains	milestone Progress again	12.6 end QPF 112 Inst millestone Progress i	PP LM 2.7 end Jan-13 s against milestone Pro	rogress against milestone	Progress against milesto	one Progress against milestor	ne Progress against mileston	ne Progress against mileston	GIPP LM 2:13 end Oct 12 no Progress against milestor	ne Progress against milestone Pro	OPPLM 2.15 and Appel 3 Appel 3 Togriss against milestone Progress	OIPP LM 2.16 and OIPP LM 2.16 and organization of the control of t	PLM 2.17 and GIPP.  s against inflections Progress a	PLM 2.18 end GPPP applicat milestone Progress	PFLM 218 and OPPLM 21 Opt 12 July 2 a gallest missione Progress against	end GPP LM 221 en Sep 12 Blestone Progress against milk	QIPP LM 222 end	OIPP LM 2.23 end	QIPPLM 224 and	QPP LM 2.25 and	OPP LM 2.26 and	QIPP LM 2.27 and Progress against milestone	QPP LM 2.08 and	QPP LM 229 and progress against milestone
ng progress led monthly in KPIs and	on milestones is required. Slippage s () with mitigating action	should be reported highlighting ons	Progress against milestone Risk stratification and decision tools for CCGs Outline Business case	Progress against milestone Progres This trajectory for future years will not be agreed until 13/14	gainst milestone Progres	ss against milestone Progress against track for end of month agreement: Practise data	milestone Progress againg reed. haring	426 end QPP 122 Progress i	s against milestone Pro	In progress - This ajectory will be agreed when 13/14	On target - business	one Progress against milestor	Completed with further campaigns to come in line with national	ne Progress against mileston er In progress	GIPP LM 2.13 end Oct-32 Oct-32 Progress against mileston	OPPLM 2.14 and Marc 3 progress against relation Progress in progre	OPPLM 2.15 and factors and fac	OPP LM 216 and OPP LM	PLM 2:17 and QPP1	PLM 2.18 and QPP	PFLM 2.19 and OPPLM 2.3 On 17 Jan 2 support missions Progress against	end QPP LM 221 en Sup 12 Sup 1	QPP LM 222 end	QPP LM 2.23 and Progress against infliction	GIPPLM 224 end a Progress against milestone	OPP LM 2.25 and	QPP LM 236 erd	QIPP LM 2.27 end Progress against missione	QPP LM 2.8 end	CJPP LM 2.29 and groups against milestone
ng progress ed morthly in KPIs and ing progress o report over	on milestones is required. Slippage s c) with mitigating action for the workstream rall progress of the init give namative on overs	should be reported highlighting ons aliative along with risks, issues and rail progress of the initiative and	Progress against milestone  Risk stratification and decision tools for CCGs Outline Business case approved by the Kent & Medway Clinical	Progress against milestone Progres This trajectory for future years will not be agreed until 13/14	gainst milestone Progres	ss against milestone Progress agains track for end of	ng reed. haring being roll out	4 2.6 end QPP 12 Progress 6	s against milestone Pro	In progress - This ajectory will be agreed when 13/14 commissioning intentions are	On target - business case for support is	one Progress against milestor	Completed with further campaigns to come in	ne Progress against mileston er In progress	GIPP LM 2:13 and DS-12 and Progress against mileston	ne Progress against milestone Pro	OPP LN 2:15 and April 3 April 3 Togrates against milestone Progr	OPP LM 2 16 ord OPP Mar 14  gress against milestone Progress	PLM 2.17 and QIPPI applies in Restore Progress a	PLM 2.16 and GPP spalest milestone Progress	PPLM 219 and OPPLM 2.0 On 12 AA12 support missions Progress against	end OPP LM 2.21 or Sup-12 Okustono Progress against milk	OPP LM 227 and	OIPP LM 2.23 and Progress against mileston	GPP LM 2.24 and	QPP LM 2.5 and	OPP LM 236 end Progress against milestone	QIPP LM 2.27 end Progress against influsione	QPP LM 2.28 erd Progress against inflations P	GPP LM 2.29 and groups a spained milestone
g progress d monthly i KPIs and i g progress report ove and should is. It should s, and fina	on milestones as required. Slippage s c) with mitigating action for the workstream rail progress of the init give namative on overa it include an assessme noe along with risks an	should be reported highlighting ores  alitative along with risks, issues and rail progress of the initiative and ent of progress against and mitigating actions	Progress against milestone Risk stratification and decision tools for CCGs Outline Business case approved by the Kent & Medway Clinical Commissioning	Progress against milestone Progres This trajectory for future years will not be agreed until 13/14 commissioning intentions are	gainst milestone Progres	ss against milestone Progress against track for end of month Data sha agreement: Practise data sign off form	ng reed. haring being roll out k Sept	# 2.8 and QPP # 22 # 12 # 12 # 15 milestonic Progress is	s against milestone Pro	In progress - This ajectory will be agreed when 13/14 commissioning	On target - business case for support is	one Progress against milestor	Completed with further campaigns to come in line with national	ne Progress against mileston er In progress	GIPP LM 2-13 and Oct 32 and Progress against mileston	ne Progress against milestone Pro	OPPLM 2.15 and Appl 2.15 and A	OPP LM 2 16 and OPP LM 2 16 and March 4	PLM 2.17 and OPP-1 applied milestone Progress is	PLM 2.18 and GPP LM 2.18 and	PPLM 219 and OPPLM 23 and OPPLM 23 as against milestone Progress against	ord GPP LM 221 or Squ 12 desistors Progress against mile	OPP LM 222 erd	OPP LM 2.23 and Progress against infleston	GIPP LM 2.4 and	QPP LM 2.25 and	OPP LM 226 and Progress against infection	QIPP LM 2.27 and Progress against inflactione	CIPP LM 2.8 ord	GPPLM 2.29 and grogness against milestone
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Scale	PC	T cluster	Title															Planned Care												
FIMS / for savings	Acute Contracts (Elective)	Estimated savings 2012-13 (£000's)	£13,324	Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)	S	econdary FIMS ategory for savings		Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		Additional FIMS category for savings	Est 201	Estimated savings 012-13 (£000's)	Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		Additional FIMS category for savings		Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)	
		FIMS savings 2012-13	£13,324	FIMS savings 2013-14	£5,173	FIMS savings 2014-15	£5,173 To	otal for CSR period	£23,670																					
m 3A	Reduction in	referral variation	Workstream 3B	Cardiac and s	roke services	Workstream 3C	Learning dis	abilities \	Workstream 3D			Workstream 3E			Workstream 3F		Wo	Vorkstream 3G		Workstream 3H			Workstream 3I			Workstream 3J			Workstream 3K	
	Estimated savings			Estimated savings			Estimated savings			Estimated savings		8	Estimated savings			Estimated savings		Es	stimated savings		Estimated savings			Estimated savings			Estimated savings			Estimated savings
d state 12-13	in-year	QIPP 3 End state 14-15	QIPP LM 3.1	in-year QIPP LM 3.2	QIPP LM 3.3	QIPP LM 3.4	in-year	QIPP LM 3.6	QIPP LM 3.7	in-year QIPP LM 3.8	QIPP LM 3.9	QIPP LM 3.10	in-year QIPP LM 3.11	QIPP LM 3.12	QIPP LM 3.13	in-year	QIPP LM 3.15	QIPP LM 3.16	QIPP LM 3.17 QIPP LM 3.18	QIPP LM 3.19	In-year  QIPP LM 3.20	QIPP LM 3.21	QIPP LM 3.22	in-year QIPP LM 3.23	QIPP LM 3.24	QIPP LM 3.25	in-year	QIPP LM 3.27	QIPP LM 3.28	in-year
rill see a	A continued reduction	in A continued reduction in	Ongoing monitoring of reduced referral	Referral management	Review of electronic	Action plans in place for	Review of the use of R	eview of Cardiac	All patients with heart	Review future priorities in line with revised	Maiddstone and Tunbridge Wells stroke	20% of patients	Reperfusion telephone	e 80% of patients	Reduction in the	Robust Acces	ess to cardiac Cal	Catheter Laboratory												
rerall, which tes a in acute	provided in the community is expected	with additional care provided in the d. community is expected. Quantified impact on	in12/13 contracts	localities engaged.	with Acute Providers to develop action plan as required.	targets	monitoring devices complete. Details to be shared with Clinical Commissioning Groups C	omplete. Develop	dysfunction) are included in Heart	strategy. Develop Kent Cardiovascular Network Work Plan and revise	implemented and performance in line with	supported discharge for stroke		on a stroke unit	across the Network so that they are in line with the national average.	surgery pathways across including tertiary Medw cardiology services are comp	dway to ensure ser ppliance with NICE effi- nical Guideline 95. using	ervices delivered are fficient and effective sing benchmarking												
activity.	elective activity will be finalised in late 2012 a	elective activity will be finalised in late 2013 as part of CCGs'			required.		to decide on follow up action.	F	pathway and where not an action plan is developed with the	Kent Cardiovascular Five Year Strategy	anger				ore material average.	an prace	dat	lata e.g. on usage to ssess performance												
e: -30,469 acute: -	contracting process	contracting process.						C C	Clinical Commissioning Group to ensure	consultation with Clinical Commissioning Groups.																				
munity:								2	addition.	Groups.																				
s may impact or DGS CCG																														
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End state 12-13 Mar-13	QIPP 3 End state 13-14 Mar-14	QIPP 3 End state 13-14 Mar-15	QIPP LM 3.1 end Apr-12	OPP LM 3.2 end Apr 12	QIPP LM 3.3 end Apr-12	QIPP LM 3.4 end May-12	CIPP LM 3.5 and Aug 12	QIPP LM 3.6 end Sep 12	QIPP LM 3.7 end Sep-12	QIPP LM 3.8 and Feb-13	QIPP LM 3.9 end Mar-13	QIPP LM 3.10 and Apr-13	QIPP LM 3.11 end May-13	OIPP LM 3.12 end	QIPP LM 3.13 end Mar-14	QPP LM 3.14 and Q Apr.14	QiPP LM 3.15 and May-14	QIPP LM 3.16 end hvs-14	OPPLM 11Feed OPPLM 18 eed	QIPP LM 3.19 and	QPP LM 3.20 end	QIPP LM 3.21 end	QIPP LM 3.22 end	QIPP LM 3.23 end	QIPP LM 3.24 end	QIPP LM 3.25 end	QPP LM 3.26 end	QIPP LM 3.27 end	QIPP LM 3.28 end	OPPLM 3.29 end RAG i
End state 12-13 Mar-13 or reporting progr	QIPP 3 End date 13-14 Mar-14 sea on milectores thy as required. Stippage and Cylith militaring actions	QIPP 3 End state 13-14 Mar-15 Mode be reposed highlighting	QIPP LM 3.1 end Agr-12 Progress against milestor	QPP LM 3.2 and Apr.12  Apr.12  Progress against milestone	QIPP LM 3.3 end Apr-12 Progress against milestone Completed	Additional work on-	Written review	Gap analysis	All patients in Kent with	Work will commence	Action plans being	OPP LM 3.10 and Apr.13 Progress against milestone	QIPP LM3.11 end May-13 Progress against milestone	OIPP LM 3.12 and Jun-13 ne Progress against mileston	GIPPLM 3.13 end Mars 14 ne Progress against milector	OPPLM3.14 and O Annual Progress against milestone Progress	GIPP LM 3.15 and May-14 yess against milestone Pro	QIPP LM 3.16 end  Jun-14  Togress against mitestone Pr	OPP LM 3.17 and OPP LM 3.18 an	QIPP LM 3.19 end	QIPP LM 3.20 and	QIPP LM 3.21 end og/ess against milestone	QIPP LM 3.22 end	QIPP LM 3.23 end Progress against milestone	GIPP LM 3.24 and Progress against milestone	QPP LM 3.25 and Progress against milesto	QIPP LM 3.26 erd	QIPP LM 3.27 end	QIPP LM 3.28 end	OPP LM 3.29 and RAG
be updated mont ticularly on KPIs a	thly as required. Slippage sh and E)with mitigating actions	nould be reported highlighting	QIPP LM 3.1 end Agr-12 Progress against milestor	QPPLM 3.2 and Apr 12 Apr 12 Re Progress against milestone		Additional work on- going to increase awareness and	Written review completed. Information on payments now received from received	Gap analysis indertaken Compared service with national standards and DH &	All patients in Kent with non-left ventricular systolic dysfunction heart failure are	Work will commence when new national strategy published. This unlikely to be available	Action plans being developed: progress will be reviewed in Q2 to identify further	QPP LM 3.10 and Apr 13 Progress against milestone	OPP LM 3.11 end May 13 Progress against milestone	QIPP LM 3 12 and Jam 53 and Progress against milestone	GIPP LM 3.13 and Mari 44 are Progress against militation	OPPLM 3.14 and O Age-14 Progress against missions Progre	OPP LM 3.15 and May 1.14 yess against milestone Pro	CIPP LM 3.16 end and 34 to 34	GIPP LM 3.17 end GIPP LM 3.18 end ropess against milestone Progress against milestone Progress against miles	QPP LM 3.19 and	QPP LM 3.20 and	QIPP LM 3.21 end oggress against milestone	OIPP LM 3.22 end	QIPP LM 3.23 end Progress against milestone	QPP LM 324 end Progress against milestone	QIPP LM 3.25 end Progress against milesto	GPP LM 3.26 end	QIPP LM 3.27 and Progress against mileston	GIPP LM 3.28 end	GPPLM 3.29 end RAG
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Scale	PCT cluster	ır	Title											Mental Health										
Primary FIMS category for savings	Estin 2012	imated savings 2-13 (£000's)	£2,350	Estimated savings 2013-14 (£000's)	Estimated savings 2014-15 (£000's)	Secondary Fill category for s	IS ivings	Estimated savings 2012-13 (£000's)	E 2	Estimated savings 2013-14 (£000's)	Estimated savings 2014-15 (£000's)		Additional FIMS category for savings	Estimated savings 2012-13 (£000's)	Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)	Additional FIMS category for savings	Estimated 2012-13 (£1	savings 00's)	Estimater 2013-14 (i	ed savings (£000's)	Estimated savings 2014-15 (£000's)	
	FIMS 2012	1S savings 2-13	£2,350	FIMS savings 2013-14	FIMS savings 2014-15	Total for CSR																		
Workstream 4A	Community Mental Hea	ealth Services	Workstream 4B	Community Mental Health Servi Redesign (Secondary Care)	es Workstroom 4C	Review and redesign Acute inpat services	ent Workstream 4D	Implementation of F	Payment by Results with KMPT	Workstream 4E		Workstream 4F		Workstream 4G		Workstream 4H		Workstream 4I		Workstream	eam 4J		Workstream 4K	
	Quality			Quality		Quality & finance		Quality, activity & finan	nce						Estimated savings		Estimated savings							Estimated savings
	timated savings year  QIPP 4 End state 13-14  QIP	1100 A Food state 1A-15		Estimated savings in-year		Estimated savings In-year	.6 QIPP LM 4.7	Estimated savings in-year	OIDD IM 4 D	OIRRIMA 10	Estimated savings in-year ORPRIMA 13	QIPP LM 4.13	Estimated savings In-year	QIPP LM 4.16		QIPP LM 4.19	QIPP LM 4.20 QIPP LM 4.2	OIDBIMA 22	Estimated savings in-year	M 4.24 QIPP I	Estimated sin-year		14.27 QIPP LM 4.28	in-year
Workstream 4a Common mental health	orkstream 4b Workstwer patients will Fewer	rkstream 4b D ver patients will re	Direct all routine referrals for people with	Finalise implementation plans for community worked up for e	als Completion of public consultation on acute	Finalised improvement plans for each cluster agreement of	Start up the implementation of	Progress report of improvement for each	Negotiated indicative activity in KMPT	Signing off a PbR-	Negotiated indicative activity in KMPT	QIPP UN 4.15	QIPP LIN 4.14 QIPP LIN 4.15	QIPP DN 4.25	QPF LM 4.17 QPF LM 4.18	QIPP DN 4.19	QIPP LW 4.20 QIPP LW 4.2	GPP LW 4.22	QIPP DIN 4.25 QIPP	m 4.24 QIPP	PP UNI 4.25 QIPI	PP CM 4.20 QIPP CM	14.27 QIPP LIN 4.26	(evel)
primary care by most ca appropriate primary care professional	ire as severe non- sychotic (in cluster 4) because they will because	e as severe non- echotic (in cluster 4) contains they will pro-	mood and anxiety conditions to the primary care	each CCG area	review	presentations acute inpatient review	inpatient services review	area, and further recommendations	contract	KMPI	CONTRACT													
Increased capacity in primary care to deliver my effective management in	ceive earlier and receive effective more effective intervention in primary	eive earlier and proper effective ervention in primary	psychological therapies services. Caseload of clusters 1,2,& 3																					
long term mental health conditions lo Services developed in	atients with stable, patier long term mental health conditions (currently in conditions)	ients with stable, or g term mental health K ditions (currently in call	conditions) held by KMPT in secondary care services will be																					
primary care which se better support re improvements in the m	condary care) will secondary care will seconda	ondary care) will le eive effective ca nagement and 21	less than 2% of all caseload held by end of 2012/13																					
those with mental willness cr Workstream 4b	ith agreed shared with a are arrangements care orkstream 4c	n agreed shared e arrangements				Finalised improvement in Finalisation amplians for each cluster cock and consultation in the COC consultation in presentations author to south in patient excellent and the consultation in the consultation i																		
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	QIPP 4 End state 13-14 QIP	IPP 4 End state 14-15	QIPP LM 4.1 end	QIPP LM 4.2 end QIPP LM 4.3	end QIPP LM 4.4 end	QIPP LM 4.5 end QIPP LM 4.1	end QIPP LM 4.7 end	QIPP LM 4.8 end	QIPP LM 4.9 end	QIPP LM 4.10 end	QIPP LM 4.11 end QIPP LM 4.12 end	QIPP LM 4.13 end	QIPP LM 4.14 end QIPP LM 4.15 end	QIPP LM 4.16 end	QIPP LM 4.17 end QIPP LM 4.18 end	QIPP LM 4.19 and	QIPP LM 4.20 end QIPP LM 4.21	nd QIPP LM 4.22 end	QIPP LM 4.23 end QIPP LM	4.24 end QIPP LN	LM 4.25 end QIPP L	P LM 4.26 end QIPP LM 4	1.27 end QIPP UM 4.28 end	
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Scale	PCT cl	cluster	Title														Demen	1												
Primary FIMS category for savings	Mental Health & Learning Disabilities Contracts	Estimated savings 2012-13 (£000's)	-£1,735	Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		Secondary FIMS category for savings		Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		Additional FIMS category for savings	Estimated sar 2012-13 (£000	ngs )	Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		Additional FIMS category for savings	E 2	Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)	
		FIMS savings 2012-13	-£1,735	FIMS savings 2013-14		FIMS savings 2014-15		Total for CSR period	-£1,735																					
Workstream 5A	Implementation of ne people with dementia is acute so	new model of care for including in-reach into setting.	Workstream 5B			Workstream 5C		,	Workstream 5D			Workstream 5E		,	Workstream 5F		Workstream 5			Workstream 5H			Workstream 5I			Workstream 5J			Workstream 6K	
	Quality, activity & finance																													
	Estimated savings in-year			Estimated savings in-year			Estimated savings in-year			Estimated savings in-year		i	Estimated savings in-year			stimated savings n-year		Estimated savings in-year			Estimated savings in-year			Estimated savings in-year			Estimated savings in-year			Estimated savings in-year
QIPP 5 End state 12-13  As part of the Kent and Medway Integrated plan	QIPP 5 End state 13-14 Implementation of the	People with Dementia	QIPP LM 5.1  Extension of the Home Treatment Service to	QIPP LM 5.2  Implementation of a Crisis Support Service	QIPP LM 5.3 Implementation of a	Full Crisis Support	QIPP LM 5.5  Reduction in the number of inpatient	QIPP LM 5.6  Darent Valley Hospital Buddy Pilot Scheme	QIPP LM 5.7 Final Report: Review of Intermediate Care	QIPP LM 5.8  Guidance launched to call Care Homes in	QIPP LM 5.9  Care Homes Dashboard, developed	QIPP LM 5.10  Carers Education Pack for those with dementia	QIPP LM 5.11  Revised pathway to increase dementia	QIPP LM 5.12	QIPP LM 5.13	QIPP LM 5.14 QII	PP LM 5.15 QIPP LM	L6 QIPP LM 5.1	17 QIPP LM 5.18	QJPP LM 5.19	QIPP LM 5.20	QIPP LM 5.21	QIPP LM 5.22	QIPP LM 5.23	QIPP LM 5.24	QIPP LM 5.25	QIPP LM 5.26	QIPP LM 5.27	QIPP LM 5.28	QIPP LM 5.29 Risks and issues (init
for Dementia, the mode of acute care in East Kent will be redesigned	Dementia across Kent and Medway will lead to increased diagnosis	longer in their own homes. There will be fewer admissions to	increase capacity by 15% across East Kent.	in East Kent, based on existing model in West Kent.	in Medway, working alongside the rapid response team.	alignment with KCC Domiciliary re-let.	beds in East Kent (reducing from 61 to 45) further to	launched	Provision to deliver recommendations that inform CCG commissioning decisions from Jan	Kent enabling consistent care pathways for common	and supported by NHS Kent & Medway and Kent County Council, to																			
quality impacts: Quality: increase community services	target 50% of people expected to have dementia will have a	specialist in-patient units. Where admission is required, length of					reconfiguration.		decisions from Jan 2013	pressure ulcers etc.	Kent County Council, to be launched enabling risk issues with care homes to be flagged.		dementia drugs). Agreed with Kent & Medway Partnership																	
and improve access for patients so that they can be cared for in the	diagnosis recorded on GP dementia registers by end 2013. There will	stay will be shorter. As a result we will see a reduction in		QPP LM 5.2  QPP LM 5.2  Chies Support Sentice in East Ren, based on East Ren, based on Kerting model in West Kert.									with sharted care protocol for prescribing dementia drugs). Agreed with Kent & Medway Partnership Trust through PbR process and with individual CCGs who																	
community (whether at home or in residential care). Finance: The cost will	be a range of universal services offering information, advice, auidance and support	requirements for in- patient bed capacity and the growth in demand for dementia										i	will drive implementation.																	
ultimately be offset by the reduction of up to 30 inpatient mental health	to people with dementia and their families, enabling people to live	services, due to population changes, will be met by services																												
peds (depending on	well with their dementia.	. [based in Kent &																												
- reduction of up to 30		1									Finance: The cost will ulti	imately be offset by the red	auction of up to 30 inpatile	ent mental health beds (de		ublic consultation) - associated sa Activity: There will be sase in home treatment workload	rvings will be realised from Oct	er 12 but off set initially a	gainst the increased cost of pro	oviding community service	es.									
- reduction of up to 30 inpatient mental health herte	CODE C Ford way 40 M	00055-44445	OWN MEAN	OPPLIATOR	OPPLINES and	OIDDING 4 and	OVER LINES AND	OPPO WEST AND	OPPLIANT						15% incre	Activity: There will be sase in home treatment workload.						OPPO IM FOLLAND	OPPLIES	ODDING Ward	OUDD LINE DA was	OPPO IME OF THE	OPPO INT POST AND	OURD LM C TT and	ODDIME 20 and	CORPLIA COLOR
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Scale	РСТ	T cluster	Title												Implementation of	NHS 111 and Redesign o	Out of Hours care. This is	alligned to Urgent Care	and both activity and fina	ncial shifts will be includ	ded within Initiative 1											
Primary FIMS category for savings	Acute Contracts (Non Elective)	Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		Secondary FIMS category for savings		Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		Additional FIMS category for savings	E 2	stimated savings 012-13 (£000's)		Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		Additional FIMS category for savings	Es 20	stimated savings 012-13 (£000's)		Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		
Workstream 6A	Implementat	FIMS savings 2012-13 tion of NHS 111	Workstream 6B	FIMS savings 2013-14 Redesign of C	Out of Hours Care	FIMS savings 2014-15 Workstream 6C		Total for CSR period	£0 Workstream 6D			Workstream 6E			Workstream 6F		v	Vorkstream 6G			Workstream 6H			Workstream 6I			Workstream 6J			Workstream 6K		
	Estimated savings			Estimated savings			Estimated savings in-year			Estimated savings in-year			Estimated savings in-year			Estimated savings		2	Estimated savings			Estimated savings		Esti	timated savings			Estimated savings in-year			Estimated savings in-year	
QIPP 6 End state 12-13 By the end of 12/13 we	OIPP 6 Fnd state 13-14	QIPP 6 End state 13-14 People requiring	QIPP LM 6.1 Directory of Services for	OIPPIM 6.2	QIPP LM 6.3	QIPP LM 6.4  Contract variation in	OIDS IM 6 E	QIPP LM 6.6 t for Review after first	QIPP LM 6.7 Out Of Hours (and	OIDD IM 5 9	QIPP LM 6.9	QIPP LM 6.10	QIPP LM 6.11	QIPP LM 6.12	QIPP LM 6.13	QIPP LM 6.14	QIPP LM 6.15	QIPP LM 6.16		QIPP LM 6.18	QIPP LM 6.19		QIPP LM 6.21		QIPP LM 6.23	QIPP LM 6.24	QIPP LM 6.25	QIPP LM 6.26	QIPP LM 6.27	QIPP LM 6.28	·	Risks and issues (initiative level)
will have developed a robust plan and be ready for the launch of NHS 111 from 1st Apri 2013. The mobilisation	unplanned care will be directed to the most suitable point of access il to services, reducing duplication and waste.	People requiring unplanned care will be directed to the most suitable point of access to services, reducing duplication and waste. In the early years there will be a reduction in ED activity as a result and in later years the egrowth in activity will be eless than previously predicted. The plan il developed in 12/13 will by give the planned activity dispense for 2013/14.	urgent care is accurate		across Kent and Medway	place to remove call handling costs from OOH operators	OOH and other services required to change to align with NHS 111	t for Review after first quarter of operation and agree further development with CCGs	d potentially other) urge access contracts in place	nt																						
detailed analysis of impact on activity	will be a reduction in ED activity as a result and in later years the growth in activity will be	will be a reduction in ED activity as a result and in later years the e growth in activity will be																														
	predicted. The plan developed in 12/13 will give the planned activit change for 2013/14	predicted. The plan I developed in 12/13 will ty give the planned activity change for 2013/14																														
Mar-13	QIPP 6 End state 13-14  Mar-14  gress on milestones  orthly as required. Slippage sho s and £/with mitigating actions	QIPP 6 End state 14-15  Mar-15	QIPP LM 6.1 end  Apr-12  Progress against mileston	QIPP LM 6.2 end  Mar-13  e Progress against milestor	QIPP LM 6.3 end  Apr-13 ne Progress against milest	OIPP LM 6.4 end  Apr-13  tone Progress against milest	QIPP LM 6.5 end Jun-13 tone Progress against miles	QIPP LM 6.6 end Aug-13 stone Progress against mileston	QIPP LM 6.7 end  Apr-14 e Progress against milesto	QIPP LM 6.8 end	QIPP LM 6.9 end	QIPP LM 6.10 end	QIPP LM 6.11 end	QIPP LM 6.12 end	QIPP LM 6.13 end Progress against milestone	QIPP LM 6.14 end Progress against milestone	QIPP LM 6.15 end Progress against milestone P	QIPP LM 6.16 end	QIPP LM 6.17 end Progress against milestone	QIPP LM 6.18 end	QIPP LM 6.19 end e Progress against milesto	QIPP LM 6.20 end	QIPP LM 6.21 end	Progress against milestone Pro	OIPP LM 6.23 end	OIPP LM 6.24 end	QIPP LM 6.25 end	QIPP LM 6.26 end Progress against milestone	QIPP LM 6.27 end Progress against milestone	QIPP LM 6.28 end Progress against milestone	QIPP LM 6.29 end	RAG rating for the Initiative
Guidance for reporting pro- • Monthly (optional) to repo- mitigating actions	gress for the workstream ort overall progress of the initiat	tive along with risks, issues and		Contract awarded on time to SECamb in partnership with Harmoni. Mobilisation plan being developed	n i																											Work is on track
Completed - on time an	ed in full: in-progress: Delay	progress of the initiative and of progress against mitigating actions yed - amber = due date has in impact; Delayed - red = impact on delivery scope or	Completed	and programme board implementation structure being revised In progress	d In progress																											
impact	Forecast delivery		Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	y Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Forecast delivery	Delays (Combined) 0 0 0
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Scale	PCT	Tcluster	Title														Medicines Management											
FIMS y for savings	Primary Care Prescribing	Estimated savings 2012-13 (£000's)	£11,022	Estimated savings 2013-14 (£000's)	£11,022	Estimated savings 2014-15 (£000's)		Secondary FIMS category for savings		Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)	Estimate 2014-15	ed savings (£000's)	Additional FIMS category for savings		Estimated savings 2012-13 (£000's)	Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		Additional FIMS category for savings	Estimated sa 2012-13 (£000	vings 's)	Estima 2013-14	ated savings 4 (£000's)	Estimated savi 2014-15 (£000's	ngs
		FIMS savings 2012-13	11022	FIMS savings 2013-14	£11,022	FIMS savings 2014-15	\$9,888	Total for CSR period	£31,932																			
eam 7A	Prescribing efficie	encies in primary care				Workstream 7C			Workstream 7D			Workstream 7E		Workstream	F		Workstream 7G		Workstream 7H			Workstream 7I		Works	kstream 7J		Workstream 7k	
	Quality & finance Estimated savings			Estimated savings			Estimated savings			Estimated savings			Estimated savings		Estimated savings			Estimated savings		Estimated savings		E	stimated savings		Estimate	ed savings		Estimated savings
7 End state 12-13	in-year	QIPP 7 End state 14-15	QIPP LM 7.1	in-year	QIPP LM 7.3	QIPP LM 7.4	in-year	QIPP LM 7.6	QIPP LM 7.7	in-year QIPP LM 7.8	QIPP LM 7.9	QIPP LM 7.10	in-year	PP LM 7.12 QIPP LM	in-year  7.13 QIPP LM 7.14	QIPP LM 7.15	QIPP LM 7.16	QIPP LM 7.17 QIPP LM 7.18	QIPP LM 7.19	in-year QIPP LM 7.20	QIPP LM 7.21	ie	QIPP LM 7.23 QIPP LM	7.24	in-year		QIPP LM 7.27 QIPP LM 7.	in-year
ill have	Reduction in spend per ASTRO-PU will have	Reduction in spend per ASTRO-PU will have reduced by a further 2%	Practice engagement	All practices have	Progress review and continued practice	Progress review and	Spend per ASTRO-PU	Savings quantified as from additional	Practice engagement on QIPP plans complete across	All practices have agreed a range of actions that they will	Progress review and continued practice support	Progress review and continued practice support																
prescribing on in spend per I-PU will have	from 2011/12	from 2011/12	Cluster	undertake in order to increase cost effective prescribing	support Epact data reflects planned reductions for practices in the target areas chosen	practices in the target	not available until June	druas beina introduced	Cluster	undertake in order to increase cost effective prescribing	Epact data reflects planned reductions for practices in the target	Epact data reflects planned reductions for practices in the target areas chosen																
by 5% from					areas Ciliseir	areas Giosen	2012)	and new NICE guidance			areas cricseri	aleas Ciloseti																
													Progr	ess will be measured against a	l evidence-based indicators at cl	ister, CCG and practice lev	el on a monthly basis											
													Progr	ess will be measured against a	I evidence-based indicators at cl	ister, CCG and practice lev	el on a monthly basis											
7 End state 12-13 Mar-13	QIPP 7 End state 13-14 Mar-14	QIPP 7 End state 14-15 Mar-15	QIPP LM 7.1 end	QIPP LM 7.2 end Aug-12	QIPP LM 7.3 and Nov-12	QIPP LM 7.4 end	QIPP LM 7.5 end	QIPP LM 7.6 end	QIPP LM 7.7 end Nov-13	QIPP LM 7.8 end Aug-12	QIPP LM 7.9 end Mar-13	QIPP LM 7.10 end Mar-14						GIPP LM 7.17 and GIPP LM 7.18 and	QIPP LM 7.19 end	QIPP LM 7.20 end	QIPP LM 7.21 end	QIPP LM 7.22 end	GIPP LM 7.23 end GIPP LM 7.	24 end Qil	QIPP LM 7.25 and QIP	PP LM 7.26 end QIF	IPP LM 7.27 end	end QPPLM7.25 and RAG
7 End state 12-13  Mar-13  a for reporting progruid be updated mon sarticularly on KPIs:	thly as required. Slippage sho and £)with mitigating actions	i QIPP 7 End state 14-15 Man-15 Mon-15 nould be reponted highlighting	Initial practice	Staffing capacity has	On target	QIPP LM 7.4 end Jan-13 Progress against milestons On target	QIPP LM 7.5 end Jun-13 Progress against milestone On target	QIPP LM 7.6 end Jul-13 Progress against milestone On target	OIPP LM 7.7 end Nov-13 Progress against milestone On target	QIPP LM 7.8 and Aug-12 Progress against mileston	QIPP LM 7.9 end Mar-13 Re Progress against milestone	QIPP LM 7.10 end Mar-14 Progress against milestone						QPP LM 7.17 and QPP LM 7.18 and Progress against milestons	CIPP LM 7.19 end Progress against mileston	OIPP LM 7.20 and	QIPP LM 7.21 end	QIPP LM 7.22 end Progress against milestone P	GIPF LM 7.23 and GIPP LM 7.75 and GIPP LM 7.25 and GIPP L	24 end Qil t milestone Progres	CIPP LM 7.25 end CIPP L	PP LM 7.26 end QIF ss against milestone Progress	IPP LM 7.27 end QIPP LM 7.28 sagainst milestone Progress against	end QIPPLM 7.29 and RAG
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End state 12-13  Mar-13  for reporting progrid be updated mon streularly on KPIs i for reporting progricoptional) to report actions (required) and ship workstreams. It is conditioned in the state of t	thly as required. Slippage shand Eyelth mitigating actions ess for the workstream ess for the workstream overall progress of the initial budd give namative on overall hould include an assessment finance along with risks and it in full; in-progress, Delay	rould be reported highlighting attive along with risks, issues and If progress of the initiative and of progress against mitigating actions yed - amber = due date has	Initial practice engagement complete	Staffing capacity has delayed compiling actions plans for some practices. On-going	On target					OPP LM 7.8 and Aug-12 Progress against mileston	CIPP LM 7.5 and Mar 33 and Progress against milestons	QPP LM 7.10 and Mar 54 of Progress against milestone						QIPP LM 7.17 and QIPP LM 7.18 and Progress against milestone Progress against milestone	CIPP LM 7.19 and a Progress against mileston	QPP LM 7.20 and Progress against milestone P	QIPP LM 7.21 end	QIPP LM 7.22 and Progress against milestons P	GIPF LM 7.23 and GIPP LM 7.7 coyess against milestone Progress against	Q4 and Q8 milestone Progres	GPP LM 7.25 and GPP ross against milestone Progress	PP LM 7.26 and OIP LM 7.26 and	IPP LM 7.27 end QIPP LM 7.28 sagainst milestone Progress against 1	erd QPP LM 7.25 and RAG
End state 12-13 Mar-13 or reporting pogr to be updated mon riscularly on KPIs i or reporting progr optional) to report actions (required) and sh wonistreams. It is ce indicators, and d = on time and int no material in the optional sh has passed and	this as required. Slippage shall actions actions east for the workstream overall progress of the initial bould give namative on overall hould include an assessment finance along with risks and in full; im-progress; Delay paact on delivery scope or It there is / will be material.	nould be reported highlighting : attive along with risks, issues and ill progress of the initiative and it of progress against mitigating actions yed - amber = due date has it impact; Delayed - red = il impact or delivery scope or	Initial practice engagement complete engagemen	Staffing capacity has delayed compiling actions plans for some practices. On-going staffing capacity is being monitored. It is currently considered	On target					OIPPLM 7.8 and Aug 12. Progress against inflestors Work not yet commenced Forecast delivery	OIPPLM 73 end Min-13 Min-13 Progress against mileston  Work not yet commenced Forecast delivery				3 and OIPPLM 7.14 and milliostone Progress against milesto	OPP LM 7.15 and Progress against milestone		OPP LM 7.17 and OPP LM 7.18 an			OIPP LM 7.21 end regress against milestone Forecast delivery	GIPP LM 7.22 end Progress against missions P Forecast delivery	OIPP LM 7.23 and OIPP LM 7.75 and OIPP L	24 and Cill umbestone Progres	OPP LM 7.25 and OPP LM 7.25 an	PP LM 7.26 and Oil Progress against milestone Progres		
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eed  End state 12-13  Mar-13  or reporting people of the updated monitoring people of the updated p	thly as required. Slippage six and Clytth milispiral pactors are for the workstream overall progress of the initial coveral progress. Delay placed include an assessment finance along with risks and in full; in-progress, Delay pact on delivery scope or there is / will be material.  Forecast delivery	nould be reported highlighting : attive along with risks, issues and ill progress of the initiative and it of progress against mitigating actions yed - amber = due date has it impact; Delayed - red = il impact or delivery scope or	Initial practice engagement complete engagement complete engagement in progress  In progress  Forecast delivery	Staffing capacity has defeated compiling actions plans for some practices. On-going staffing capacity is being monitored. It is currently considered that this delay will not in progress  Forecast delivery	On target  e  in progress  Forecast delivery	On target  In progress Forecast delivery	On target  In progress Forecast delivery	On target  In progress Forecast delivery  Jul 13 Jul 13	On target  In progress  Forecast delivery		d Work not yet commenced Forecast delivery				3 and OIPPLM 7.14 and milliostone Progress against milesto	OPP LM 7.15 and Progress against milestone		OIPP LM 7.17 and OIPP LM 7.18 and			GIPP LM 7.21 end Progress against milestone Forecast delivery	OPP LM 7.22 and Progress against inhesions Progress against against inhesions Progress against inhesions Progress against against inhesions Progress against P	GIPP LM 7.23 and GIPP LM 7.75 and GIPP L	24 and Oil of the state of the	OPP LM 7.25 and OPP LM 7.25 and Inflation Progress Forecast delivery Forecast delivery	PP LM 7.26 end OF PP LM 7.26 end Progress against minestone Progress recease delivery For		
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uid be updated mon particularly on KPIs i e for reporting progri y (optional) to report g actions rly (required) and shi g workstreams. It is sunce indicators, and ted = on time and but no material in e has passed and	thly as required. Slippage six and Clytth milispiral pactors are for the workstream overall progress of the initial coveral progress. Delay placed include an assessment finance along with risks and in full; in-progress, Delay pact on delivery scope or there is / will be material.  Forecast delivery	ould be reponed highlighting interest along with risks, issues and till progress of the initiative and of progress against mitigating actions yeed - amber e due date has a rimpact. Delayed - red = impact on delivery scope or Forecast delivery	Initial practice engagement complete engagement complete in progress in progress Forecast delivery hul 12 hul 12	Staffing capacity has deletiyed compiling actions plans for some practices. On-going staffing capacity is being monitored. It is currenly considered that this delay staff nor.  In progress  Forecast delivery  Aug 12  Aug 12	in progress Forecast delivery  Nov 12  Nov 12	On target  In progress  Forecast delivery  Jan 13 Jan 13	On target  In progress  Forecast delivery  Aun 13  Jun 13	On target  In progress Forecast delivery  Jul 13 Jul 13	On target  In progress  Forecast delivery  Nov 13  Nov 13	Work not yet commenced Forecast delivery  Aug 12  Aug 12	d Work not yet commenced Forecast delivery  Mar 13  Mar 23	Work not yet commenced Forecast delivery  Mar 14 Mar 14			3 and OIPPLM 7.14 and milliostone Progress against milesto	OPP LM 7.15 and Progress against milestone		OIPP LM 7.17 and OIPP LM 7.18 and Progress against milestone Progress again			OIPP LM 7.21 end Progress against milestone Forecast delivery	OPP LM 7.22 and Progress against missions against missions progress against missions against mi	OIPP LM 7.23 end OIPP LM 7.72 end OIPP L	24 and Oil	OPP LM 7.25 and OPP LM 7.25 an	PP LM 7.28 and Oil PP LM 7.28 an		
A First state 12-13  Mar-13  a for reporting program  afforced by the beautiful program  for reporting program  gram  for for reporting program  gram  gram  for for reporting program  gram  gram  for for reporting program  gram  for for for reporting program  gram  for for reporting program  gram  for for reporting program  gram  gram  for for reporting program  gram  gram  for for for reporting program  gram  for	thly as required. Slippage six and Clytth milispiral pactors are for the workstream overall progress of the initial coveral progress. Delay progress, Delay pact on delivery scope or there is / will be material.  Forecast delivery	ould be reponed highlighting interest along with risks, issues and till progress of the initiative and of progress against mitigating actions yeed - amber e due date has a rimpact. Delayed - red = impact on delivery scope or Forecast delivery	Initial practice engagement complete engagement complete in progress in progress Forecast delivery hul 12 hul 12	Staffing capacity has deletiyed compiling actions plans for some practices. On-going staffing capacity is being monitored. It is currenly considered that this delay staff not progress.  Forecast delivery  Aug 12  Aug 12	in progress Forecast delivery  Nov 12  Nov 12	On target  In progress  Forecast delivery  Jan 13 Jan 13	On target  In progress  Forecast delivery  Aun 13  Jun 13	On target  In progress Forecast delivery  Jul 13 Jul 13	On target  In progress  Forecast delivery  Nov 13  Nov 13	Work not yet commenced Forecast delivery  Aug 12  Aug 12	d Work not yet commenced Forecast delivery  Mar 13  Mar 23	Work not yet commenced Forecast delivery  Mar 14 Mar 14			3 and OIPPLM 7.14 and milliostone Progress against milesto	OPP LM 7.15 and Progress against milestone		OIPPLM 7.17 and OIPPLM 7.18 an			OIPP LM 7.21 end Progress against milestone Forecast delivery	OPP LM 7.22 and Progress against missions in Prorecast delivery	OIPP LM 7.23 and OIPP LM 7.75 and OIPP L	24 and Oil	OPP LM 7.25 and OPP LM 7.25 an	PP LM 7.28 and Oil PP LM 7.28 an		

Yr 1 FIMS savings delivered (forecast outturn) 2011-12 (£000s)																													
Yr 2 Plan FIMS savings for 2012-13 (£000s)																													
Yr 3 Plan FIMS savings for 2013-14 (£000s)																													
Yr 4 Plan FIMS savings for																													
2014-15 (£000s)  Total savings years 1-4 (£000's) £262,702																													
(should equal savings for the CSR period (Cell C8))  Estimated value of centrally																													
reported QIPP initiatives in remaining CSR period (£000's) (Should be <50% of years 2-4 (Cells C11:C13)																													
QIPP Initiative Planning  QIPP Initiative Planning																													
7 sub-programme area which will contribute to material savings in FIMS Categories)	Scale		PCT cluster	Title										1					Medicines Manageme	ent			I						
FIMS Categories where this initiative will impact (n.b. the sum of savings across all initiatives should be <50% of planned savings)	Primary FIMS category for savings	Primary Care Prescribing	Estimated savings 2012-13 (£000's)	£8,340	Estimated savings 2013-14 (£000's)	£3,000	Estimated savings 2014-15 (£000's)	£7,530	Secondary FIMS category for savings	Excluded Drugs & Devices	Estimated savings 2012-13 (£000's)	£800	Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		Additional FIMS category for savings		Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		Additional FIMS category for savings	Estir 2012	ated savings 13 (£000's)	Esti 2013	timated savings 13-14 (£000's)
Totals of planned savings from this initiative (£000's)			FIMS savings 2012-13	£8,340	FIMS savings 2013-14	£3,000	FIMS savings 2014-15	£7,530	Total for CSR period	£18,870			1			1			1										
QIPP workstreams supporting this initiative (title / description narrative required)	Workstream 1A	Drug Safety &	Improved Patient Care	Workstream 1B	Policy im	plementation	Workstream 1C	Special	list Drugs	Workstream 1D	System	s & Processes	Workstream 1E	Drug rati	tionalisation	Workstream 1F			Workstream 1G			Workstream 1H			Workstream 1I		Workst	stream 1J	
Focus of workstreams		Quality, activity & finance			Quality, activity & finance	ce		Quality, activity & finance	e		Quality, activity & fina	nce		Quality, activity & finance	ce														
Optional SHA FilMS Categories (Use where these have been defined within your SHA)		Estimated savings in-year			Estimated savings in-year			Estimated savings in-year			Estimated savings in-year			Estimated savings in-year			Estimated savings in-year			Estimated savings in-year			Estimated savings in-year			Estimated savings in-year		is-ye	mated savings ear
Milestone type  End state: Enter a description of how the initiative will affect the local healthcare sytem e.g. activity, transfers,	QIPP 1 End state 12-13  Medicines Management (2012-13)  Reduction in risks to patients and	QIPP 1 End state 13-14  Medicines Management (2013-14)  Reduction in risks to patients and	QIPP 1 End state 14-15  Medicines Management (2014-15)  Reduction in risks to patients and	OIPP LM 1.1  Drug safety 2012-13 (M1)	QIPP LM 1.2  Drug safety 2012-13 (M2)	Our Safety 2012-13	QIPP LM 1.4  Drug safety 2012-13 (M4)	Policy implementation 2012-13 (M1)	QIPP LM 1.6  Policy implementation 2012-13 (M2)	QIPP LM 1.7  Policy implementation 2012-13 (M3)	Specialist drugs 2012 13 (M1)	OIPP LM 1.9  Systems and Processes 2012-13 (M1)	QIPP LM 1.10 S Systems and Processes 2012-13 (M2)	QIPP LM 1.11  B Drug rationalisation 2012-13 (M1)	QIPP LM 1.12 Drug safety 2013-2014 (M1)	QIPP LM 1.13  4 Policy implementation 2013-14 (M1)	Policy implementation 2013-14 (M2)	QIPP LM 1.15 Systems and Processe 2013-14 (M1)	QIPP LM 1.16 s Systems and Process 2013-14 (M2)	ses Drug rationalisation	OIPP LM 1.18  Drug rationalisation 2013-14 (M2)	QIPP LM 1.19 Specialist drugs 2013- 14 (M1)	QIPP LM 1.20 Specialist drugs 2013- 14 (M2)	Policy implementation 2014-15 (M1)	QIPP LM 1.22 Policy implementation 2014-15 (M2)	Systems and Processes Drug	QIPP LM 1.24 Q ationalisation Special 15 (M2) Special	alist drugs 2014- Spe	QIPP LM 1.26 ecialist drugs 2014- (M2)
quality/adverse quality indicators, health inequalities, incidence/prevalence of illness, morbidity/mortality from specified acute or long term health conditions. And;	improved outcomes:  1. Reduction in antipsychotic prescribing in dementia patients by two thirds by	improved outcomes contributing to a reduction in unplanned care and an increase in self-management to be	improved outcomes contributing to a reduction in unplanned care and an increase in self-management to be	patients on Antipsychotics – All	Update, approved by the LMC and in use	Completion of audit	s in medication reviews in a	e Database (PAD) to 'go- a live'	Medicines Management as a commissioning	Effective prescribing embedded within the CCG delivery structure	e chemotherapy	to promote self care linked initiatives	package to be completed in 80% of	dabigatran and other newer oral	dementia patients – all patients are being	Management LES or	commissioning intentions based on	Completion of Waste Medicines Campaign	advanced services	Newer drugs for type 2 diabetes – to be considered by APC to	2 All CCG implementation of updated pathways for	homecare strategy	Implementation of e- precribing for chemotherapy	off of Medicines Management LES or	commissioning intentions based on	Completion of Waste All C Medicines Campaign Imple upda	nentation of strategy ed pathways for exclude	gy for use of PbR strat	tem approach to
quantify the number / percentage change you are planning to effect. Provide at least one end state ideally for 2015. For some initiatives, it may be more appropriate to break this down	and mortality and cost (estimated number)	of medicines management for benchmarking within the whole system	Use defined by CCG's through 2013/14. L of medicines management for benchmarking within the whole system redesign piece using risk stratification.	who are identified at n July 2012 to be	is	80% of top 25 high u practices to identify inappropriate prescribing	minimium of 3000 care home patients by Marc 2013	<del>i</del> ch	function.	demonstrated by achievement of QIPP prescribing efficiencies	homecare,renal immunosuppressants and home oxygen	encouraging purchase of meds (Hayfever & antibiotics)	practices (including associated care homes)	anticoagulants (NOACs) to be through ) working with the Heart & Stroke network and	h practices on a rolling basis	equivalent at CCG leve to deliver planned QIPF savings	CCG owned Horizon  continuous of new drugs/ loss of exclusivity			on any in agreed pathway	if lipid lowering, COPD & depression/anxiety guidelines			equivalent at CCG level to deliver planned QIPF savings	CCG owned Horizon Scanning of new drugs / loss of exclusivity	malig	a, chronic non- lant pain and pation	(incl	dicines optimisation duding SCR / new dicines service)
into end states for each remaining year in the CSR period or an end state which falls before 2015.	to reach minimum standards by March 2013 Reduction in stroke/TIA admissions	Implementation of strategies to support behavioural change. Implementation of strategies to review systems and	rt Implementation of strategies to support of behavioural change, Implementation of strategies to review systems and	of		presenting								the Area Prescribing Committee.															
Milestone Descriptors: Enter descriptions of the high level milestones from your integrated plan. Milestones should be provided for key deliverables or outcomes such as decision points (go or no go) and review points	through improving INR target range 3. Integration of medicines management intrivirtual wards and care homes for at-risk patients by March 2013. Additional	n products to reduce waste and encoura	and processes around a number of drugs age products to reduce waste and encoura effective use.	and age																									
that will do to bring about the changes in the local healthcare system as described in the end state. Risks/issues: Enter descriptions of risks or issues which	panents by March 2013. Additional reductions Non elective admissions and reducing waste and optimising medicines use to manage patients. Policy	s																											
relate to the initiative.  Relevant SUS performance indicators  Activity indicators being monitored to identify progress against milestones	implementation														Cost per ASTRO pres	scribing unit, Number of Pr	escriptions per month												
(SUS indicators) Anticipated performance at period end																													
Relevant UNIFY performance indicators Other operating framework measures being tracked to identify progress against milestones																													
(UNIFY indicators) Anticipated performance at period end  Relevant ESR / workforce performance indicators																													
(ESR / workforce indicators) Anticipated performance at period end			1																										
Relevant other key performance indicator(s)))																													
(Other KPIs) Anticipated performance at period end  QIPP Initiative Reporting																													
Milestone type Milestone due date	QIPP 1 End state 12-13 Mar-13	QIPP 1 End state 13:14 Mar-14	QPP 1 End state 14-15 Mar-15	Mar-13	Apr-12	Mar-13	Mar-13	Apr-12	Oct-12	Mar-13	Dec-12	Nov-12	Mar-13	Jul-12	Mar-14	May-13	Sep-13	Jan-14	Oct-13	Apr-13	Nov-13	Mar-14	Mar-14	May-14	Sep-14	QIPP LM 1.23 end ( Jan-14	Oct-14	Mar-15	Mar-15
	Guidance for reporting progress on milestones			Progress against milesto	one Progress against milestor	ne Progress against miles	tone Progress against milestor	ne Progress against mileston	e Progress against milestone	Progress against milestor	ne Progress against milest	one Progress against milestone	Progress against mileston	e Progress against milestor	ne Progress against milestor	one Progress against mileston	e Progress against milestone I	Progress against mileston	e Progress against milesto	one Progress against milestor	one Progress against mileston	e Progress against milestone	Progress against mileston	ne Progress against mileston	Progress against milestone	Progress against milestone Progr	ss against milestone Progress	ss against milestone Prog	gress against milestone
Progress reporting against milestones and Initiative 1	This should be updated monthly as required. Slipp Guidance for reporting progress of the initiative • Monthly (optional) Report overall prog		delivery (KPIs and £).																										
Milestone status	Completed = on time and in full; in-progress impact; Delayed - red = due date has passe	s; Delayed - amber = due date has passed ad and there is / will be material impact on	but no material impact on delivery scope or delivery scope or impact	In progress	Completed	In progress	In progress	Completed Forecast delivery	In progress	In progress	In progress	In progress	In progress	In progress	Work not yet commenced	ed Work not yet commenced	Work not yet commenced	Work not yet commenced	Work not yet commence	Work not yet commence	Work not yet commenced	Work not yet commenced	Work not yet commenced	Work not yet commenced	Work not yet commenced	Work not yet commenced Work	not yet commenced Work no	not yet commenced Wo	ork not yet commenced
Month 9 Dec-11 Month 10 Jan-12 Month 11 Feb-12 Month 11 Month 12 Mar-12 Month 14 Apr-12	Polecast delivery	Porecast delivery	Polecast delivery	Potecast delivery	Polecasi delivery	Polecast derivery	Polecast delivery	Potecasi delivery	Porecast derivery	Polecasi delivery	Polecast delivery	Polecasi delively	Potecasi delivery	Potecast delivery	Polecasi delively	Polecust derivery	Porecast delivery	Potecast delivery	Porecast delivery	Polecasi delivery	Polecasi delively	Polecast delivery	Potecasi delivery	Potecast deniety	Porecast derivery	Poletast delivery P	rocast delivery Pure	recasi delivery	Potecast delivery
Month 12 Mar-12 Month 1 Apr-12 Month 2 May-12 Month 3 Jun-12	Mar 13 Mar 13 Mar 13	Mar 14 Mar 14 Mar 14	Mar 15 Mar 15 Mar 15	Mar 13 Mar 13 Mar 13	Apr 12	Mar 13 Mar 13 Mar 13	Mar 13 Mar 13 Mar 13	Apr 12	Oct 12 Oct 12 Oct 12	Mar 13 Mar 13 Mar 13	Dec 12 Dec 12 Dec 12	Nov 12 Nov 12 Nov 12	Mar 13 Mar 13 Mar 13	Jul 12 Jul 12 Jul 12	Mar 14 Mar 14 Mar 14	May 13 May 13 May 13	Sep 13 Sep 13 Sep 13	Jan 14 Jan 14 Jan 14	Oct 13 Oct 13 Oct 13	Apr 13 Apr 13 Apr 13	Nov 13 Nov 13 Nov 13	Mar 14 Mar 14 Mar 14	Mar 14 Mar 14 Mar 14	May 14 May 14 May 14	Sep 14 Sep 14 Sep 14	Jan 14 Jan 14 Jan 14	Oct 14 Oct 14 Oct 14	Mar 15 Mar 15 Mar 15	Mar 15 Mar 15 Mar 15
Month 4 Jul-12 Month 5 Aug-12 Month 6 Sep-12 Month 7 Oct-12																													
Month 7 Oct-12  Month 8 Nov-12  Month 9 Dec-12  Month 10 Jan-13																													
Month 11 Feb-13  Month 12 Mar-13  Month 1 Apr-13  Month 2 May-13																													
Month 3 Jun-13  Month 4 Jul-13  Month 5 Aug-13  Month 6 Sep-13  Month 7 Opt-13																													
C Month 7 Oct-13  Month 8 Nov-13  Month 9 Dec-13  Month 10 Jan-14  Month 11 Feb-14																													
Month 11 Feb-14  Month 12 Mar-14  Month 1 Apr-14  Month 1 Apr-14  Month 2 Marc/14																													
Month 2 May-14 Month 3 Jun-14 Month 4 Jul-14 Month 5 Aug-14 Month 6 Sep-14																													
Multil 7 Oct-14																													
Month 8 Nov-14 Month 9 Dec-14 Month 19 Dec-14 Month 10 Jan-15 Month 11 Feb-15 Month 12 Mar-15 Month 1 Apr-15																													
Number of CCGs signed up to this milestone Number of CCGs who have completed this milestone Percentage of PCTs completing this milestone	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%	5 5 100%

2012- 2013 Milestone Tracker

	Estimated savings 2014-15 (£000's)		
	Workstream 1K		
	Workstream 1K		
		Estimated savings In-year	Dieke and issues (lability
QIPP LM 1.27	QIPP LM 1.28	QIPP LM 1.29	Risks and issues (initiat level)
QIPP LM 1.27 end	GPP LM 1.28 end	GPP LM 1.29 and	RAG rating for thinklative
	QPP LM 1.28 and Progress against milestone		RAG rating for this initiative Green
			Green
			Green
			Green 0
Progress against milestond	Progress against milestons	Progress against milestone	Green 0 Delays (Combined 0 0 0 0
Progress against milestond	Progress against milestons	Progress against milestone	Green  Detays (Combined  0  0  0  0  0  0  0
Progress against milestond	Progress against milestons	Progress against milestone	Green 0 Detays (Combined 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Progress against milestond	Progress against milestons	Progress against milestone	Green  Delays (Combined  Belloys
Progress against milestond	Progress against milestons	Progress against milestone	Green  Datays (Combined  0  0  0  0  0  0  0  0  0  0  0  0  0
Progress against milestond	Progress against milestons	Progress against milestone	Green 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Progress against milestond	Progress against milestons	Progress against milestone	Green   0   0   0   0   0   0   0   0   0
Progress against milestond	Progress against milestons	Progress against milestone	Green  Dailys (Combined  Box States   Combined  Box States   Combine
Progress against milestond	Progress against milestons	Progress against milestone	Dulays (Combrada   10   10   10   10   10   10   10   1

le	PCT cluster	er	Title														Urgent Care												
Aciavings El	ective) 2012	12-13 (£000°s)	£18,065	2013-14 (£000's)	460	Estimated savings 2014-15 (£000's)	£12,790	Secondary FIMS category for savings	Acute Contracts (Elective)	Estimated savings 2012-13 (£000's)	£6,401	Estimated savings 2013-14 (£000's)	Es 20'	stimated savings 014-15 (£000's)	Additional FIMS category for saving:	Acute Contracts (Outpatients)	Estimated savings 2012-13 (£000's)	E2,178 Est 201	stimated savings 113-14 (£000's)	Estima 2014-1	ated savings 5 (£000°s)	Additional FIMS category for saving	Acute Contracts (Other)	Estimated savings 2012-13 (£000's)	£1,919	Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)	
	2012	MS savings 12-13	£18,065	FIMS savings 2013-14		FIMS savings 2014-15		Total for CSR period																					
Quality,	111 activity workforce & finance		Workstream 2B	NHS Pathways & Direction of the NHS Pathways & Direction of th			Out of Quality, activity & finance	f Hours e	Workstream 2D	Ambulatory Er  Quality, activity & finance	mergency Care	Workstream 2E	Major Trai	auma Workstres	m 2F Enhancing Quality a  Quality, activity & finar	nd Recovery Programme	e Workstream 2G		Work	rkstream 2H		Workstream 2I			Workstream 2J			Workstream 2K	
Est in-	imated savings year			Estimated savings in-year			Estimated savings in-year			Estimated savings In-year		00 au	Estimated savings in-year		Estimated savings In-year		E i	Estimated savings in-year		Estimate In-year	nd savings		Estimated savings in-year		8 8	Estimated savings In-year			Estimated savings in-year
3 Ac	QJPP 2 End state 13-14 QJP sute Care 2013-14 Acute gnposting and Estat	ute Care 2014-15	111 2012-13 (M1)	QIPP LM 2.2	QIPP LM 2.3 1 2012-13 (M3) ard paper to NHS	QIPP LM 2.4 111 2012-13 (M4) Service mobilisation	QIPP LM 2.5 111 2012-13 (M5) Clinical governance	QIPP LM 2.6 111 2012-13 (M6) Readiness testing to	QIPP LM 2.7 111 2012-13 (M7) Service mobilisation	QIPP LM 2.8  NHS Pathways and Directory of services	OOH 2012-13 (M1) New service models	QIPP LM 2.10  OOH 2012-13 (M2)  Procurement (exact	QIPP LM 2.11  OOH 2012-13 (M3)  Extension to existing car	mbulatory emergency are 2012-13 (M1) are	LM 2.13 QIPP LM 2.14  emergency Major trauma 2012-13	QIPP LM 2.15 Urgent Care overview 2013-14 (M1)	111 2013-14 (M1)	QIPP LM 2.17  111 2013-14 (M2) OO All pathways reviewed Pro	OH Redesign and Ambu	oulatory emergency Ambul:	atory emergency Urgent Care 20	4-15	QIPP LM 2.23	QIPP LM 2.24	QIPP LM 2.25	QIPP LM 2.26	QIPP LM 2.27	QIPP LM 2.28	QIPP LM 2.29
to ma etting the oved or and tha	anaging patients to Signs appropriate setting mans pathways to ensure at patients access settin	gnposting and anagement of patients the appropriate tting or pathways to	complete	paper by CCGs Su	rrey Board	starts/detailed mobilisation plan in place	board in place	start	completed	2012-13 (M1) Complete population of directory - tier 2 services - social care, MH, 3rd sector	agreed by each CCG to	timescale to be confirmed)	contract for 6 months Re impon		of Completion of the designation of Traum. Re-audit for units in Surrey		complete to inform 2014/15 commission		f1) All ac ew contract comm immences fully in audite	scute (49) and % of primunity pathways approprimented and Ambulated in acute & seen o pathws	013-14 (M2) (M1) atients All CCG's work risate for their unplanned strategies at a l ne the agreed level	g to are cal							
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12-13	OIPP 2 End state 13-14	2IPP 2 End state 14-15 Mar-15	GIPP LM 2.1 end Apr 12	OPPLM 2.2 end May 12	CIPP LM 2.3 end	GIPP LM 2.4 end 20x112	QPP LM 2.5 end Aug 12	QIPP LM 2.6 and Sep-12	GPP LM 27 and March3	GIPP LM 2.8 and Dec 11	QIPP LM 2.9 end	QPP LM 2:10 end 5ep 12	QPP LM 2.11 end Mar. 13	OPPLW 213 and OPPLW 214 and OPPLW 215 and OP	12:13ed OPPDI/24ed	QIPPLM 2.15 end Aprila	GPP LM 2.16 and Aug 43	QIPP LM 2.17 and Mar-14	OIPP LM 2-18 end O	GIPP LM 2.19 and G8 Man-14	PP LM 228 and	and GIPP LM 2.22 and	GIPP LM 2.23 and	QIPP LM 2.24 end	GPP LM 2.25 end	GIPP LM 2.26 and	QIPP LM 227 end	QIPP LM 2.28 erd	GIPP LM 2.29 and
g progress d monthly	on milestones as required. Slippage should be re	L	QPP LM 2.1 and Agr.12 Progress against milesto	OPP LM 2.2 end May 22 pne Progress against milestone Pro	QIPP LM 2.3 end Jun-12 Gyress against mileston	CIPP LM 2.4 end Jou 12 Progress against milestion	GIPP LM 2.5 and Aug 12 Progress against milestone	QIPP LM 2.5 end Sep 12 Progress against mileston	CIPP LM 2.7 end Mar.13 e Progress against mileston	QRPLM 28 and Dec 12 and Progress against ribestone	QIPPLM 2.5 erg	QFP LM 2.10 and Sep 12 Progress against milestone	OIPP LM 2.11 and Mex.13 Progress against milestone Pro	QIPP LM 2.12 and QIPP LM 2.12 and house to the second seco	12.13 and GPPLM 214 and VF13 Dec 12 Dec 12 Dec 12 Dec 14 Dec 15 Dec 15 Dec 15 Dec 16 D	OPPLM 2.15 and April 3 April 3 April 3 April 4 April 4 April 5 April 5 April 6 April 7	OPP LM 2:16 end Aug 13 Progress against influsions 6	OIPPLM 2.17 end Mar44 Progress against inflatione Pro-	GPP LM 2.18 ord G G G G G G G G G G G G G G G G G G G	OPPLM 2.19 end OF Mari4  Mari4  yess against milestone Progress	PPLM 2.20 and GPP LM 2.2 Mar-14 Ap-14 a against milestone Progress against	end QIPP LM 2.22 and QI	GIPPLM 2.2 and CIPPLM 2.2 and Progress against milestone	QIPP LM 2.24 and	OPP LM 2.25 end Progress against milestone I	QPP LM 226 end Progress against milestone P	QIPP LM 2.27 end	GIPP LM 2.28 end	QIPP LM 2.39 and Progress against milestone
g progress of monthly a KPIs and		L	GPP LM 2.1 and Apr 12 Progress against milesto	OPPLM 2.2 end May 12 one Progress against milestone Pro	GPP LM 23 and Jan 22 Jan 23 Jan 24 Jan 25 Ja	CIPP LM 2.4 and hos 12 and 12	OPP LM 2.5 and Aug 12 Progress against milestons	OPP LM 2.6 and Sep 122 Progress against mission	OPP LM 2.7 and Mun 13 of Progress against mission	GPP LM 2.8 and Dec 21 and Progress against milestone	QPP LM 2.9 erst July 2.9 erst Progress spjelnet mikeloord	CIPP LM 2.10 and Sep-12 Progress against infection	OPP LM 2.11 and Mar 13 Progress against milestone Pro	OPP LM 2.12 and OPP L Inva 12 OPP season against missione Progress ag	12.13 and GPP LM 2.14 and US LM collection Progress against milestone Progr	GIPP LM 2.15 and Apr. 13 and Progress against milestone	OPP LM 2.16 and App 13 Progress against inflations 7	OIPP LM 2.17 and Mart 4 Progress against inflatione Pro-	OPP LM 2.18 and Obi-13 Colors Against an inflations Program	OIPPLM 2.19 and OIPMLM 2.19 and Marist Progress against influsione Progress	PP LM 2.20 and OPP LM 2.2 Mar-14 Ap-15 Ap-15 against milestone Progress against	end QIPPLM 2.22 and selection Progress against miletal	CIPPLM 2.28 and cook Progress against milestone	GPP LM 2.24 and Progress against milestone	OPP LM 2.25 end Progress against infestore I	QPP LM 226 and Progress against milestone P	QIPP LM 2.27 and rogress against milestone	OPP LM 2.38 and Progress against milestone	QPP LM 229 and Progress against milestone
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## QIPP Initiative 3

Scale	PCT	cluster	Title													Lo	ong Term Conditions												
Primary FIMS category for savings	Other	Estimated savings 2012-13 (£000's)	£37,990	Estimated savings 2013-14 (£000's)	£29,910	Estimated savings 2014-15 (£000's)	£22,740	Secondary FIMS category for savings		Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)	Estin 2014-	ated savings 15 (£000's)	Additional FIMS category for saving	Est 201	stimated savings 112-13 (£000's)	E 2	Estimated savings 2013-14 (£000's)	Estimated sav 2014-15 (£000'	ngs	Additional FIMS category for savings	E	Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)	Es 20	timated savings 14-15 (£000's)	
		FIMS savings 2012-13	£37,990	FIMS savings 2013-14	£29,910	FIMS savings 2014-15	£22,740	Total for CSR period	£90,640																				
Workstream 3A	Whole Syste	em Re-design	Workstream 3B	Risk stra	atification	Workstream 3C	Urg	ent care	Workstream 3D	Self Mar	nagement	Workstream 3E	Virtual ward	Workstream 3	- Cı	rdiology	orkstream 3G	Thrombo	bolysis Work	sstream 3H S	oke rehabilitation	Workstream 3I	Personalised	I care plans W	Workstream 3J		w	orkstream 3K	
Qu	ality, activity workforce & fi	inance		Quality, activity & finance Estimated savings	ė		Quality, activity & finant	ce		Quality, activity & finance	ė		Quality, activity & finance  Estimated savings		Quality, activity & final Estimated savings	nce	E	estimated savings		Estimated saving:			Estimated savings			Estimated savings		Estimated savings	
QIPP 3 End state 12-13	in-year	QIPP 3 End state 14-15	QIPP LM 3.1	in-year QIPP LM 3.2	QIPP LM 3.3	QIPP LM 3.4	in-year QIPP LM 3.5	QIPP LM 3.6	QIPP LM 3.7	QIPP LM 3.8	QIPP LM 3.9	QIPP LM 3.10	in-year	QIPP LM 3.12 QIPP LM 3	in-year  13 QIPP LM 3.14	QIPP LM 3.15	QIPP LM 3.16	n-year	QIPP LM 3.18	in-year  QIPP LM 3.19	10 QIPP LM 3.21	QIPP LM 3.22	in-year QIPP LM 3.23	QIPP LM 3.24	QIPP LM 3.25	in-year	QIPP LM 3.27	in-year  QIPP LM 3.28	Risks and issues (initiative level)
Whole System Redesign 2012-13 Whole System	Whole System Redesign 2013-14 Risk stratification	Whole System Redesign 2014-15 Whole system redesign	Risk stratification 2012- 13 (M1) Signed up to by all	2- Risk stratification 2012- 13 (M2) Models implemented	Risk stratification 2012- 13 (M3) 25% of practices	Risk stratification 2012	2- Virtual wards 2012-13	Self Management 2012	Self Management 2012-	Self Management 2012- 13 (M3) Telehealth	Self Management 2012-	2- Cardiology 2012-13 (M1)	Cardiology 2012-13 Cardi	ology 2012-13 Cardiology 201	2-13 Cardiology (Inter	Thrombolysis 2012-13 Stri	roke rehabilitation (	Workforce 2012-13 R	Risk stratification 2013- Self N	Management 2013- Self Managment 11 (M2)	2013- Self Management (interventions) 2013	Cardiology 2013-14 (M1) Implement stage two of	Thrombolysis 2013-14 (M1) C	Whole sytems redesign Soverview 2014-15 (M1)	Self management 2014- 15 (M2) Assisted tech.	Self management (interventions) 2014-15 (M3)	Self management 2014- 15 (M4) 15 CCG's to have 10	sk stratification 2014- (M1) (M1) (M1) 0% of CCG's utilising Access to thromb	14-15 bolysis
Redesign 2012-13 - All CCGs will have a risk stratification that	informs multi disciplinary assessment planning	model implemented and a pro-active approach to the	CCGs	and cohorts of high risk patients identified in all practices.	utilising forms of risk stratification to target people in the moderate and low category	June 2012	Clinical Commissionir groups	telehealth (Not G&W	to be offered to 25% patients (who fit into the correct risk stratification score) and carers.	(CCG)	(COPD).Heart Failure.	management advice	nurse available to mode	gement - NICE guidance ardised service failure in Centre Health affecting Downs CCG	Surrey system by Surrey	2012-13 agr 2012-13 agr	roke rehabilitation access to early	and education and s	people in the moderate 13	ew care planning Evaluation of the C pathways mented in 2012- (G&W TBC)	m Education program to be offered to 50% patients (who fit into correct risk stratifica	the cardiac and stroke strategy with CCG the specific areas for	for stroke - 13% for s 2013-14 ii	systems redesign (to including risk strat, and personalised care which planning, virtual wards, G	(telehealth / telecare) available to all people with LTC in need (Not	Education programmes to be offered to 100%	developed two further ris LTC pathways of care tar	k stratification. To get people in the oderate and low tegory	for
assessment, planning, care delivery and	embedded with patients managed in the	Health preventative									Disease, Diabetes have been developed (to include how assistive technology will support)	Heath practices via ASPH & Frimley	r, practices in Guildford and Waverley via HASTE and RSCH		services from Surrey Acute Hospitals to Tertiary hospitals	40° dis	1% of stroke patients to scharged into the mmunity will access in	o support staff development. To			score) and carers			self management including telehealth and education	. ,	score) and carers			
ward established to	telemedicine is	initiatives. Implementation of effective resource and estates utilisation in									ecinology win support)	9				E3	SD III 2013-14	merviewing											
community more effectively - All practices to reduce	management and avoid e acute admissions.	redesign.																											
emergency admission by 1.5 per 1000	Utilisation of electronic means of sharing											Unsi	cheduled admissions for LTC pat	ents, Emergency bed days for LTC	s per 1,000 population, Patient	experience of care planning: %	LTC patients who bene	efit as a result of care plan	anning										
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## QIPP Initiative 5

Scale	PCT c	Fcluster	Title														End Of Life Care												
FIMS y for savings	ner	Estimated savings 2012-13 (£000's)	£0	Estimated savings 2013-14 (£000's)	£1,200	Estimated savings 2014-15 (£000's)	£2,330	Secondary FIMS category for savings	E 2	Estimated savings 2012-13 (£000's)	E 2	Estimated savings 2013-14 (£000's)	Esti 2014	mated savings I-15 (£000's)	Additional F category for	MS savings	Estimated savings 2012-13 (£000's)	Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		Additional FIMS category for savings	Es 20	Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)	
		FIMS savings 2012-13	£0	FIMS savings 2013-14	£1,200	FIMS savings 2014-15	£2,330	Total for CSR period	£3,530											T		1				1			
eam 5A	sality, activity & finance	cy admissions for EOLC	Workstream 5B			Workstream 5C			Workstream 5D		v	Workstream 5E		Workstre	eam 5F		Workstream 5G		Workstream 5H			Workstream 5I		•	Workstream 5J			Workstream 5K	
	imated savings year			Estimated savings in-year			Estimated savings in-year		E	stimated savings n-year		E	Estimated savings in-year		Estimated savir	:		Estimated savings in-year		Estimated savings in-year			stimated savings			Estimated savings in-year			Estimated savings in-year
		QIPP 5 End state 14-15			QIPP LM 5.3	QIPP LM 5.4		QIPP LM 5.6	QIPP LM 5.7	QIPP LM 5.8	QIPP LM 5.9	QIPP LM 5.10			PP LM 5.13 QIPP LM		QIPP LM 5.16		QIPP LM 5.19	QIPP LM 5.20	QIPP LM 5.21	QIPP LM 5.22	QIPP LM 5.23	QIPP LM 5.24	QIPP LM 5.25	QIPP LM 5.26	QIPP LM 5.27	QIPP LM 5.28	QIPP LM 5.29 Risks a
e identification of at the end of at the end of se. Numbers of on GSF registers by to increase to March 2013.  ople dying in lace of one more decided and one of one of the end	00 people identified	residence supported by y Gold Standard EOLC model implemented in primary care	Business case complete and signed	EOLC 2012-13 (M2) Risk stratification of off models implemented and cohorts of pasients dentified in all practices.	EOLC 2012-13 (M3) 3 x Macmillan GP posts in place across Surrey	Implementation of education and training	undertaken for provision of electronic care ordination system	Evaluation of education and training in dementia for specialist palliative care staff and EOL training for MH staff undertaken	improvement has been a	mplement disease	EOLC 2012-13 (M9) Provision of improved cadvice and information of crarers of dementia patients	Children & Young	EQLC 2013-14 (M2) Implement electronic Care records by CCG	at Home FOLC All FOLC	114-15 (MI) EOLC 2014-0 paients with Implement a coed care plan point of acce CCG)		ECLC 2014-15 (M4) implement shadow tariffu arrangements across al providers	EQLC 2014-15 (Mb) At domicillary care Both of participation of the parti	ot .										
													% all deaths occurring	ng at home (in development), A	Average number of unplanner	admissions per person to hospital	in last 12 months, Total in	-hospital deaths											
		1																											
5 End state 12-13 C	CIPP 5 End state 13-14	QIPP 5 End state 14-15	QIPP LM 5.1 end	QPP LM 5.2 end	QIPP LM 5.3 and	QIPP LM 5.4 end	QIPP LM 5.5 end	QPP LM 5.6 end	QIPP LM 5.7 end	QIPP LM 5.8 end	QIPP LM 5.9 end	QPP LM 5.10 end	QPP LM 5.11 and	QIPP LM 6.12 and QIPP L	LM 5.13 and GIPP LM	14 end QPP LM 5.15 end	QIPP LM 5.16 end	QFPLMS.TF and QFPLMS.Weed	QIPP LM 5.19 and	QPP LM 5:20 end	QIPP LM 5.21 end	QIPP LM 5.22 end	QIPP LM 5.23 end	QIPP LM 5.24 end	QIPP LM 5.25 end	QIPP LM 5.26 end	QIPP LM 5.27 end	GIPP LM 5.28 end	GIPP LM 529 and RAG
e for reporting progress of uld be updated monthly a particularly on KPIs and £ e for reporting progress f	on milestones as required. Slippage shou Eywith mitigating actions	OPP 6 End state 14-15 Mar-15 boat be reported highlighting	CIPP LM 51 end Agr 12 Progress against mileste	OPP LM 5.2 and July 2	GIPP LM 53 and Aug 12 and 70 oyess against inflestone	OIPP LM 5.4 end Sep-12 Progress against milestor	GIPPLM 5.5 and Sep. 12 res Progress against mileston	OPPLM 5.6 and Nov 12 or Progress a against influsions	QPP LM 5.7 and Dec 12 Progress against milestone of	QIPP LM 5.8 and Feb.13 Progress against inflestone	QIPP LM 5.9 and Mar 13 Progress against milestons P	GPP LM 5.10 and April 3 Progress against milestone of	OPP LM 5.1 and May-13  May-13 Progress against milestone Progr	OIPPLM 5.12 end OPPPLM 5.25 en	LM 5.13 and OPP LM App-14 May Magazina ministron Progress again	64 and GPP LM 5.15 and L Aug-14 Milestone Progress against milestone	OIPP LM 5.16 and Sep-14 Progress against milestone	OIPP LM 5.17 and OIPP LM 5.18 and Jan-15 Mai-15 Progress against milestone	GIPPLM 5.19 and	OPP LM 5.20 and Progress against milestone Pr	QIPP LM 5.21 end	OIPP LM 5.22 and Progress against milestone P	OIPP EM 5,23 and	CIPP LM 5.24 end Progress against milestone P	QPP LM 5.25 end Progress against reflections	QIPP LM 5.26 end	QIPP LM 5.27 end Progress against milestone	OPP LM 5.38 end	GIPP LM 5.29 and RAG
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## QIPP Initiative 6

Scale	PCT c	cluster	Title															Planned Care														
Primary FIMS category for savings	(Outpatients)	Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)	25,300	Estimated savings 2014-15 (£000's)	£7,590	Secondary FIMS category for savings	Acute Contracts (Elective)	Estimated savings 2012-13 (£000's)	£1,453	Estimated savings 2013-14 (£000's)	E	Estimated savings 2014-15 (£000's)		Additional FIMS category for savings	Acute Contracts (Other)	Estimated savings 2012-13 (£000's)	£1,134	Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		Additional FIMS category for savings	Community Contracts	Estimated savings 2012-13 (£000's)	£32	Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		
		FIMS savings 2012-13	3724	FIMS savings 2013-14		FIMS savings 2014-15	£7,590	Total for CSR period	£20,614																							
Vorkstream 6A	HIGH RISK SURGICAL  Quality, activity & finance	L PATIENT PATHWAY		Quality, activity & final	on of Cardiology	Workstream 6C	Quality, activity workforce	Sexual Health services	Workstream 6D	Quality, activity & finance	Minor Surgery	Workstream 6E	Enhance Quality and R  Quality, activity & finance		Workstream 6F	Market management as Quality, activity & finance		Workstream 6G	Quality, activity & finance		Workstream 6H			Workstream 6I			Workstream 6J			Workstream 6K		
	Estimated savings in-year			Estimated savings In-year	ance .		Estimated savings in-year	a indice		Estimated savings in-year			Estimated savings			Estimated savings			Estimated savings			Estimated savings in-year			Estimated savings in-year			Estimated savings in-year		Esti	timated savings	
QIPP 6 End state 12-13	QJPP 6 End state 13-14	QIPP 6 End state 13-14		QIPP LM 6.2	QIPP LM 6.3	QIPP LM 6.4		QIPP LM 6.6	QIPP LM 6.7	QIPP LM 6.8	QIPP LM 6.9	QIPP LM 6.10	QIPP LM 6.11	QIPP LM 6.12	QIPP LM 6.13	QIPP LM 6.14	QIPP LM 6.15	QIPP LM 6.16	QIPP LM 6.17	QIPP LM 6.18	QIPP LM 6.19	QIPP LM 6.20	QIPP LM 6.21	QIPP LM 6.22	QIPP LM 6.23	QIPP LM 6.24	QIPP LM 6.25	QIPP LM 6.26	QIPP LM 6.27	QIPP LM 6.28	QIPP LM 6.29	Risks and issues (initiat level)
services at the right time and in the right place leading to a reduction in acute hospital based activity	appropriate clinical services at the right time and in the right place • Low Priority Procedures are performed only by	appropriate clinical	Clinical event to gain	13 (M2) Decision on implementation of GE at SASH and ASPH	12- High risk surgical 2012 13 (M3) Proof of concept OT evaluation full shared & adopted by CCG and commitment gained for next steps	High risk surgical 20     13 (M4)     ASPH & SASH to has     full implemented plar     for 'go-live' April 201;  r	An agreed clinical consenus & care pathways which will facilitate redirecting	(M2) Devise & implement a framework to support clincial referral & redirected patient flows in line with national best practice.	(M3) Ensure high standards of patient care are met at all stages along the pathway and	cardiology 2012-13 (M4) Peer review and referra management in place in all CCG's (various models)	(M1) Current SH services	Integration of Sexual health service 2012-13 (M2) Commissioning county- wide SH service	The state of the s	Recovery Programme 2012-13 (M1) All trusts signed up to EQC QUIN and have met the quality requirements and tradjectories.	and stretched targets.	Agreement reached across the network and with CCG's as to where high risk surgical	mainter maintagement and referral refinement 2013-14 (M1) % reduction (TBC) of secondary care activity	and referral refinement 2013-14 (M2) CCGs have fully developed planned care models and strategies	2013-14 (M3) Contracts agreed on the basis of local pricing review	2013-14 (M4) % (TBC) of elective	their planned care strategies at a local											
atient Pathways fully inplemented in FPH ind RSCH by March 013. ASPH and SASH o have comprehensive inplementation plans in lace 10% increase in	Optimise use of IT to support out of hospital structured clinical surveillance models (stroke telecare)     Reduced hospital based activity.	Procedures are performed only by exception  Optimise use of IT to support out of hospital structured clinical surveillance models (stroke telecare)						recommendations	watering times are mer by chosen tertiary providers.		impiernemea					ievei 2 area.																
proportion of Cardiology procedures		Reduced hospital based activity.												PHQ24-25: Cancer 2 We	eek Waits (aggregate m	easure), PHS10: All First 0	Outpatient Attendances,	PHS11: Elective FFCEs														
	1																															
QIPP 6 End state 12-13	QIPP 6 End state 13-14	QIPP 6 End state 14-15	QIPP LM 6.1 end	QIPP LM 6.2 end	QIPP LM 6.3 end	QIPP LM 6.4 end	QIPP LM 6.5 and	QIPP LM 6.6 end	QIPP LM 6.7 end	QIPP LM 6.8 end	QIPP LM 6.9 end	QIPP LM 6.10 end	QIPP LM 6.11 end	QIPP LM 6.12 end	QIPP LM 6.13 end	QIPP LM 6.14 end	QIPP LM 6.15 end	QIPP LM 6.16 end	QIPP LM 6.17 end	QIPP LM 6.18 end	QIPP LM 6.19 end	QIPP LM 6.20 end	QIPP LM 6.21 end	QIPP LM 6.22 end	QIPP LM 6.23 end	QIPP LM 6.24 end	QIPP LM 6.25 and	QIPP LM 6.26 end	QIPP LM 6.27 end	QIPP LM 6.28 end	QIPP LM 6.29 end	RAG rating for the
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Guidance for reporting prog • Monthly (o																																Ü
passed but no material in due date has passed and impact	in full; in-progress; Delaye spact on delivery scope or in I there is / will be material in	impact; Delayed - red =	Completed	In progress	In progress	In progress	Completed	In progress	In progress	In progress	In progress	In progress	Completed Forecast delivery	In progress		Work not yet commenced		Work not yet commenced			Work not yet commenced	Work not yet commenced	Connect delivery	Consent delicer	Faranci dell'ann	Samuel delices	Second delication	-	Encount delices	Forecast delivery	Second debase	Dalam (Carabinati
- Greenel Delivery	- constant delivery	- coccast delivery	, orecast delivery	r Greeday Delivery	r ossessi dervely	- or coast derivery	, c.ecast derivery	r orought denvery	r or could delivery	r or could delivery	- orecast derivery	. Ground derivery	r orocaus derivery	, oronan odivery	, orocas obinery	i oracias delivery	- orecass delivery	r orceast derivery	r oronasi univery	r orocast derivery	- orocast derivery	- Graduat Utilivery	r orocast delivery	- oronal pervery	r oronal Utilitity	, orecast derivery	- Greenat delivery	, orders derivery	r Groces Delivery	, country delivery	. Journal officery	0 0 0
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	Jun-12																										
QIPP Challenge (£000s)	£240,505																										
FIMS Plan: Savings for CSR	£329,027																										
Period (£000s)  Yr 1 FIMS savings delivered (forecast outturn) 2011-12	£68,293																										
(£000s)																											
Yr 2 Plan FIMS savings for 2012-13 (£000s) Yr 3 Plan FIMS savings for	£108,069																										
2013-14 (£000s) Yr 4 Plan FIMS savings for																											
2014-15 (£000s) Total savings	£36,864																										
years 1-4 (£000's) (should equal savings for the CSR period (Cell C8))	£261,371																										
Estimated value of centrally reported QIPP initiatives in remaining CSR period (£000's)	£141,446																										
(Should be <50% of years 2-4 (Cells C11:C13)) QIPP Initiative Pla	anning																										
QIPP Initiative scale and title (this s 7 sub-programme area which will co savings in FIMS Categories)	should be one of the 5-	Scale	PO	CT cluster	Title													Planned Care									
FIMS Categories where this initiative sum of savings across all initiatives	ve will impact (n.b. the s should be <50% of	Primary FIMS category for savings	Acute Contracts (Outpatients)	Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)		0		Secondary FIMS category for savings	ommunity Contracts	Estimated savings 2012-13 (£000's)	Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)	Additional FIN	IS Primary Care, Denta avings Pharmacy, Opthalmi	Estimated savings	Estir 2013	imated savings 3-14 (£000's)	Es 20	stimated savings 114-15 (£000's)	Ad	dditional FIMS ategory for savings	Estimated saving 2012-13 (£000's)	Estimated sa 2013-14 (£00	savings
planned savings)  Totals of planned savings from this	s initiative (£000's)			FIMS savings	£19,140	FIMS savings 2013-14	£11,727	FIMS savings	60	Total for CSR period	£30.867	2012-10 (2000 3)	2010-14 (2000 3)		2014-15 (2000-5)	category to a	Phamacy, Operani	2012-10 (2000 3)	2010	3-14 (2000 3)	20	114 15 (2500 5)		accigory for savings	2012-10 (2000 3)	2013-14 (200	30 3)
ann de la companya de	t-tel-et state s			2012-13	210,140			2014-15	20	Total for out period	200,007															_	
QIPP workstreams supporting this i description narrative required) Focus of workstreams	initiative (title /	Workstream 1A	Integrate	ed Care Teams	Workstream 1B		ent schemes in place to be activity	Workstream 1C	Sussex MSK Se	ervice Redesign W	forkstream 1D		Workstream 1E			Workstream 1F		Workstream 1G		Wo	orkstream 1H		w	Vorkstream 1I		Workstream 1J	
Optional SHA FIMS Categories (Use where these have been defined within ye	unur SHA)		Estimated savings In-year			Estimated savings in-year			Estimated savings in-year			Estimated savings		Estimated savings		Estimated savings			Estimated savings		Est	timated savings		Estimate	d savings	Estimated savin	ngs
Milestone type	,,	QIPP 1 End state 12-13	QIPP 1 End state 13-14	QJPP 1 End state 14-15	QIPP LM 1.1		QIPP LM 1.3	QIPP LM 1.4	QIPP LM 1.5	QIPP LM 1.6	QIPP LM 1.7	QIPP LM 1.8	QIPP LM 1.9 QIPP LM 1.10	QIPP LM 1.11	QIPP LM 1.12	QIPP LM 1.13 QIPP LM 1	.14 QIPP LM 1.15	QIPP LM 1.16	QIPP LM 1.17	QIPP LM 1.18	QIPP LM 1.19	QIPP LM 1.20	QIPP LM 1.21	QIPP LM 1.22 C	JPP LM 1.23 QIPP LM 1.24		M 1.26
End state: Enter a description of hor affect the local healthcare sytem e.g	g. activity, transfers,	Reduction in 25000 referrals from Genera Practice to Secondary Care Providers across Sussex	Reduction in 50000 referrals from Gene Practice to Secondary Care Providers across Sussex	ral Reduction in 85794 referrals from Gene Practice to Secondary Care Providers across Sussex	neral Formal contract and spec in place for Integrated Care Teams	Develop referral management tariff and s specification in	Continue to work Sussex wide for MSK but local	New ICT service live in BHC	Identification of QOF QP Pathways to be developed for 2012/13	Principles for River Programme Budgeting agreed in MSK in BHC re	eferral management - elivery of web-based derral tool for GPs in	MSK - Paper Triage Re Plus implemented with too plans to include a	lerral management Shared decision making for OA Knee	Implementation of referral management service BSUH in BHC	10% reduction in consultant to consultant referrals achieved CWS	Approve Hand Pain Pathway for MSK in Esx Pathway for MS	ain Deliver Two Pioneer	Early Implementation of Sussex Together Planned Care Scheme	New Service in place will dovetail with Orga S Physiotherapy Triage Derm	grated Care Cor panisation in of M	mplete development MSK integrated Ms del for 1st April go	eer Review & Referral Internal	Musculoskeletal - Re Integrated Care ou Organisation in place 50	teduction in secondary reduces on the secondary reduces the secondary reduces the secondary reduces the secondary reduces reduced the secondary reduced the seco	support Full roll out of Pract referrals and Care Teams CWS	We Model for episodic care implementation better out of his care strategy	ion of hospital v in Sussex
quality/adverse quality indicators, h incidence/prevalence of illness, mor specified acute or long term health of	rbidity/mortality from conditions. And;				in BHC	conjunction with BSUH	implementation plan agreed in Sussex			Si	ussex	reduction in activity of 3058 outpatient appointments CWS						in Sussex	(new service will read) replace Physiotherapy Traige) in Sussex	dy to operate -CWS live	e in BHC Re	eferrals of 6.35% thieved CWS	for 2013-14 CWS sp re	pecialties and activity eduction in remaining econdary activity by	by 20% in		
quantify the number / percentage ch planning to effect. Provide at least one end state ideally initiatives, it may be more appropris	ly for 2015. For some																						30	0%			
into end states for each remaining y or an end state which falls before 20	year in the CSR period 015.																										
Milestone Descriptors: Enter descrip level milestones from your integrate should be provided for key deliveral such as decision points (go or no go	ables or outcomes																										
that will do to bring about the chang healthcare system as described in the Risks/issues: Enter descriptions of the	ges in the local the end state.																										
relate to the initiative. Relevant SUS performance indicators Activity indicators being monitored to identif															OPN regulation due to	associated demand management schem	es.										
milestones (SUS indicators) Anticipated performance at																agemen school											
Relevant UNIFY performance indicators Other operating framework measures being progress against milestones	-														RTT -	admitted - 90% in 18 weeks											
(UNIFY indicators) Anticipated performance		90%	6 90	9	90%																						
UNIFY indicators) Anticipated performance Relevant ESR / workforce performance indic	at period end	90%	90	9% 9	90%										Reduction in 12 mo	onth rolling average for sickness absence											
(UNIFY indicators) Anticipated performance Relevant ESR / workforce performance india (ESR / workforce indicators) Anticipated pe	e at period end licators erformance at period end	90% 3%	90	9%	90%										Reduction in 12 mo	onth rolling average for sickness absence											
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(UNFY Indicators) Anticipated performance indicators (ISR / workforce performance indicators) Anticipated per (ISR / workforce indicators) Anticipated per (ISR / workforce indicators) Anticipated per (ISR / workforce indicators) Anticipated performance and per (ISR / workforce) Anticipated performance and per (ISR / workforce) Anticipated performance and per (ISR / workforce) Anticipated performance and perform	Dec-11   Dec-12   Dec-13   Dec-14   Dec-14   Dec-14   Dec-14   Dec-14   Dec-14   Dec-14   Dec-15   D	Mar-13  Quidance for reporting progress on missiones the should be updated monthly as required. Dip- Quidance for reporting progress of the initiative - Monthly (optional) Report overald prog- Compilated – on time and in full; in-progress report. Delivery — and — dise date the passes Forecast delivery  Mar-13	Mar: 14  Longe should be reported frightighting impact on del  C. Delayed - amber - due date has passed be and them is I will be material impact on del  Forecast delivery  Mar: 14	Main 15  Newly (RPIs and IS).  Not no material impact on delivery scope or invest income or impact  Forecast delivery  Main 15	Completed Forecast delivery	Completed Forecast delivery	Completed Forecast delivery	Completed Forecast delivery  May 12	Completed Forecast delivery  May 12	Completed  Completed  Forecast delivery  May 12	II GP's have access to lap of Medicine. New CCG website with all ceferral guidelines will be launched on 17th July 2012.  Completed  Forecast delivery  Jun 12	In progress Forecast delivery	In progress In progress.  Forecast delivery  Forecast delivery	In progress Forecast delivery	OPP LM 1.12 and Sep 12 Sep 13 Sep 13 Sep 14 Sep 15 Sep 15 Sep 15 Sep 15 Sep 16	OPP LM 1.13 and OPP LM 1.1  Sep 12 Oct 2  Progress against milestone Progress against  In progress In progress  Forecast delivery Forecast de	A and QPP LM 1.5 and Nov 12 No	In progress Forecast delivery	In progress Forecast delivery I	In progress Forecast delivery	In progress Forecast delivery	In progress Forecast delivery	In progress Forecast delivery	In progress Forecast delivery For	In progress In progress secant delivery Forecast deliver	In progress In prog	agress delivery
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2012- 2013 Milestone Tracker

	Estimated savings 2014-15 (£000's)		
	Workstream 1K		
		Estimated savings In-year	
QIPP LM 1.27  Evaluation of agreed clinical pathways and	QIPP LM 1.28  Review of referral to	QIPP LM 1.29  Sussex Together models of Planned	Risks and issues (initiativel)
clinical pathways and mitigating actions in place in areas of non- delivery in Sussex	ensure that appropriate progess is being made against targets peer review where required	Care fully implemented	
delivery in Sussex	in Sussex	delivery of capacity efficiencies in Sussex	
QIPP LM 1.27 end	GPP LM 1.28 and 0.514	OPP LM 1.20 and 100-14	RAG rating for th
	GPP LM 1.28 and Oo 144 Progress against milestone		Initiative  Green  All milestones are
			Initiative Green
			Initiative  Green  All milestones are
3d-14 Progress against mileston In progress	Oct-24  Progress against milestone  In progress	Nov-14 Progress against milestone In progress	Initiative  Green  All milestones are green
Jul-14 Progress against mileston	Oct-14  Progress against milestons	Nov-14 Progress against milestone	Initiative  Green  All milestones are
3d-14 Progress against mileston In progress	Oct-14 Progress against milestone In progress In progress Forecast delivery	Nov-14 Progress against milestone In progress	Initiative  Green  All milestones are green  Delays (Combined)  Delays (Combined)  0  0  0  0  0  0  0
Jul-14 Progress against mileston In progress Forecast delivery Jul-14 Jul-14 Jul-14 Jul-14 Jul-14	Oct-24  Progress against milestone  In progress	Nov-54 Progress against milestone In progress In progress Forecast delivery Nov-54 Nov-54	Initiative Green All milestones are green  Delays (Combined) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Jul-14 Progress against mileston In progress Forecast delivery Jul-14 Jul-14 Jul-14 Jul-14 Jul-14	Oct-14 Progress against milestone In progress In progress Forecast delivery	Nov-54 Progress against milestone In progress In progress Forecast delivery Nov-54 Nov-54	Initiative Green All milestones are green  Delays (Combined) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Jul-14 Progress against mileston In progress Forecast delivery Jul-14 Jul-14 Jul-14 Jul-14 Jul-14	Oct-14 Progress against milestone In progress In progress Forecast delivery	Nov-54 Progress against milestone In progress In progress Forecast delivery Nov-54 Nov-54	Initiative Green  All milestones are green  Delays (Combined)  Delays (Combined)
Jul-14 Progress against mileston In progress Forecast delivery Jul-14 Jul-14 Jul-14 Jul-14 Jul-14	Oct-14 Progress against milestone In progress In progress Forecast delivery	Nov-54 Progress against milestone In progress In progress Forecast delivery Nov-54 Nov-54	Initiative  All milestones are green  Delays (Combined)  8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
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Jul-14 Progress against mileston In progress Forecast delivery Jul-14 Jul-14 Jul-14 Jul-14 Jul-14	Oct-14 Progress against milestone In progress In progress Forecast delivery	Nov-54 Progress against milestone In progress In progress Forecast delivery Nov-54 Nov-54	Initiative Green All miestones are green  Delays (Combined)  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Jul-14 Progress against mileston In progress Forecast delivery Jul-14 Jul-14 Jul-14 Jul-14 Jul-14	Oct-14 Progress against milestone In progress In progress Forecast delivery	Nov-54 Progress against milestone In progress In progress Forecast delivery Nov-54 Nov-54	Initiative Green All inlestones are green  Delays (Contorned)  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Primary FIMS category for savings	Mental Health & Learning Disabilities Contracts	Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)		Secondary FIMS category for savings		Estimated savings 2012-13 (£000's)	E	Estimated savings 2013-14 (£000's)	Estimat 2014-15	d savings E000's)	Additional FIMS category for savings	Estimated sar 2012-13 (£000	vings 's)	Estimated savings 2013-14 (£000's)		Estimated savings 2014-15 (£000's)	, c	Additional FIMS category for savings	E 2	Estimated savings 2012-13 (£000's)		Estimated savings 2013-14 (£000's)	I	Estimated savings 2014-15 (£000's)		
		FIMS savings 2012-13	£3,842	FIMS savings 2013-14	£33	FIMS savings 2014-15	£0	Total for CSR period	£3,875																					
Workstream 3A	Improving Mental H	Health Crisis Support	Workstream 3B	Integrating care for peopl Health and Substance	le who need Mental Misuse Services	Workstream 3C	Mental Health and	Learning Disabilities	Workstream 3D		N	Workstream 3E		Workstream 3F		Workstream 3	iG .		Workstream 3H		v	Workstream 3I			Workstream 3J		,	Workstream 3K		
	Estimated savings in-year			Estimated savings In-year		E	Estimated savings n-year			Estimated savings in-year			Estimated savings in-year		Estimated savings in-year		Estimated savings			Estimated savings in-year		E	Estimated savings in-year			Estimated savings		E	Estimated savings	
QIPP 3 End state 12-13		QIPP 3 End state 14-15		QIPP LM 3.2	QIPP LM 3.3	QIPP LM 3.4	QIPP LM 3.5				QIPP LM 3.9	QIPP LM 3.10	QIPP LM 3.11 QI		QIPP LM 3.14		3.16 QIPP LM 3.17		QIPP LM 3.19	QIPP LM 3.20	QIPP LM 3.21	QIPP LM 3.22	QIPP LM 3.23			QIPP LM 3.26	QIPP LM 3.27	QIPP LM 3.28	QIPP LM 3.29	tisks and issues (initiative level)
Improved access to Primary and Seconda Care Services	Implement new  Community Services for people with MH across	implementation of or Memory Assessment Services in each area across Sussex B&H - new service due	Mapping of current Crisis Services care pathways in BHC	Completion of Dual De Diagnosis JSNA with recommendations for future planning of MH	evelop two sessment and eatment centres for	New Primary Care Mental Health Service starts in Brighton and Hove	New Secondary Care Mental Health Service starts for Assessment	Develop day care support for people with personality disorder in	Contract for new Memory Assessment Service service	Agree service model for alternative to A&E for Crisis Services in Sussex	alternative to A&E for MH inpatients in Sussex	End of life in Dementia Care Pathways developed and action	New Memory Increase Assessment Service support I starts in West Sussex CWS and NWSCA - to Brighton	capacity to Mental Health Urgo ementia crisis Care pathways ted in redesigned in Brig	Pilot Memory End prote assessment services starts in East Sussex information	of life in Dementia Review of effectors and nation resources in liaison psychological resources.	sources service evaluation	New contracts for redesigned community mental health services	New Community day services for people with personality disorder	Focus on QOF dementia registers and outcomes from Primary Care interventions in	Memory assessment S services in place across p Sussex.	Sussex Together care Eathways fully Emplemented and	Evaluation of Acute Dementia CQUIN to ensure increased rates	Dementia - Care Home In Reach Team review and mitigating actions	Evaluation of success of Memory Assessment Service across Sussex	Peer review in relation to QOF for Mental Health and	Focus on new CQUINs relating to MH as well as Dementia agreed in Sussex	Pilot Memory E Assessment Service S evaluation completed p	Evaluation of success of Sussex Together care pathways in Sussex	
at year end. Over 15% of people with depression and or	to increase the number	B&H - new service due to start 1 April 2013. Increase diagnosis		services in Sussex		The annual contract starget is 9,000 completed treatments - across 3 different	starts in Brighton and	brighton and nove	advertised in Sussex	Sussex	T V	Sussex	avoid 75 admissions to acute hospitals for people with dementia (WSHT, PRH and	and nove	deve	oped pan-sussex resources com Brighton and F	love reviewed where delivery not achieve BHC	ed in	commences in BMC	Sussex	e	efficiencies in Sussex	ensure increased rates a of diagnosis - Trusts to have to achieve 90% dover 3 consecutive months in Sussex	delivery in BHC	in areas of non-delivery in Sussex	support development of practrices in Sussex	Sussex	reviewed where delivery not achieved in Sussex		
anxiety to be referred for treatement. Over 60% of people referre to then enter therapy	cluster to 95% by Mar d 13; to increase the % of	rates from current rate of 36 5% of expected				across 3 different services.							(WSHT, PRH and SASH) by Mar 13																	
BHC -1. Primary Care Practitioner Service – (Non IAPT) 3,000	paired scores to 60% by March 13; to reduce WAMH admission rates	prevalance - would be																												
completed treatments per annum	to Acute MH inpatient beds to below 73 per 100k by Mar 13	Increase diagnosis rates to 35% by Mar 13																												
Support Workers –(IAPT) 3,600 completed treatments per annum																														
														incre	se in diagnosis of patients with den	entia														
														Proportion of innatiant arte	asions gatekept by the crisis resolu	tion home treatment teams														
														r reported of impaction acti	social guidance by the crisis resoci	our nome requires source														
		1												Redu	on in agency spend as a % of total	paybill														
	1% 4%	% 4%																												
4																														
4													Proportion o	those patients on Care Programm	Approach (CPA) discharged from	npatient care who are followed up	within 7 days													
QIPP 3 End state 12-13	3 QIPP 3 End state 13-14	QIPP 3 End state 13-14	QIPP LM 3.1 end	QIPP LM 3.2 end	QIPP LM 3.3 end	QIPP LM 3.4 end	QIPP LM 3.5 end	QIPP LM 3.6 end	QIPP LM 3.7 end	QIPP LM 3.8 end	QIPP LM 3.9 end	QIPP LM 3.10 end				· · · · · ·		d QIPP LM 3.18 end	QIPP LM 3.19 and	QIPP LM 3.20 end	QIPP LM 3.21 end	QIPP LM 3.22 end	QIPP LM 3.23 end	QIPP LM 3.24 end	QIPP LM 3.25 end	QIPP LM 3.26 end	QIPP LM 3.27 end	QIPP LM 3.28 end	QIPP LM 3.29 and R	RAG rating for the
QIPP 3 End state 12-13 Mar-13	GIPP 3 End state 13-14  Mar-14	QIPP 3 End state 13-14 Mar-15	QIPP LM 3.1 and May-12 Progress against milestone	QIPP LM 3.2 and May-12 Progress against milestone Pro	QIPP LM 3.3 end May-12 ogress against milestone	QIPP LM 3.4 and Jun-12 Progress against milestone F	QIPP LM 3.5 end Jun-12 Progress against milestoni	QIPP LM 3.6 end Jun-12 Progress against milestone	QIPP LM 3.7 end Jun-12 Progress against milestone	QIPP LM 3.8 and 34-12 Progress against mileston	QIPP LM 3.9 erd  Jul-12 e Progress against milestone F	QIPP LM 3.10 end Jul-12 Progress against milestone	Proportion of QIPP LM 3.11 end QIPP LM 3.11 end QIPP LM 3.11 end QIPP Aug 12 Progress against milestone Progress			· · · · · ·		d QIPP LM 3.18 end Apr.13 stone Progress against milestore	QIPP LM 3.19 end Apr-13 ne Progress against mileston	QIPP LM 3.20 end Jul-13 Progress against milestone F	QIPP LM 3.21 end Aug-13 Progress against milestone P	QIPP LM 3.22 end Sep-13 Progress against milestone F	QIPP LM 3.23 end  Dec-13  Progress against milestone P	QIPP LM 3.24 end  Dec-13  Progress against milestone	QIPP LM 3.25 end Jan-14 e Progress against milestone	QIPP LM 3.26 end Mar-14 e Progress against milestone	OIPP LM 3.27 end  Apr-14  Progress against milestone I	QIPP LM 3.28 end Jun-14 Progress against milestone P	QIPP LM 3.29 end R Apr-15 Progress against milestone	
	ogress on milestones onthly as required. Slippage sho is and £jwith mitigating actions	L	QIPP LM 3.1 end May-12 Progress against milestone	OPPLM 3.2 end May 12 Progress against milestone Pro	CIPP LM 3.3 and May 12 Cogress against milestone	QIPP LM 3.4 end pun.12 Progress against milestone R Service commenced on 1st June 2012	QIPP LM 3.5 end Jun-12 Progress against mileston	Detail project planning	QPP LM 3.7 end twi-12 Progress against milestone Memory Assessment Service was advertised in June in Brighton and Hove		QIPP LM 3.9 end Not 12 Progress against milestone of	QIPP LM 3.10 end Nul-12 Progress against milestone				· · · · · ·		3 QIPPLM 3.18 end Apr-13 stone Progress against mileston	QIPP LM 3.19 and Apr.13 Apr.13 ne Progress against mileston	QIPP LM 3.20 end 3.613 Progress against milestone F	QIPP LM 3.21 end Aug-13 Progress against milestone P	QIPP LM 3.22 end Sep-13 Progress against mitestone f	QIPP LM 3.23 end Dec-13 Progress against milestone P	QIPP LM 3.24 end Dec-13 Progress against milestone	QIPP LM 3.25 end Jan-14 e Progress against milestond	QIPP LM 3.26 end Mar-14 e Progress against milestond	QIPP LM 3.27 end Apr.14 Progress against milestone I	OIPP LM 3.28 end Jun 14 Progress against milestone P	QIPP LM 3.29 end R Apr 15 Progress against milestone	RAG rating for th Initiative Green All milestones are green
Guidance for reporting por This should be updated m impact (particularly on KPI Guidance for reporting por • Monthly (o	ogress on milestones orthly as required. Slippage sho is and Ejwith mitigating actions ogress for the workstream	ould be reported highlighting				Service commenced on 1st June 2012		Detail project planning underway	Memory Assessment Service was advertised in June in Brighton and Hove			QEP LM 3.10 and 3.41.2 Progress against inflestons in progress against inflestons in progress.	QPP LM 3.11 end QPP LM 3.11 end QPP LM 3.11 end QPP Progress against reflection Progress	.M.312 end OPP LM 3.13 en 49-12 Sep-12 guistr refestione Progress against ref	OPP LM 3.14 and 0 OG 12 Control Progress against milestons Progress	IPP LM 3.16 and GPP LM 3. Cost 2 Nov T Nov	16 end OIPP LM 3.17 end 2 Dec 12 millistone Progress against mile		CIPP LM 3.19 and Apr.13 Apr.13 Progress against mileston		QIPP LM 3.21 end Aug-13 Progress against milestone P		QIPP LM 3.23 erd Dec13 Progress against milestone P	QIPP LM 3.24 and Dec-13 Progress against milestone In progress	GPP LM 3.25 and Jap-54 Progress against milestond	GPP LM 3.26 and March4 Progress against milestone				All milestones are
Guidance for reporting pre This should be updated m impact (particularly on KPI Guidance for reporting pre - Monthly (o Completed = on time a passed but no material due date has passed a	ogress on milestones orthly as required. Slippage sho is and Eyeith mitigating actions ogress for the workstream	ould be reported highlighting  yed - amber = due date has - impact; Delayed - red = impact on delivery scope or	GPP LM 3.1 and May 12 Progress against milestone Completed Forecast delivery	QPP LM 3.2 and May-12 Progress against missions Pro Completed Forecast delivery	GIPP LM 3.3 and May 1.2  May 1.2  Completed  Completed  Forecast delivery	Service commenced on	QIPP LM 3.5 end Jun-12 Progress against mileston Completed Forecast delivery	Detail project planning	Memory Assessment Service was advertised in June in Brighton and		OPP LM 3.9 erd hul 2.9 Progress against inflational in progress.	l.	QPP LM 3.11 end QPP LM 3.11 en	.M.3.12 and OPP LM 3.13 o dep-12 prior releasions Progress against releasions		IPP LM 3.15 and GPP LM 3. Cod-12 Nov-T Nov	16 end OIPP LM 3.17 end 2 Dec-12 milliestone Progress against mile	OPP LM 3.18 ext     Apt 13     Apt 13     Apt 13     Apt 13     Apt 13     Apt 14     Apt 15     Apt 15		QPP LM 3.30 end 3.413 Progress against inflations in In progress Forecast delivery		GIPP LM 3.22 end Sep 13 *Toggess against mile store of In progress Forecast delivery					QIPP LM 3.27 end PAP-14 Progress against missions In progress Forecast delivery	GIPP LM 3.28 and  JM 16  Progress against releations P  In progress  In progress  Forecast delivery	OPP LM 3.29 and R Apr 15 Progress against milestone In progress Forecast delivery	All milestones are
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