

**Board Meeting
PART I
MEETING ON 28th October 2015**

Title of Report:	Thurrock CCG QIPP and Commissioning report	
Board Sponsor:	Ade Olarinde, Chief Finance Officer	
Prepared by :	Abdul Ahad, Head of Strategic Finance	
Committees previous consulted:	8th October 2015 - QIPP CORE Committee (QIPP Update) 21st October 2015 – Finance and Performance Committee (QIPP Update)	
Executive Summary:	<p>The aim of this report is to appraise the Board on:</p> <ul style="list-style-type: none"> • 2015/15 QIPP planning • Update on the 2015/16 QIPP plan and update on year to date performance. • Update on 2016/17 QIPP plans 	
Financial / Resource Implications:	<p>The QIPP plan forms part of the CCG’s financial plan.</p> <p>Failure to deliver the full effect of the QIPP plans will result in pressure on the CCG’s financial plan.</p>	
Fit with CCG strategy/objectives:	Delivery of the QIPP plan forms part of the CCG operatign Plan.	
Risks identified / Outcome / Link to BAF:	N/A	BAF Ref:
Actions Required:	N/A	When By:
Recommendation to the Committee:	Board members are asked to note the report and progress being made within the commissioning portfolio.	

1.1 2015/16 QIPP Financial Performance

The current month 6 QIPP position is showing underperformance of £289k before adjusting for data lag. Data lag occurs due to flex and freeze data available which is subject to national timetables. However this creates a natural delay in obtaining up to date data. The financial position shows underperformance of £141k after allowing for estimates for schemes affected by this. The estimates are based on previous run rate delivery and forecasted for missing months on straight line bases.

The Forecast position is expected to deliver £6.8m against original target of £7.3m resulting in under performance of £534k. This would still equate to QIPP delivery of 93%, however the commissioners will need to ensure that their schemes are on track to deliver the full amount and new schemes are developed to cover the under-performance gap.

The table below shows financial performance by QIPP portfolio and areas that have under or over-performance. There will also be an attempt to link QIPP delivery to the actual financial performance of the CCG as impact of QIPP has direct impact on the CCG's financial position. This will also help the CCG understand areas that are working well within QIPP and those which need to be reviewed to bring overall CCG expenditure under control. Additionally there may be areas that are delivering on specific projects but there are other pressures within the system which are causing an overall overspend.

QIPP By Portfolio	Year to Date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance
Acute (Planned Care)	410,385	273,307	137,078	622,989	484,327	138,662
Admin / Running Costs	152,500	152,500	0	305,000	305,000	0
CHC	121,768	82,000	39,768	573,604	533,836	39,768
Community	22,965	15,188	7,777	68,896	61,628	7,268
Decommissioning	0	0	0	150,000	0	150,000
Medicines Management	321,977	391,379	(69,402)	873,179	1,250,399	(377,220)
Mental Health	190,344	79,843	110,501	738,689	557,187	181,501
Other	1,603,834	1,566,415	37,419	3,170,358	3,192,959	(22,601)
Paediatrics & Community	149,190	123,330	25,860	760,155	343,501	416,654
Total Excluding Estimates	2,972,964	2,683,962	289,002	7,262,869	6,728,836	534,032
Estimate		147,913				
Total Including Estimates	2,972,964	2,831,875	141,089	7,262,869	6,728,836	534,032

1.2 Acute Planned Care

This has currently underperformed by £137k YTD with £138k forecast full year effect (FYE). There are two main schemes within this which are failing:

- **MSK:- Independent Sector:** There is currently an overspend in this and GP referrals to other providers was discussed at QIPP core meeting. Referrals by GP practice was shared amongst the group to facilitate discussion around this issue. More work is to work with individual practices to help get this activity down.
- **Referral Management:-** This is getting activity down where patient has been discharged after one Outpatient visit. The activity by GP practice was also reviewed at QIPP core meeting, the analysis had shown that had not decreased on previous year. More work will need to be done with individual practices to get this scheme back on track.

1.3 Continuing Health Care

This has currently under-performed by £40k YTD with same amount forecast, this is down to an individual scheme “Acquired Brain Injury”. The project was initially delayed by two month’s owing to the reported lack of data availability of two of the IMCA’s. NELFT have subsequently undertaken consultant led MDT reviews of the two patients within Northamptonshire, with an expectation that these clients will no longer now require 100% health funded CHC packages owing to change of need. CHC as a financial directorate within the CCG is overspent by £306k YTD.

1.4 Decommissioning

Two projects were removed as they were not viable, these include Adult Audiology and Specialist Fertility Services. Other schemes were developed to cover this shortfall.

1.5 Medicines Management

This is a significant area within QIPP with a number of schemes attached. The current position is showing financial over delivery for both YTD and the forecast position. Additional QIPP schemes were also added to cover shortfall in other areas of QIPP.

Although QIPP is showing significant over delivery the CCG has significant overspend within Medicines Management financial position. The CCG is currently doing a deep dive to understand the underlying reasons behind this. A review is currently being done by the Medicines Management team to understand areas of overspend, and discussions are also taking place at QIPP core to highlight this issue. GP prescribing will also be reviewed by GP Practice’s to ensure full engagement and tackle this overspend.

Two additional QIPP schemes were added to the portfolio which have contributed significantly towards the over-performance.

- Scriptswitch & Generics: Aims to obtain prescribing savings by utilising the scriptswitch prescribing decision support software.
- Dietetics ONS: Review and recommendation from Medicines Management Team Dietitian around slip feeds, infant formulae and gluten free foods.

1.6 Mental Health

This is currently showing an under-performance of £110k YTD with forecast of £182k under. The following schemes are showing under-delivery:

- Dementia Ward Closure: The risk sharing agreement was not signed at end of July as planned. Meeting is expected to take place in October. Rebasement of contract expected over coming months. The forecast loss for this scheme is £142k FYE.
- Estuary Housing and Lifstan Way: The under achievement is on Estuary Housing element of scheme. There are 9 patients of which none belong to Thurrock CCG. The Memorandum of Understanding (MOU) states that once responsible commissioner can be identified the riskshare between CCG’s is no longer applicable. However this is currently disputed by other CCG’s.

These were mostly realised during the contract negotiation process with individual providers. Negotiations for the 2014/15 contract resulted significant savings to contracts which are reflected in contract agreements with provider organisations. The savings which are largest area of QIPP are reflected in above YTD position and forecast.

The Patient Transport scheme is showing under delivery in the above position, however subsequent discussions with partner Basildon and Brentwood CCG suggests the scheme may be on track to achieve full delivery. However further analysis maybe required to verify this.

1.8 Paediatrics and Community

This is currently showing an under delivery of £26k YTD with significant under achievement of £417k FYE. A significant proportion of under achievement is down to one scheme "SAARC Paediatric Input". This scheme was originally expected to save £352k but actual savings will be £14k. It has now been agreed that NHSE will pick up the cost of £14k.

The other scheme currently under performing is "Thurrock Voluntary Sector Organisations". Project delays have meant there will be no savings in 2015/16 with the project expected to be part of 16/17 QIPP plans.

1.9 Summary

Although QIPP is showing 93% forecast delivery, the CCG has financial pressures which need to be understood. There are individual financial overspends within Acute and Medicines Management which need to be brought under control. QIPP has resulted in substantial savings for the CCG, however further work has been planned to tackle these overspent areas to ensure the CCG stays in financial balance.

2.0 QIPP 2016/17 Update

The CCG have identified provisional QIPP target for 2016/17 in the region of £7.7m being financial gap between funding and expected expenditure. This number is only indicative at this stage based on financial plan refresh. However new financial planning guidance is expected which will provide key planning assumptions to be used for financial modelling. These will then be used to understand the expected financial gap for the CCG.

The CCG have commenced work in identifying projects in line with above QIPP target. Meetings were held between commissioners and finance to short list individual projects. These meetings were successful in that projects could be discussed in detail as well as their financial viability. More meetings are planned in the coming month to progress these projects. This has also been discussed in detail at the QIPP core meeting which is attended by GP's.

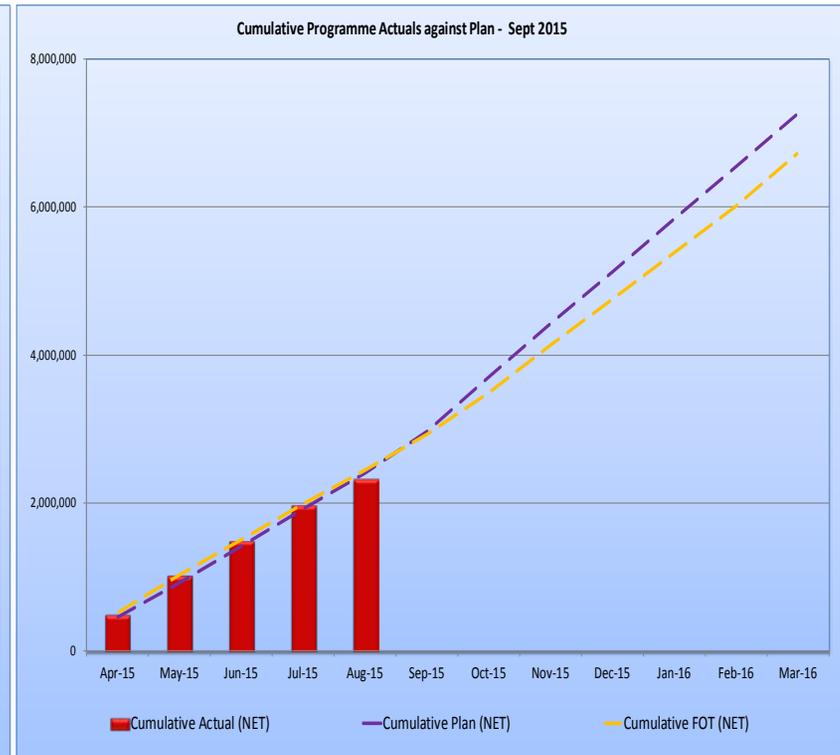
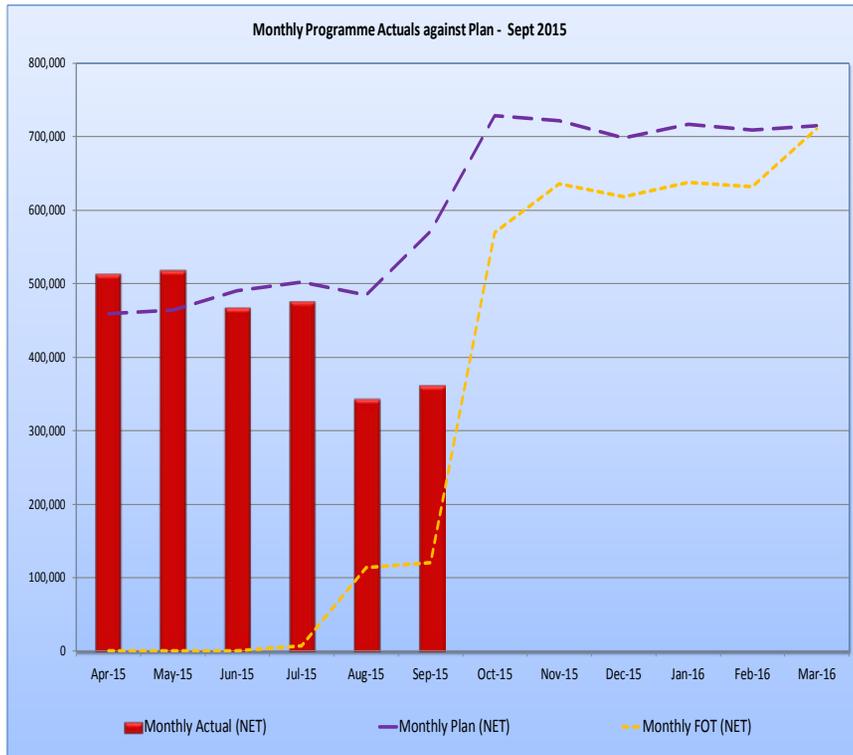
It is expected that commissioners will identify additional projects to fully close the QIPP gap. They will need to review current expenditure trends and highlight areas where the CCG are an outlier. This work then can be progressed in developing new schemes and when financially negotiating with providers.

Appendix to QIPP paper

2015/16 QIPP Dashboard Summary Sep-15

No. of projects by RAG *	5	Value of Projects (Net Full Year Target)	1,159,663	Value of Projects (Net FOT)	515,988
(Net FOT)	5		525,154		445,566
* Based on the key below	33		5,209,813		5,767,282
	6		368,239		0
TOTAL	49	TOTAL	7,262,869	TOTAL	6,728,836
				Remaining Gap	534,032

- Achieving 95% of plan or above
- Achieving greater than 75% of plan
- Achieving less than 75% of plan
- Removed or unlikely to achieve 0% of plan



Note: All updates are based on Month 6 information with the exception of Medicines Management and Green GP- both 2months lag with data.

Net performance against plan by Portfolio

BY PORTFOLIO	NET PERFORMANCE AGAINST THE PLAN - Sep-15									
	Planned Sep-15	Actual Sep-15	Variance	Planned YTD	Actual YTD	Variance	Full Year Target	FOT	Variance	RAG
Acute (Planned Care)	32,041	11,000	(21,041)	410,385	273,307	(137,078)	622,989	484,327	(138,662)	A
Admin / Running Costs	25,417	25,417	-	152,500	152,500	-	305,000	305,000	-	G
CHC	27,473	13,667	(13,806)	121,768	82,000	(39,768)	573,604	533,836	(39,768)	A
Community	7,655	863	(6,792)	22,965	15,188	(7,777)	68,896	61,628	(7,268)	A
Decommissioning	-	-	-	-	-	-	150,000	-	(150,000)	R
Medicines Management	75,200	-	(75,200)	321,977	391,379	69,402	873,179	1,250,399	377,220	G
Mental Health	90,891	13,307	(77,584)	190,344	79,843	(110,501)	738,689	557,187	(181,501)	A
Other	269,925	263,688	(6,237)	1,603,834	1,566,415	(37,419)	3,170,358	3,192,959	22,601	G
Paediatrics & Community	43,064	34,444	(8,620)	149,190	123,330	(25,860)	760,155	343,501	(416,654)	R
QIPP PROGRAMME TOTAL	571,665	362,385	(209,280)	2,972,964	2,683,962	(289,002)	7,262,869	6,728,836	(534,032)	A

The FOT Variance of £534.032 exists due to the following reasons

- **SARC**- over-estimated FYE savings of £352,572 vs actual £13,500. Benefits expected from November onwards.
- **Adult Audiology and Specialist Fertility Services**- both projects removed with combined FYE of £150,000.
- **Dementia Ward Closure**- delays to Risk Share Agreement will delay realisation of YTD savings (£142,000). Benefit expected from November onwards.
- **Medicines Management**- 2 months data LAG, plus under-achievement of several projects YTD savings of £86,087.
NB: Any shortfalls are offset by over-achievements in other projects-YTD £172,988
- **MSK**- Increased activity has highlighted no FYE savings of £65,500 will be realised.
- **Referral Management**- An increase in activity data has highlighted no FYE savings of £58,825.
- **Mental Health**- Estuary Housing- delay in signing of Risk Share Agreement has delayed the realisation of YTD savings of £39,501.
- **Patient Transport**- under-achievement of project YTD savings of £37,419.
- **Acquired Brain Injury**- implementation delays has delayed the realisation of YTD savings of £39,768
- **Thurrock VSO**- implementation delays has delayed the project into 2016/17 with impact on FYE savings of £77,583
- **Green GP**- 2 Month data LAG and under-achievement of YTD savings of £45,503
- **ECC Community Equipment**- no reported savings for M5 or M6 and an under-achievement of YTD savings of £8,032.

The YTD QIPP variance is £289,002. The variance reduces to £141,089 after including estimates for M5 and M6 where data Lag exists.

Monthly performance by Portfolio

All Figures (Net)	FULL YEAR TARGET	Apr-15			May-15			Jun-15			Jul-15		Aug-15		Sep-15		Oct-15		Nov-15		Dec-15		Jan-16		Feb-16		Mar-16		YTD NET		
		Net	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan		
Acute (Planned Care)	622,989	969,910	76,767	96,910	75,338	97,910	78,590	49,806	216,02	428,06	100,00	320,41	11,000	32,041	-	32,041	-	32,629	-	38,629	-	38,693	-	410,385	279,307						
Admin / Running Costs	905,000	25,417	25,417	25,417	25,417	25,417	25,417	25,417	25,417	25,417	25,417	25,417	25,417	25,417	-	25,417	-	25,417	-	25,417	-	25,417	-	25,417	-	25,417	-	25,417	-	152,500	152,500
OHC	579,604	13,667	13,667	13,667	13,667	13,667	13,667	25,025	13,667	27,475	13,667	27,475	13,667	75,306	-	75,306	-	75,306	-	75,306	-	75,306	-	75,306	-	75,306	-	75,306	-	121,768	92,000
Community	688,96	-	-	-	-	-	-	7,695	13,469	7,695	8,69	7,695	8,69	7,695	-	7,695	-	7,695	-	7,695	-	7,695	-	7,695	-	7,695	-	7,695	-	22,965	15,888
Decommissioning	150,000	-	-	-	-	-	-	-	-	-	-	-	-	-	25,000	-	25,000	-	25,000	-	25,000	-	25,000	-	25,000	-	25,000	-	-	-	
Medicines Management	873,179	32,436	11,998	34,888	12,211	56,974	66,770	56,974	81,430	65,734	-	75,200	-	91,867	-	91,867	-	91,867	-	91,867	-	91,867	-	91,867	-	91,867	-	91,867	-	321,977	391,379
Mental Health	738,629	158,991	13,307	19,291	13,307	19,291	13,307	19,291	13,307	158,991	13,307	90,891	13,307	90,291	-	90,291	-	90,891	-	90,891	-	90,291	-	90,291	-	90,291	-	90,291	-	190,344	79,943
Other	3,170,358	26,426	25,806	26,725	26,998	270,313	264,076	279,657	278,420	252,444	346,207	269,925	263,688	276,708	-	289,899	-	247,944	-	260,302	-	253,629	-	256,105	-	256,105	-	1,603,834	1,566,415		
Pediatrics & Community	790,035	6,666	6,666	6,666	6,666	6,666	6,666	49,064	34,444	43,064	34,444	43,064	34,444	101,826	-	101,826	-	101,826	-	101,826	-	101,826	-	101,826	-	101,826	-	101,826	-	149,190	129,390
GAP	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
TOTAL	7,262,889	46,929	51,383	46,447	51,683	480,887	468,481	502,286	476,799	484,473	343,904	571,665	362,385	328,710	-	721,841	-	698,594	-	716,992	-	709,219	-	794,709	-	2,970,964	2,689,962				

Mitigation Projects

Medicines Management – 2 additional projects added (Dietetics & ONS and Scriptswitch & Generics) have realised YTD savings of £109,532.

CFO has asked Commissioners to identify additional projects to mitigate any potential shortfalls across their portfolios.

Project Summary Report- Exceptions (Month 6)

Key	None	On Target	Experiencing Obstacles	At Risk	Compromised	Completed
Portfolio	Project Code	Project Name	Project Manager	Accountable Lead	Overall Project Status	Progress Update
Community	PR000323	ECC Community Equipment	Christine Ratcliffe, Phillip Clark	Jane Foster-Taylor	At Risk	No Savings realised since July-15. GDM Fortnightly work-plan and review of community equipment spend continues. Meeting set-up to agree IFR interaction with Home Loans Service. NELFT due to provide a spend position update at the next meeting 9th October; following receipt of data from Essex Cares. Therefore no savings recorded for September-15.
Community	PR000338	Thurrock Voluntary Sector Organisations	Jeanette Hucey	Mark Tebbs	Compromised	New lead in place and meetings with provider and stakeholders revived. Work underway to develop a list of VSOs supported by each of the stakeholders (CCG, LA, PH) and to determine the current spend and proposed new spend to as part of an agreed grant led process going forward. The project delays have meant there will be no project savings in 15/16, with the aim to have the new grant led process in place so that FYE savings can be realised from 16/17 onwards. The milestone may need to be re-scoped to reflect this.
Medicine Management	PR000189	Pharmaceutical Industry Rebate Schemes	Mark Tebbs, Mary Tompkins, Jonathan Andrews	Mandy Ansell	At Risk	No actual savings realised for M3 & M4, however significantly over-planned savings for M1&M2. GDM 06/10/15. Seretide scheme now underway. Other schemes being looked into. Unable to quantify savings at present as this information comes from Pharmaceutical companies on 6 monthly or yearly basis. Savings schemes for Symbicort, Seretide, Microdot due to be signed off in next month (JA 4.10.15), but significant changes in terms of schemes may have favorable impact for CCG (JA 4.10.15).
Medicine Management	PR000190	Tariff Excluded Drug Challenges	Mark Tebbs, Mary Tompkins, Jonathan Andrews	Mandy Ansell	At Risk	No savings realised for M3 or M4. GDM 06/10/15 BTUH submitted Month 3 information but this has been returned by the CCG as it is incomplete. Awaiting confirmation of savings, and outcomes of challenges. Robust contractual processes in place, but M\$ savings not yet available (JA 4.10.15)
Medicine Management	PR000202	Respiratory - Home Oxygen Service - Assessment and Review HOS-AR (SWE)	Mary Tompkins, Rahul Chaudhari, Jonathan Andrews	Mandy Ansell	At Risk	Service underway - however, information from Service lead is not currently available. Meeting held in August 2015 has helped to formalise information requirements from NELFT, although savings not available at present. In the meantime, Prescribing Analyst continues to cleanse Oxygen lists. Agreement obtained from service lead to provide patient data which Prescribing Analyst is currently converting to savings (by reconciling with modality costs), however, this information is currently not available. JA 4.10.15.
Medicine Management	PR000251	Enhanced PrescQIPP	Jonathan Andrews, Mary Tompkins	Mandy Ansell	At Risk	Savings under-achieved for 3rd month in a row. (GDM 4/10) Drugs of limited clinical value continue to be highlighted at practice visits and in Prescribing Newsletters (JA 4.10.15)
Medicine Management	PR000368	Dietetics / Oral Nutritional Supplements (TCCG)	Mary Tompkins, Judith Harding	Mandy Ansell	At Risk	Actual savings significantly less than plan for Months 1-4. GDM 06/10/15. M1-M4 data shows savings being realised, however currently not as planned, due to variable uptake of Dietetic support. Practices now being prioritised for nutritional reviews, and acquisition cost of some key oral nutritional products currently on Formulary now

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Clinical Commissioning Group

						starting to reduce (JA 4.10.15).
Mental Health	PR000104	SEPT Contract - Dementia Ward Closure	Jane Itangata	Mark Tebbs	Compromised	Risk share agreement not signed off at end of July as planned. Meeting is expected to take place in October. Rebasing of contract expected over coming months. No savings realised for Sept-15.
Other	PR000065	Patient Transport Services (PTS)	William Guy, Phillip Clark	Mark Tebbs	At Risk	No update received from Project Lead- awaiting confirmation position regarding the final contract positions with Thames Ambulance. EEAST savings are on track. Overall realising approx. 50% of planned savings. Escalated no update to Head of Commissioning & CFO for resolution. 01/09/2015 GDM
Other	PR000174	Review of Acquired Brain Injury Placements	Phillip Clark	Jane Foster-Taylor	At Risk	No savings realised in 3 months. GDM 06/10/15 Unfortunately the project was initially delayed by two month's owing to the reported lack of availability of two of the IMCAs. NELFT have subsequently undertaken consultant-led MDT reviews of the two patients within Northamptonshire; with an expectation that these clients will no longer now require 100% health-funded CHC packages; owing to a change of need. It is expected therefore that any anticipated financial shortfall may be now be met- however confirmation awaited and therefore no savings recorded for Sept-15. Issue outstanding reflects this.
Planned Care	PR000076	Referral Management	Rahul Chaudhari	Mark Tebbs	Compromised	Data now received, reflecting that projected savings have not been realised. Investigation underway to establish cause and impact. Information to be circulated at QIPP Core for review/discussion and agreement of next steps
Planned Care	PR000130	MSK Block	Rahul Chaudhari	Ade Olarinde	Compromised	Initially savings were being realised every month, however having reviewed the activity data this suggests that activity has increased and therefore savings are not being realised in line with plan. Further investigation required by Commissioning lead to establish causes and suggest appropriate remedial action. GDM 06/10/15.
Planned Care	PR000302	Green GP (111)	Mark Tebbs	Mark Tebbs	At Risk	M5 & M6 data outstanding. GDM chased Emily Hughes, who advised data is awaited and will forward as soon as available. M1 to M4 actual savings are showing 92% of overall planned.

Key Issues- Exceptions

Key		None	On Target	Experiencing Obstacles	At Risk	Compromised	Completed							
Project Code	Project Name	Overall Target (£000's)	Raised Date	Issue ID	Issue Title	Description	Impact	Status	Progress on Actions	Due Date	Resolution Date	Resolved	Issue Owners	Active
PR000190	Tariff Excluded Drug Challenges	104	07/09/2015	00001	Staff resources	Member of staff on 1 day a week SLA from Suffolk CCG on long term sick leave - this member of staff provided support and expertise around Bluteq and complex challenges - may have impact upon workflow.	May have impact upon workflow, and dealing with difficult queries.	Experiencing Obstacles	Head of Meds Management providing ongoing support as interim measure.	31/10/2015			Mary Tompkins	Yes
PR000198	Nutrition (Cow's Milk protein Allergy)	16	10/08/2015	00002	NELFT Consultation may impact upon project	NELFT consultation (Adults) services may impact upon this project - awaiting further clarification before recruitment process starts (as Dietitian will require day to day managerial responsibility from NELFT.	This will lead to a delay in recruiting, and therefore a delay in initiating the service. The consequences of this issue needs to be investigated further and fully before recruitment can take place.	Experiencing Obstacles	Regular (monthly) meetings with NELFT.	01/09/2015			Mary Tompkins	Yes
PR000200	Nutrition (Care Homes Dietetics Assistant)	24	07/09/2015	00001	Formalising of savings by NELFT	At present, no savings put forward by NELFT	Impact upon quantification of savings, but no impact	Experiencing Obstacles	Meeting with NELFT to quantify savings.	31/10/2015			Mary Tompkins	Yes

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							upon delivery.							
PR000202	Respiratory - Home Oxygen Service - Assessment and Review HOS-AR (SWE)	25	10/08/2015	00001	NELFT unable to provide quantification of savings at present	NELFT unable to quantify savings or performance against KPIs	Delay in quantification of savings. However service underway and cost-effective prescribing of oxygen underway.	Experiencing Obstacles	Meeting with NELFT in August 2015 to discuss further. NELFT able to provide patient data which Prescribing Analyst is converting to savings data.	31/08/2015			Mary Tompkins	Yes
PR000264	Wound care	70	10/08/2015	00001	Availability of monitoring information.	Summarised Woundcare costs aligned to specific cost-centres is not yet available in a useable format. Prescribing Analyst is liaising with NHS Supply Chain to obtain this information to help ongoing monitoring for this project.	Difficult to quantify costs at present - particularly difficult to separate costs of care home project from overarching Woundcare initiative.	Experiencing Obstacles	Prescribing Analyst liaising with NHS Supply Chain to obtain information in correct format. NHS Supply Chain confirmed to sent this monthly (JA 4.10.15)	30/09/2015			Mary Tompkins	Yes
PR000340	Stoma products	50	07/09/2015	00001	Difficulty in scoping correct method for role out of stoma project	Stoma product review is a major transformational project - additional work required in scoping phase to ensure best model is adopted locally.	Some delay in delivery of savings may be experienced - although too early to confirm at this stage.	Experiencing Obstacles	Liaising with another CCG with a view to possibly sharing their information around stoma products.	30/11/2015			Mary Tompkins	Yes
PR000368	Dietetics / Oral Nutritional Supplements (TCCG)	75	26/08/2015	00001	Capacity and workload sharing between CCGs	Because the dietitian works across 2 CCGs time is also spent on practice audits in	Savings for TCCG may be jeopardised.	At Risk	Dietitian is trying to balance work between the CCGs as fairly as possible to	30/10/2015			Judith Harding	Yes

						BBCCG.			ensure any threat to savings is minimised.					
Portfolio Other														
PR000174	Review of Acquired Brain Injury Placements	123	28/08/2015	00001	Delayed realisation of Financial Benefits	Due to delays in project delivery- 2 months savings (July-Aug) have not been realised.	Loss of 2 months savings- approx. £26k	At Risk	Establish way forward, what is required to bring project implementation back on track and the realisation of financial benefits.	07/09/2015			Phillip Clark	Yes
Portfolio Paediatrics														
PR000315	SARC (Thurrock)	353	10/07/2015	00001	Engagement with 7 CCGs	Milestones have slipped. Linda Dowse, Chief Nurse at Southend CCG agreed to liaise with NHS E on all 7 CCGs behalf. This negotiation has taken too long therefore Thurrock CCG has contacted NHS E ourselves. Awaiting a response to our letter.	Delayed negotiations with NHS E	Experiencing Obstacles	Contacted NHS E directly awaiting response by 22 July	22/07/2015			Claire Mitchell	Yes