

<b>Title of paper:</b>	Progress Report in delivery of CCG Key Programmes for 2015/16		
<b>Author:</b>	Richard Simon, Head of Programme Management		
<b>Exec Lead:</b>	Karen Parsons, Chief Operating Officer		
<b>Date:</b>	24 <sup>th</sup> April 2015		
<b>Meeting:</b>	Governing Body		
<b>Agenda item:</b>	13	<b>Attachment:</b>	10
<b>For:</b>	Information / Discussion		
<p><b>Executive Summary:</b></p> <p>This report provides an update on the progress in delivery of the CCG Key Priority Programmes for 2015/16. Following the report to the February Governing Body meeting this report includes projects aligned to the organisational priorities for financial recovery and QIPP delivery in 2015/16.</p> <p>At present the focus of the delivery programme is in the planning phase and refinement of the portfolio of projects which are intended to deliver the organisational objectives and benefits for the CCG.</p> <p>Currently 26 projects have been identified which align to the CCGs priorities and plans for financial recovery, these are described in table 1, section 3 of this report. Individual projects have also been aligned to the organisations four transformational Programmes as described in the <i>SDCCG Integrated Commissioning Plan (ICP) 2014-19</i>.</p> <p>This report provides a RAG ('red', 'amber', 'green') assessment summary across all programmes and projects in 2015/16 using a performance dashboard as shown in figure 2, section 3 of this report.</p> <p><b>Key achievements</b></p> <p>In addition to the <b>key achievements</b> highlighted in the last report to the Governing</p>			

Body achievements include:

### **Prime Ministers Challenge Fund (PMCF)**

The CCG is pleased to announce that GP Health Partners Ltd (the umbrella organisation for all 20 Epsom locality Practices) has been awarded £1.8m funding to improve access to general practice. The funding will be used to pilot GP access between 8am-8pm Monday to Friday, 9am–2pm Saturday's and 10am-1pm Sunday's. The funding will also be used to aid the development of a Community Medical Team (CMT) to improve the case management of vulnerable patients, and to update the networks IT and web infrastructure.

### **Development of Community Medical Teams (CMT) & Community Multispecialty Provider (CMSP)**

The CCG project team has and will continue to consult with key stakeholders on the development of the CMT & CMSP model for the Surrey Downs area, that will work across health and social care to bring Community Medical, Nursing, Therapies, Social Services, Mental Health, Medicines Management and Voluntary Sector services together to support out of hospital care for our over 65's. Work continues on the development of the Business Case to authorise the commissioning of the CMT & CMSP model. The Business Case will be considered by the CCG Executive on 21 April 2015, with the implementation phase planned to commence in July this year.

Colleagues will recall that the outline plan is to implement the CMSP teams in each of our three localities: Dorking, East Elmbridge and Epsom (the Epsom teams will benefit significantly from the PMCF as described above). These teams will work closely within the local health economies and operate in shadow form throughout 2015/16. This is one of our key integration projects within our Better Care Fund programme with anticipated benefits to our patients in terms of improved experience of care, reduction in hospital admissions and readmissions, reduced length of stay and improved discharge pathways.

### **Frail Elderly Strategy**

The CCG has led on the development of a Frail Elderly strategy which has been widely consulted on with all key stakeholders and partners. The strategy draws together a number of initiatives focused on improving the patient pathway and experience and has a clear action plan for delivery. This supports and informs the development of the CMT/CMSP models.

### **Central Surrey Health Surrey (CSH)**

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## **Dementia**

In Surrey Downs we have been proactive in boosting early diagnosis of dementia, carrying out data harmonisation projects across the patch and offering courses on identification of dementia to nurses and healthcare assistants.

We have secured funding to enable the data harmonisation project which ended on 31st March 2015, to continue into 2015, ensuring all practices are covered across Surrey Downs:

Practices identified as outliers will be targeted for more intensive support.

Initiatives for 2015/16 include:

- We are committed to offering courses on dementia identification and support to GPs (provided by experts in the field) encouraging them to adopt effective use of dementia screening tools with the aim to strengthen and increase the rate and timeliness of diagnosis.
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- We will ensure information and signposting support for dementia patients, their carers and families, is available to GPs on the intranet and to the general public via the CCG's internet
- We will work with NHSE on post-diagnosis provision and continue liaison across the MH Collaborative to share best practice and analyse performance
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## **Medicines Management**

### **Raising Standards in Primary Care Anticoagulant Service**

With our focus on the safety and quality of INR monitoring the number of practices returning the full audit data set has increased from 68% in 2012/3 to 100% in 2014/5, with the number of practices meeting the NICE required minimum standards now at 96%.

Surrey Downs now has assurance that the Primary Care Anticoagulant service provided to its patients is safe and effective.

### **Improving incident reporting**

The Medicines Management Team has been encouraging all providers to report medication incidents with the aim of developing an open culture of reporting and

shared learning leading to improved patient safety.

Epsom and St Helier hospital, CSH Surrey and GP practices have all increased their reporting of medication related incidents with learning being shared across the organisations resulting in improved safety.

### **Primary Care**

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### **Elective Care Programme Update**

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Dr Chris Monella – MSK  
Dr Nicky Hamilton – Ophthalmology  
Dr Subo Emanuel - Cardiology

### **Individual Funding Request (IFR)**

The automation of the Individual Funding Request (IFR) process and automated validation of referrals for procedures of limited clinic effectiveness is on target to go live at the end of this month. This will save time for clinicians when making applications for IFR and give assurances to all external stakeholders that the procedures our providers are performing meet agreed thresholds.

### **Organisational Development Strategy**

Our draft Organisational Development strategy and action plan for 15/16 is being

developed to underpin the delivery of our Financial Recovery Plan. This recognises the need for assurance of capacity and capability at all levels of our organisation to ensure ability to respond and deliver our challenging agenda. Aligned to this is a set of principles that describes our organisations values and desired behaviours. This will be presented to the CCG Remuneration and Nominations Committee in May 2015.

**Compliance section**

Please identify any significant issues relating to the following

Risk Register and Assurance Framework	There are a number of associated risks on the risk register
Patient and Public Engagement	Individual projects and programmes have an engagement component
Patient Safety & Quality	Some individual programmes have a significant patient safety component and the quality team input where relevant, guided by the quality strategy. Quality Impact Assessment is incorporated into all projects
Financial implications	There are significant financial components to delivery as a whole, which is integral to achieving a long term sustainable local health economy
Conflicts of interest	The COI policy has been revised to support co-commissioning initiatives specifically.
Information Governance	No specific issues
Equality and Diversity	Significant programmes and policies are equality assessed.
Any other legal or compliance issues	Some programmes do / may require statutory engagement and in some cases consultation.

**Accompanying papers (please list):** Delivery report Apr 2015.

**Summary: What is the Governing Body being asked to do and why?**  
To NOTE the report and identify any key issues emerging.

# Progress report in delivery of CCG Key Programmes for 2015/16 – April 2015

## 1. Introduction

This report provides an update on the progress in delivery of the CCG Key Priority Programmes for 2015/16. Following the report to the February Governing Body meeting this report includes projects aligned to the organisational priorities for financial recovery and QIPP delivery in 2015/16.

At present the focus of the delivery programme is in the planning phase and refinement of the portfolio of projects which are intended to deliver the organisational objectives and benefits for the CCG.

Currently 26 projects have been identified which align to the CCGs priorities and plans for financial recovery, these are described in table 1, section 3 of this report. Individual projects have also been aligned to the organisations four transformational Programmes as described in the *SDCCG Integrated Commissioning Plan (ICP) 2014-19*.

This report provides a RAG ('red', 'amber', 'green') assessment summary across all programmes and projects in 2015/16 using a performance dashboard as shown in figure 2, section 3 of this report.

- **Green** assessment indicates that the project is on track to deliver the benefits
- **Amber** assessment indicates that the project is on track to deliver the benefits but there are some issues, variances or delays
- **Red** assessment indicates that the milestone is not on track to deliver the benefits as there are significant issues, variances or delays.

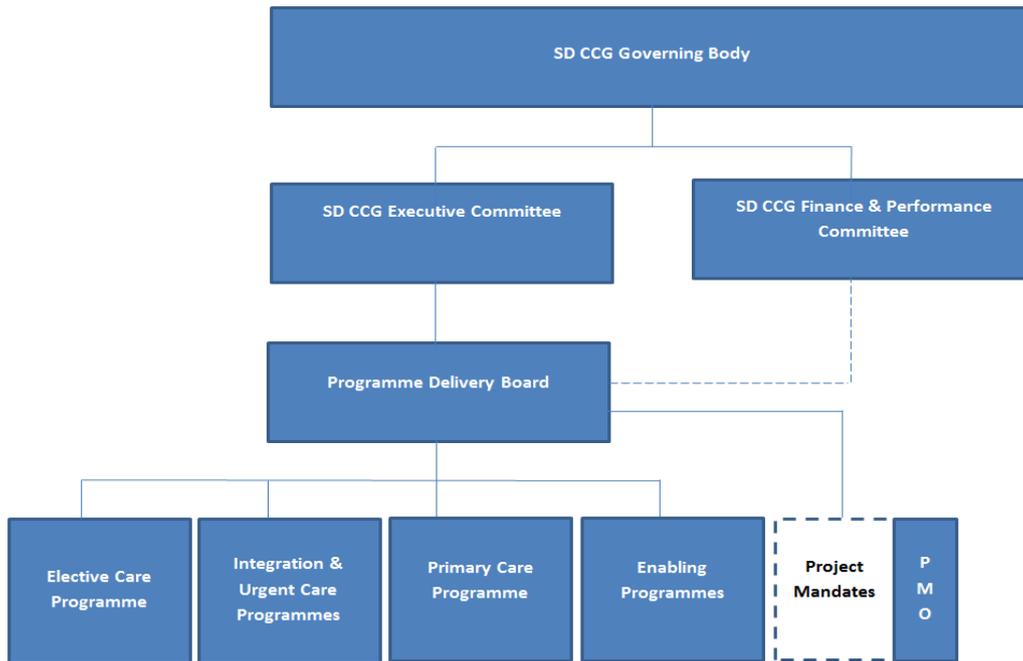
Section 4 of this report includes further narrative on the CCGs key achievements since the previous report to the Governing Body.

## 2. Assurance

The governance arrangements to ensure the key programmes and projects are monitored and assured are shown in **figure 1** below. Working closely with Project leads the Programme Management Office (PMO) will be responsible for providing the assurance on the status of each project and progress in delivery of the benefits.

Reporting will be in line with our agreed governance structure terms of reference and each committee will be responsible for making recommendations as required and will raise specific areas of concern to the Governing Body as necessary.

Figure 1: Governance arrangements



### 3. Project Delivery & Current Assessment

The projects described in table 2 below have been identified which aligned to the CCGs priorities and plans for financial recovery in 2015/16.

Each project is supported by the development of detailed project plans which include a clear understanding of the project aims, outcomes, benefits to be delivered the associated costs and risks. An overview of each project plan is provided in appendix 1. The overview indicates when projects are planned to commence and when the identified benefits and savings will be realised. Quarter 1 of 2015/16 will see the majority of projects in the design/implementation phase with benefits delivery commencing from Quarter 2.

**Table 1: Project portfolio**

PLANNED CARE PROGRAMME	INTEGRATION & URGENT CARE PROGRAMMES	PRIMARY CARE PROGRAMME	ENABLING PROGRAMMES
1. Elective: MSK	11. Community Multispecialty Provider (CMSP) & Community Medical Teams	22. Medicines Management	23. Estates Strategy
2. Elective: Ophthalmology	12. CHC: Acute Practitioners		24. PTS Eligibility Review
3. Elective: Cardiology	13. CHC: Contracts		25. Running Costs
4. Elective: ENT	14. CHC: Process Efficiencies		26. Improving Contracting
5. Elective: Dermatology	15. CHC: Paperless		
6. Elective: Practice Peer Review	16. CHC: Quality Care Home Team		
7. Elective: AQP Prices review	17. Community Hospital Services Review		
8. Elective: Referral Support Service (RSS)	18. Dementia		
9. Elective: POLCE (Procedures with Limited Clinical Effectiveness)	19. CAMHS		
10. Pharmaceutical Commissioning	20. End of Life Care 21. Mental Health		

### Current Assessment

The current assessment is provided in the delivery 'dashboard' (figure 2) and is intended to show progress against the delivery of key priority projects. This is done by routinely re-assessing the RAG status of outcomes, benefits, costs and milestones. Please note that reporting on quantifiable benefits will commence in the next report as activity information for 2015/16 becomes available and on agreement of the 2015/16 finance & activity plan.

The report also includes a description of the key project risks to delivery and the planned actions to mitigate these.

Further developments to this report will include an assessment by programme area as well as for each project.

Figure 2

SDCCG Project Delivery Report April 15	Outcomes	Finance/ Cost	Time/ Milestones	Benefits tracking					Key Risks	Mitigating Actions	
				Benefits Realisation RAG	Benefits Delivery RAG	Actual	Plan	Variance			
<b>PLANNED CARE PROGRAMME</b>											
Elective: MSK	AMBER	GREEN	GREEN	GREEN	GREEN	-	-	-	<ul style="list-style-type: none"> <li>•Lack of clinical engagement</li> <li>•Opposition from existing providers and other stakeholders</li> <li>•Disruption to existing services</li> <li>•Lack of ownership of information from GPs</li> <li>•Reluctance of GPs to amend referral behaviour on information provided</li> <li>•Agreement of existing providers to negotiate with the CCG</li> <li>•Ability to find a contractual vehicle that will allow price differentials to be agreed</li> </ul>	The project team will instigate step changes to the pathway that will deliver efficiencies throughout the project life, this may be from successful change programmes elsewhere in the country or because the system agrees and is able to move quickly.	
Elective: Ophthalmology	AMBER	GREEN	GREEN	AMBER	AMBER	-	-	-			
Elective: Cardiology	AMBER	GREEN	GREEN	GREEN	GREEN	-	-	-			
Elective: ENT	AMBER	GREEN	GREEN	GREEN	GREEN	-	-	-			
Elective: Dermatology	AMBER	GREEN	GREEN	GREEN	GREEN	-	-	-			
Elective: Practice Peer Review	GREEN	GREEN	GREEN	GREEN	GREEN	-	-	-			Engagement with Practices to design and agree information used to create the dashboard.
Elective: AQP Prices Review	AMBER	GREEN	GREEN	RED	RED	-	-	-			Begin negotiations as soon as possible at Executive level
Elective: RSS	AMBER	GREEN	GREEN	GREEN	GREEN	-	-	-			no risk identified
Pharmaceutical Commissioning	GREEN	GREEN	GREEN	AMBER	AMBER	-	-	-			no additional risk identified
Transactional QIPP: POLCE	AMBER	AMBER	AMBER	AMBER	AMBER	-	-	-			no additional risk identified

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<b>INTEGRATION &amp; URGENT CARE PROGRAMMES</b>										
<b>CMSP/CMT</b>	AMBER	GREEN	AMBER	AMBER	AMBER	-	-	-	<ul style="list-style-type: none"> <li>Recruitment of workforce for Q2</li> <li>Configuration of hubs for Q2</li> <li>Integrated IT systems for Q2</li> </ul>	<ul style="list-style-type: none"> <li>Workforce strategy, use of locums</li> <li>Options for premises being considered</li> <li>Options for IT being explored</li> </ul>
<b>CHC: Acute Practitioners</b>	GREEN	GREEN	GREEN	AMBER	AMBER	-	-	-	<ul style="list-style-type: none"> <li>Risk sharing buy-in with other CCGs</li> <li>Ability to recruit substantively</li> </ul>	<ul style="list-style-type: none"> <li>Alignment of business case with other CCGs through the CHC Board</li> <li>Apply learnings for successful recruitment from CHC restructure</li> </ul>
<b>CHC: Contracts</b>	GREEN	GREEN	GREEN	AMBER	AMBER	-	-	-	<ul style="list-style-type: none"> <li>Identified savings may not be realised</li> <li>Contract manager is interim - departing June '15</li> </ul>	<ul style="list-style-type: none"> <li>Budget for substantive contract resource needs confirming by CFO (interim contract resource leaves in June 2015)</li> </ul>
<b>CHC: Process Efficiencies</b>	GREEN	GREEN	GREEN	AMBER	AMBER	-	-	-	<ul style="list-style-type: none"> <li>Continued funding whilst cases reviewed as ineligible are appealed</li> <li>Assumptions need further investigation to ratify QIPP</li> </ul>	<ul style="list-style-type: none"> <li>Appeals process and activity log in progress - complete by May</li> <li>Finance to complete review of bus. case assumptions by mid May</li> </ul>
<b>CHC: Paperless</b>	GREEN	GREEN	GREEN	AMBER	GREEN	-	-	-	<ul style="list-style-type: none"> <li>Risk sharing arrangements - project must be implemented across all Surrey CCGs</li> <li>Intraoperability of IT with Broadcare</li> <li>Cultural change to paperless working resisted</li> </ul>	<ul style="list-style-type: none"> <li>Alignment across CCGs through programme board ahead of business case</li> <li>Include Broadcare on project team</li> <li>Build commitment to new ways of working through pilot</li> </ul>
<b>CHC: Quality Care Home Team</b>				AMBER	GREEN	-	-	-	<ul style="list-style-type: none"> <li>Risk Sharing with other CCGs</li> <li>Care Homes patients will continue to be inappropriately admitted to hospital if the business case is not signed off</li> <li>Vulnerable adult alerts will escalate to severe and require intense resource to manage if business case is not signed</li> </ul>	<ul style="list-style-type: none"> <li>Alignment of business case with other CCGs through the CHC Board</li> <li>Joint QA working group following Merok Park supporting business case across NHS and SCC will ensure commitment is built for the business case early.</li> </ul>
<b>Community Hospital Services Review</b>	GREEN	AMBER	AMBER	AMBER	AMBER	-	-	-	<ul style="list-style-type: none"> <li>Availability and quality of activity &amp; outcomes data</li> <li>Public / local GP reaction to closure of hospital(s)</li> <li>Medium / Long terms estates costs to achieve fit-for-purpose status</li> </ul>	<ul style="list-style-type: none"> <li>Engage with CSH to confirm outcome data</li> <li>Ongoing public consultation about the review</li> <li>Engagement with NHSPS to understand estates costs</li> </ul>

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<b>INTEGRATION &amp; URGENT CARE PROGRAMMES</b>										
Dementia	AMBER	GREEN	AMBER	GREEN	GREEN	-	-	-	<ul style="list-style-type: none"> <li>●HEKSS funding is unclear and CCG may have to cover costs</li> <li>●NHSE may not provide post-diagnosis plans until late in 2015/17</li> <li>●Memory clinics may require additional commissioning resource</li> </ul>	<ul style="list-style-type: none"> <li>●PM to liaise with HEKSS and trainer to clarify funding</li> <li>●PM to liaise with NHSE SE to ensure timely delivery/understanding of post-diagnosis 'ask'</li> <li>●Any cost pressures on Memory clinics to be raised with Exec/snr mgmt</li> </ul>
Mental Health	AMBER	AMBER	AMBER	GREEN	GREEN	-	-	-	<ul style="list-style-type: none"> <li>●RSS capacity is insufficient to process referrals</li> <li>●Crisis café implementation requires additional PM resource</li> </ul>	<ul style="list-style-type: none"> <li>●IAPT - assess referral management process for improvement; work with RSS team to identify stress areas</li> <li>●Crisis Cafe - utilise Aldershot cafe model with SDCCG input to reduce set up work</li> </ul>
CAMHS	AMBER	AMBER	AMBER	AMBER	AMBER	-	-	-	<ul style="list-style-type: none"> <li>●Data availability for primary &amp; secondary care</li> <li>●Provider willingness to work on new pathways</li> </ul>	<ul style="list-style-type: none"> <li>Liaison with host commissioner/providers to ensure data is available</li> <li>●Ensure CCG resources issues are highlighted should they arise</li> </ul>
End of Life Care	AMBER	RED	AMBER	GREEN	AMBER	-	-	-	<ul style="list-style-type: none"> <li>●CCG resources may not have full capacity for project</li> <li>●CMSP recruitment may not be successful</li> <li>●IT solutions may require additional funding, or may cause delays - CCG currently considering 3 different IT solutions</li> <li>●Telephone triage may require additional funding</li> </ul>	<ul style="list-style-type: none"> <li>●Keep updated on CMSP project recruitment</li> <li>●Work with CCG IT group on shared care records to find appropriate solutions</li> <li>●Carry out telephone triage review asap in order to ascertain potential cost pressures</li> </ul>

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<b>PRIMARY CARE PROGRAMME</b>											
Medicines Management	AMBER	GREEN	AMBER	GREEN	GREEN	-	-	-	<ul style="list-style-type: none"> <li>• GP practice capacity and engagement</li> <li>• Prescribing of non-vitamin K anticoagulant (NOACs)</li> <li>• Team capacity if required for emergency situation e.g flu pandemic</li> </ul>	Ensure incentives are aligned NOACs - education and training	
<b>URGENT CARE &amp; OTHER ENABLING PROGRAMMES</b>											
Estates	AMBER	RED	GREEN	AMBER	AMBER	-	-	-	<ul style="list-style-type: none"> <li>• Some benefits dependent on Property Services (PS) Contract Review</li> <li>• Dependency on Community Hospital Services Review Project</li> <li>• NHS PS timelines not aligned</li> <li>• NHS PS backlog of maintenance activity results in additional costs for CCG</li> <li>• Obtaining reliable financial data from NHS PS on Estate costs</li> </ul>	<ul style="list-style-type: none"> <li>• Engagement with senior levels in NHS PS</li> <li>• CCG Chair of Estates Liaison Group.</li> <li>• Executive focus on CB project, regular communication between both projects and oversight from PMO.</li> <li>• Director level meetings between SDCCG and NHS PS, and Estates Liaison Group</li> <li>• Director level meetings between SDCCG and NHS PS to resolve</li> <li>• regular dialogue between SDCCG and NHS PS</li> </ul>	
PTS (Patient Transport Service) Eligibility	GREEN	RED	AMBER	AMBER	GREEN	-	-	-	<ul style="list-style-type: none"> <li>• Risk of SECamb raising challenge to contract variation</li> <li>• Poor activity data from current provide</li> <li>• Poor public / clinical reaction to new criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Actively engage SECamb in eligibility process design</li> <li>• Review data submissions and recommend improvements</li> <li>• Undertake detailed comms plan</li> </ul>	
Transactional QIPP: Running Costs	AMBER	AMBER	AMBER	AMBER	AMBER	-	-	-	<ul style="list-style-type: none"> <li>• Budget ownership by Heads of Service</li> <li>• Cost containment culture</li> </ul>	<ul style="list-style-type: none"> <li>• Agree detailed budgets and their savings with owners</li> <li>• Monthly tracking actual vs budget and escalate all unders and overs to CFO</li> </ul>	
Transactional QIPP: Improved Contracting	AMBER	AMBER	AMBER	AMBER	AMBER	-	-	-	KPIs and ESH rejection	Will require CO-CO dialogue to remove	
<b>RAG Assessment Key:</b>		RED	AMBER	GREEN							
<b>Outcomes</b>		OFF TRACK	SOME ISSUES	ON TRACK							
<b>Finance/Cost</b>		SIGNIFICANT VARIANCE	MINOR VARIANCE	ON PLAN							
<b>Time/Milestones</b>		SIGNIFICANT DELAYS	SOME ISSUES	ON TRACK							

#### **4. Key Achievements**

In addition to the **key achievements** highlighted in the last report to the Governing Body achievements include:

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Dr Subo Emanuel - Cardiology

### **Individual Funding Request (IFR)**

The automation of the Individual Funding Request (IFR) process and automated validation of referrals for procedures of limited clinic effectiveness is on target to go live at the end of this month. This will save time for clinicians when making applications for IFR and give assurances to all external stakeholders that the procedures our providers are performing meet agreed thresholds.

### **Organisational Development Strategy**

Our draft Organisational Development strategy and action plan for 15/16 is being developed to underpin the delivery of our Financial Recovery Plan. This recognises the need for assurance of capacity and capability at all levels of our organisation to ensure ability to respond and deliver our challenging agenda. Aligned to this is a set of principles that

describes our organisations values and desired behaviours. This will be presented to the CCG Remuneration and Nominations Committee in May 2015.

## Appendix 1 – Overview of project plans

Surrey Downs CCG Financial Recovery Plan 2015/16 Milestones Overview		February	March	April	May	June	July	August	September	October	November	December	January	February	March	16/17 Q1
		Delivery Milestones														
Programme Delivery Board Review Dates				◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
PLANNED CARE PROGRAMME																
Elective Pathway Redesign Tranche 1																
1 Elective: MSK	PID Sign Off, Design, Build															
2 Elective: Cardiology	Project Go-live/ Implementation															
3 Elective: Ophthalmology	Benefits Realisation															
	Project close															
Elective Pathway Redesign Tranche 2																
4 Elective: ENT	PID Sign Off, Design, Build															
5 Elective: Dermatology	Project Go-live/ Implementation															
	Benefits Realisation															
	Project close															
Elective Enablers																
6 Elective: AQP Prices Review	PID Sign Off, Design, Build															
7 Elective: Practice Peer Review	Project Go-live/ Implementation															
8 Elective: RSS	Benefits Realisation															
	Project close															
Pharmaceutical Commissioning																
9 Pharmaceutical Commissioning	PID Sign Off, Design, Build															
	Project Go-live/ Implementation															
	Benefits Realisation															
	Project close															
Elective: Transactional																
10 Transactional QIPP: POLCE etc	PID Sign Off, Design, Build															
	Project Go-live/ Implementation															
	Benefits Realisation															
	Project close															
INTEGRATION PROGRAMME & URGENT CARE PROGRAMMES																
11 CMSP/CMT	PID Sign Off, Design, Build															
12 CHC: Contracts	Project Go-live/ Implementation															
13 CHC: Acute Practitioners	Benefits Realisation															
14 CHC: Process Efficiencies	Project Close															
CHC Tranche 2																
15 CHC: Paperless	PID Sign Off, Design, Build															
16 CHC: Quality Care Home Team	Project Go-live/ Implementation															
	Benefits Realisation															
	Project close															
Service Redesign																
17 Community Hospital Services Review	PID Sign Off, Design, Build															
18 CAMHS	Project Go-live/ Implementation															
19 Dementia	Benefits Realisation															
20 Mental Health	Project close															
21 EOLC																

Surrey Downs CCG Financial Recovery Plan 2015/16 Milestones Overview		Delivery Milestones		February	March	April	May	June	July	August	September	October	November	December	January	February	March	16/17 Q1	
		Programme Delivery Board Review Dates				◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
<b>PRIMARY CARE PROGRAMME</b>																			
<b>Medicines Management</b>																			
22	Medicines Management	PID Sign Off, Design, Build																	
		Project Go-live/ Implementation																	
		Benefits Realisation																	
		Project close																	
<b>ENABLING PROGRAMMES</b>																			
<b>Urgent Care</b>																			
23	PTS Eligibility Review	PID Sign Off, Design, Build																	
		Project Go-live/ Implementation																	
		Benefits Realisation																	
		Project close																	
<b>Estates</b>																			
24	Estates	PID Sign Off, Design, Build																	
		Project Go-live/ Implementation																	
		Benefits Realisation																	
		Project close																	
<b>Transactional</b>																			
25	Transactional QIPP: Improved Contracting	PID Sign Off, Design, Build																	
26	Transactional QIPP: Running Costs	Project Go-live/ Implementation																	
		Benefits Realisation																	
		Project close																	