

NHS Blackpool CCG GBAF August 2017

Corporate Objective 1 - Through better commissioning, improve local health outcomes by addressing poor outcomes and inequalities		
Risk Number	Risk Description	Current Risk Score
CO1.1	Ineffective commissioning decisions	12
Corporate Objective 2 - To work collaboratively to deliver safe, high quality health and care services		
Corporate Objective 3 – To ensure financial balance and improve efficiency and productivity		
CO3.1	Financial sustainability.	16
CO3.3	Activity over-performance.	12
CO3.4	Planned Savings / QIPP	12
CO3.5	GP Retention	12
Corporate Objective 4 – To deliver a step change in the NHS preventing ill health and supporting people to live healthier lives		
CO4.1	Programme of change (STP)	16

Corporate Objective 5 – To maintain and improve performance against core standards and statutory requirements

CO5.4	Ambulance red response performance	12
CO5.6	Capacity and capability.	16
CO5.7	Cyber Attack	16
CO5.8	Safeguarding	12

Corporate Objective 6 - To commission improved and effective out of hospital care

CO6.1	New Models of Care.	12
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Corporate Objective 7 - To support research, innovation and growth

Risk Matrix

		Likelihood				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Consequence	5 Catastrophic	5 (Moderate)	10 (High)	15 (Extreme)	20 (Extreme)	25 (Extreme)
	4 Major	4 (Moderate)	8 (High)	12 (High)	16 (Extreme)	20 (Extreme)
	3 Moderate	3 (Low)	6 (Moderate)	9 (High)	12 (High)	15 (Extreme)
	2 Minor	2 (Low)	4 (Moderate)	6 (Moderate)	8 (High)	10 (High)
	1 Negligible	1 (Low)	2 (Low)	3 (Low)	4 (Moderate)	5 (Moderate)

CORPORATE OBJECTIVE 1

Through better commissioning, improve local health outcomes by addressing poor outcomes and inequalities.

Governing Body Assurance Framework 2017/18: NHS Blackpool CCG

Corporate Objective

Corporate Objective 1: Through better commissioning, improve local health outcomes by addressing poor outcomes and inequalities

Risk

CO1.1

Ineffective commissioning decisions may prevent the CCG from achieving its corporate objectives, improving health and reducing inequalities.

	Initial	Previous	Current	Target
Likelihood	Likely	Possible	Possible	Possible
Severity	Major	Major	Major	Major
Level	16	12	12	12
Date	Apr 17	July 17	August 17	April 18

Risk Owner	Helen Lammond-Smith/Judith Mills
Executive Lead	David Bonson
Financial/VFM	✓
Compliance/Regulatory	✓
Innovation/Quality/Outcomes	✓
Reputation	✓

Controls

- Regular monitoring of commissioned services and outcomes where available in conjunction with Public Health.
- Finance and Performance committee have responsibility for monitoring and ensuring remedial action to provide assurance to the Governing Body
- Contract report and minutes of F&P committee reported to Governing Body
- Contracts in place for commissioned services, use of contractual levers to ensure receipt of information, implementation of remedial action plans as required and sanctions imposed for continued non-delivery
- Individual work stream meetings established at a Health economy or local level (i.e. A&E Delivery Board, Cancer Steering Group, smoking in pregnancy etc.)
- Development of the new models of care to focus on inequalities
- Task and finish groups established as required
- Dedicated commissioning leads for individual services and named leads for individual indicators
- Council Commissioning and quality teams co located with the CCG in May 2017
- Development of the ACS and refocus on systems priorities

Assurance

- Finance and Performance committee, Integrated Commissioning Group and Health and well-being Board minutes
- Contract reports and dashboards
- CCG IAF dashboard and exception reporting
- Minutes from provider contract and performance meetings
- NHS England assurance meetings

Gaps in Assurance

- CCGs assurance status reported as 'requires improvement' on some indicators
- Some indicators not improving as expected
- Limited information on some commissioned services

Gaps in Controls

- Some performance measures not directly attributable to CCG commissioned services and therefore reliant upon partners to deliver (i.e. public health)

ACTION PLAN

Action Assigned to	Due	Action Description	Progress to Date	Date Completed
Helen Lammond-Smith/Judith Mills	Review Monthly	Continued monitoring of all contracts and early action when indicators begin to deteriorate	Monitoring Arrangements in place	Ongoing
Helen Lammond-Smith/Judith Mills	Review Monthly	Ensure ownership of the indicators at a commissioning lead level and that leads understand the issues that may impact on the delivery of the specific indicators and are able to take corrective action	Indicators allocated to leads	Ongoing
Commissioning Leads	Review Monthly	Ensure implementation of and adherence to action plans for indicators not achieving or under-performing		ongoing
Commissioning Leads	Review Monthly	Identify and work with other organisations achieving the 'problem' indicators to seek support and gather evidence of best practice		ongoing
ACS Steering Group	Review Monthly	Ensure ACS has clear action plans with senior ownership of agreed system priorities for improvement.	Priorities being agreed	Ongoing

CORPORATE OBJECTIVE 2

To work collaboratively to deliver safe, high quality health and care services.

CORPORATE OBJECTIVE 3

To ensure financial balance and improve efficiency and productivity.

Governing Body Assurance Framework 2017/18: NHS Blackpool CCG

Corporate Objective	
Corporate Objective 3 : To ensure financial balance and improve efficiency and productivity. Corporate Objective 4: To deliver a step change NHS preventing ill health and supporting people to live healthier lives Corporate Objective 5: To maintain and improve performance against core standards and statutory requirements	
Risk	CO3.1
Financial sustainability. Concern has been expressed by the EuR Group and the CCG regarding deliverability of the Fylde Coast savings programme and the potential impact on the CCG of this. Failure to effectively manage risks could lead to changes being imposed that could further frustrate our local plans and those of the Fylde Coast.	

	Initial	Previous	Current	Target
Likelihood	Likely	Likely	Likely	Unlikely
Severity	Major	Major	Major	Major
Level	16	16	16	8
Date	Apr 17	June 17	July 17	April 18

Risk Owner	John Gaskins
Executive Lead	Andrew Harrison
Financial/VFM	✓
Compliance/Regulatory	✓
Innovation/Quality/Outcomes	✓
Reputation	✓

Controls
1. Fylde Coast EuR Group, which is tasked specifically to look at deliverability and alignment of Coast savings plans. 2. CCG focus on QIPP plans. 3. Agree a non PbR/assured contract with the main provider/s.

Assurance
EuR Group Minutes F&P Committee review & Minutes
Gaps in Assurance
Knowledge of provider cost drivers. Transparency of individual organisation objectives and impacts
Gaps in Controls
Cross-organisation governance. Transaction processing. Unilateral Vanguard action. Ability to act across organisations.

ACTION PLAN				
Action Assigned to	Due	Action Description	Progress to Date	Date Completed
John Gaskins	Review Monthly	Deliver identified 17/18 schemes and develop further QIPP schemes to deliver the combined 17/18 and 18/19 requirement.	Qipp schemes identified to meet 17/18 target and delivery has commenced. Ongoing work to develop further schemes is ongoing.	Ongoing
John Gaskins	Review Monthly	Activity based QIPP initiatives are under way. Reaching agreement on a non PbR/assured contract would enable the collective focus to shift towards closing the financial gap.	Work of EUR and sub groups is progressing closing the 17/18 financial gap and moving on to address the longer term gap.	Ongoing

Governing Body Assurance Framework 2016/17: NHS Blackpool CCG

Corporate Objective	
<p>To ensure financial balance and improve efficiency and productivity To commission improved and effective out of hospital care To maintain and improve performance against core standards and statutory requirements</p>	
Risk	CO3.3
<p>Over performance. In previous years there has been significant activity and prescribing over performance. There is a risk of aggressive trading by providers in order to close their financial gap and/ or deliver their financial targets.</p>	

	Initial	Previous	Current	Target
Likelihood	Likely	Possible	Possible	Unlikely
Severity	Major	Major	Major	Major
Level	20	12	12	8
Date	Feb 17	July 17	August 17	April 18

Risk Owner	Beth Goodman
Executive Lead	David Bonson
Financial/VFM	✓
Compliance/Regulatory	✓
Innovation/Quality/Outcomes	✓
Reputation	✓

Controls
<ul style="list-style-type: none"> • Agree an assured contract with the main providers. • Implement additional activity based, prescribing and other QIPP schemes. • Active contract management. Incentivised performance through the GP+ scheme and collaborative approach to working across the Coast with the main provider. • Demand management schemes running for MSK and procedures of low value. • Tier 2 services established in Ophthalmology and Dermatology

Assurance
<ul style="list-style-type: none"> • CCG attends Contract Monitoring Meetings including executive level • Q and E Committee • F and P Committee receive routine update • Audit Committee • GP Practice visits undertaken by the Primary Care team
Gaps in Assurance
<ul style="list-style-type: none"> • None Identified
Gaps in Controls
<ul style="list-style-type: none"> • Not agreed the assured contract with BTH. • Not all GP's utilising single point of access tier 2 services these are being followed up • GP's not utilising single point of access tier 2 services. • Timeliness of data • Responses to data challenges

ACTION PLAN				
Action Assigned to	Due	Action Description	Progress to Date	Date Completed
Beth Goodman	September 2017	Agree an assured contract with the main providers.	EUR group progressing however slow progress. Some concerns with non-elective over performance.	Ongoing

Governing Body Assurance Framework 2017/18: NHS Blackpool CCG

Corporate Objective	
To ensure financial balance and improve efficiency and productivity	
Risk	CO3.4
Planned Savings.	
There is a risk that the £6.5million of net QIPP savings required will not be achieved.	

	Initial	Previous	Current	Target
Likelihood	Likely	Possible	Possible	Unlikely
Severity	Major	Major	Major	Major
Level	16	12	12	8
Date	April 17	July 17	August 17	April 18

Risk Owner	Howard Naylor
Executive Lead	Janet Barnsley
Financial/VFM	✓
Compliance/Regulatory	✓
Innovation/Quality/Outcomes	✓
Reputation	✓

Controls
<ol style="list-style-type: none"> 1. A significant proportion of savings rely on reducing demand and achieving best practice benchmarks for referrals and treatments, and a referral management system and relevant policies have been put in place. 2. Further work continues to be undertaken to identify other schemes that will increase savings. 3. Improved process for monitoring and reporting savings initiatives has been established along with internal CCG programme management and governance arrangements. 4. Sharing of QIPP opportunities across Fylde Coast/ Lancashire may increase scope of QIPP programme.

Assurance
<p>F&P Committee monthly reports.</p> <p>QIPP Delivery Group meets every twice per month with QIPP scheme managers attending. Meetings are chaired by the internal CCG programme team which is monitoring the delivery of QIPP schemes.</p> <p>Weekly updates/reports to Executive Team Meetings.</p> <p>Weekly Fylde Coast Executive meetings to resolve issues/develop future Accountable Care System payment approaches, etc.</p> <p>Fylde Coast wide EuR Group identifying Fylde Coast wide QIPP/CIP</p>
Gaps in Assurance
Timeliness of data to enable corrective actions to be undertaken.
Gaps in Controls
<p>Activity and cost increases in other parts of contracts.</p> <p>Ability to influence and control demand.</p> <p>Lack of capacity at a Fylde Coast system level to reduce costs.</p> <p>Data and the methodology being used for forecasting can be interpreted in different ways which can create different forecasts, and as a result makes forecasting an accurate end-of-year figure difficult.</p>

ACTION PLAN				
Action Assigned to	Due	Action Description	Progress to Date	Date Completed
Howard Naylor	September 2017	Continuing review of QIPP schemes, and identification of new schemes for 2017-2018	Monitoring for 2017/18 being developed	
Janet Barnsley	Review Monthly	Implement appropriate Fylde Coast/ Lancashire-wide schemes.	EUR group progressing	
Janet Barnsley	September 2017	Agree assured value contract with main providers.	Being progressed via EUR group	

Governing Body Assurance Framework 2017/18: NHS Blackpool CCG

Corporate Objective

Corporate Objective 3 : To ensure financial balance and improve efficiency and productivity.
 Corporate Objective 4: To deliver a step change NHS preventing ill health and supporting people to live healthier lives
 Corporate Objective 5: To maintain and improve performance against core standards and statutory requirements

Risk

CO3.5

GP Retention Scheme. Each practice employing a RGP will be able to claim an allowance relating to the number of sessions for which their retained doctor is engaged. The practice will qualify for a payment of £76.92 per clinical session (up to a maximum of four) that the doctor is employed for. An annual expenses supplement for the retained GP remains at between £1000 and £4000 to go towards the cost of indemnity cover, professional expenses and continuing professional development (CPD) needs. Maximum financial support to practice per year (based on £76.92 per session) is £15,999.36. If an influx of applications this could pose a financial risk to the CCG. Funding for the retention scheme is in CCGs baseline allocation.

	Initial	Current	Target
Likelihood	Likely	Likely	Possible
Severity	Moderate	Moderate	Minor
Level	12	12	8
Date	August 17	August 17	April 18

Risk Owner	John Gaskins
Executive Lead	Andrew Harrison
Financial/VFM	√
Compliance/Regulatory	√
Innovation/Quality/Outcomes	√
Reputation	√

Controls

- Baseline funding in place

Assurance

- Workforce data which identifies GP due for retirement

Gaps in Assurance

- Uncertainty around possible number of applications, this is out of CCGs control

Gaps in Controls

- Uncertainty around possible number of applications, this is out of CCGs control

ACTION PLAN

Action Assigned to	Due	Action Description	Progress to Date	Date Completed
John Gaskins / Emma Bellamy?	Review Monthly	Reassess risks each month based on uptake of scheme		Ongoing
John Gaskins	Review Monthly	Financial risks are assessed each month. These are discussed at F&PC and reported to NHSE.		Ongoing

CORPORATE OBJECTIVE 4

To deliver a step change in the NHS preventing ill health and supporting people to live healthier lives.

Governing Body Assurance Framework 2017/18: NHS Blackpool CCG

Corporate Objective	
Corporate Objective 4: To deliver a step change in the NHS preventing ill health and supporting people to live healthier lives	
Risk	CO4.1
The local health economy may not be sustainable unless there is a programme of change (STP)	

	Initial	Previous	Current	Target
Likelihood	Likely	Likely	Likely	Unlikely
Severity	Major	Major	Major	Major
Level	16	16	16	8
Date	Apr 17	July 17	August 17	April 18

Risk Owner	Helen Lammond-Smith/Judith Mills
Executive Lead	David Bonson
Financial/VFM	✓
Compliance/Regulatory	✓
Innovation/Quality/Outcomes	✓
Reputation	✓

Controls
<ul style="list-style-type: none"> Regular monitoring of commissioned services and outcomes where available Senior Membership at L&SC STP Programme Board Contract report and minutes of F&P committee reported to Governing Body Contracts in place for commissioned services, use of contractual levers to ensure receipt of information, implementation of remedial action plans as required and sanctions imposed for continued non-delivery Individual work stream meetings established at a Health economy or local level (i.e. A&E Delivery Board, Cancer Steering Group, smoking in pregnancy etc.) Development of the new models of care to focus on inequalities and monthly neighbourhood meetings in place. Task and finish groups established as required, Fylde Coast PMO in place Dedicated commissioning leads for individual services and named leads for individual indicators

Assurance
<ul style="list-style-type: none"> STP Board and NMOC minutes Contract reports and dashboards CCG IAF dashboard and exception reporting Minutes from provider contract and performance meetings NHS England assurance meetings Regular reporting to STP ACS Steering Group
Gaps in Assurance
<ul style="list-style-type: none"> CCGs assurance status reported as 'requires improvement' on some indicators Some indicators not improving as expected Limited information on some commissioned services
Gaps in Controls
<ul style="list-style-type: none"> Some performance measure not directly attributable to CCG commissioned services and therefore reliant upon partners to deliver (i.e. public health)

ACTION PLAN				
Action Assigned to	Due	Action Description	Progress to Date	Date Completed
Helen Lammond-Smith/Judith Mills	Review Monthly	Continued monitoring of all contracts and early action when indicators begin to deteriorate	Monitoring Arrangements in place	Ongoing
Helen Lammond-Smith/Judith Mills	Review Monthly	Ensure ownership of the indicators at a commissioning lead level and that leads understand the issues that may impact on the delivery of the specific indicators and are able to take corrective action	Indicators allocated to leads	Ongoing
Commissioning Leads	Review Monthly	Ensure implementation of and adherence to action plans for indicators not achieving or under-performing		ongoing
Commissioning Leads	Review Monthly	Identify and work with other organisations achieving the 'problem' indicators to seek support and gather evidence of best practice		ongoing
STP Lead	Review Monthly	Lancashire and South Cumbria population health work streams established		Ongoing

CORPORATE OBJECTIVE 5

To maintain and improve performance against core standards and statutory requirements.

Governing Body Assurance Framework 2017/18: NHS Blackpool CCG

Corporate Objective	
Corporate Objective 5: To maintain and improve performance against core standards and statutory requirements	
Risk	CO5.4
Failure to meet key performance indicators for Red Response performance. Which are part of NHS Constitution requirements and impact on CCG Quality Premium Payments.	

	Initial	Previous	Current	Target
Likelihood	Almost Certain	Almost Certain	Likely	Unlikely
Severity	Major	Major	Major	Major
Level	20	20	12	8
Date	Apr 17	June 17	July 17	April 18

Risk Owner	Yvonne Rispin
Executive Lead	Yvonne Rispin
Financial/VFM	✓
Compliance/Regulatory	✓
Innovation/Quality/Outcomes	✓
Reputation	✓

Controls
<ul style="list-style-type: none"> Oversight of performance by the SPB. Weekly performance mg in place to monitor against planned improvement trajectories and challenge where performance not meeting trajectories. Routine discussion at contracting group of monthly and cumulative performance. Performance notice served - 23/11/16 Agreed remedial action plan Recovery trajectories and dashboard in development

Assurance
<ul style="list-style-type: none"> Remedial Action Plan Dashboard Monthly performance report Weekly operational updates Contracting group updates (Dir. of Ops) SPB updates (Dir. of Ops/CEO)
Gaps in Assurance
<ul style="list-style-type: none"> Dashboard yet to be finalised
Gaps in Controls
<ul style="list-style-type: none"> Non Identified

ACTION PLAN				
Action Assigned to	Due	Action Description	Progress to Date	Date Completed
Ambulance commissioning Team	Review monthly	Continue progress with controls to mitigate risk		Ongoing

Governing Body Assurance Framework 2017/18: NHS Blackpool CCG

Corporate Objective	
To maintain and improve performance against core standards and statutory requirements	
Risk	CO5.6
Capacity and capability. We are required to deliver our own position, contribute to the development of the Fylde Coast ACS, and the wider STP. This could lead the CCG into failing to meet its targets, including Statutory targets. These include Quality, Health & Safety, Safeguarding, Complaints, Risk Management, inefficient practice and/or material slowing down of progress in key areas. The substantial agenda facing the CCG may require more management resource to be deployed than can be afforded within the running cost allowance.	

	Initial	Previous	Current	Target
Likelihood	Likely	Likely	Likely	Unlikely
Severity	Major	Major	Major	Major
Level	16	16	16	8
Date	Apr 17	July 17	August 17	April 18

Risk Owner	Howard Naylor
Executive Lead	David Bonson
Financial/VFM	✓
Compliance/Regulatory	✓
Innovation/Quality/Outcomes	✓
Reputation	✓

Controls
<ol style="list-style-type: none"> Participation in Fylde Coast ACS / STP wide initiatives to ensure effective and efficient services. Establish joint management/working arrangements/ ACS across the Fylde Coast New appointments of permanent/interim staff aligned to the agenda and within budgets available. Effective engagement of CSU services. Regular updates to Execs of capacity and capability, and skills and resource gaps, and action needed to manage consequences.

Assurance
Minutes of Q and E Committee to Governing Body Minutes of F and P Committee to Governing Body Executive Team Meeting scrutiny and assurance to Governing Body Audit Committee scrutiny and assurance to Governing Body Weekly Fylde Coast Executive meetings to resolve issues/ develop future ACS ACS Steering Group established
Gaps in Assurance
Lack of integrated working arrangements across the Fylde Coast. Capacity within the CCG to ensure operational and transformational work developed and progressed.
Gaps in Controls
CSU ability to cover gaps Staff developed to take on new responsibilities. Running cost limitations

ACTION PLAN				
Action Assigned to	Due	Action Description	Progress to Date	Date Completed
Howard Naylor/ David Bonson	Review Monthly	Clarity regarding Fylde Coast/ STP wide led initiatives and resources required/ available and CCG impact.	ACS Steering Group established	Review monthly
Howard Naylor	Review Monthly	Establish Fylde Coast PMO and integrated working arrangements	Consolidation of corporate services action being	Review monthly

			developed for consideration by ACS Steering Group	
Howard Naylor	Review Monthly	Ensure CSU services are engaged effectively.	Review of CSU services being undertaken and commissioning intentions for 2018-2019 identified.	Review Monthly

Governing Body Assurance Framework 2017/18: NHS Blackpool CCG

Corporate Objective	
To maintain and improve performance against core standards and statutory requirements	
Risk	CO5.7
Cyber-Attack There is a risk that a malicious cyber-attack will present challenges to the CCG's ability to maintain its performance against core standards; fulfil its statutory responsibilities; and operate as an effective partner within the wider health economy.	

	Initial	Previous	Current	Target
Likelihood	Likely	Likely	Likely	Likely
Severity	Major	Major	Major	Moderate
Level	16	16	16	12
Date	Apr 17	June 17	June 17	April 18

Risk Owner	TBC
Executive Lead	Andrew Harrison
Financial/VFM	✓
Compliance/Regulatory	✓
Innovation/Quality/Outcomes	✓
Reputation	✓

Controls
<ol style="list-style-type: none"> IT Technical – firewall intrusion protection; anti-virus software kept up-to-date; Microsoft patching when available IT Governance – IG toolkits up-to-date with staff awareness and ongoing staff training; regular communications re cyber-attacks EPRR Plans, Business Continuity Plans

Assurance
F&P Committee Monthly Reports Executive Team Meeting assurance to Governing Body
Gaps in Assurance
Gaps in Controls
Staff trained in IT/IG

ACTION PLAN				
Action Assigned to	Due	Action Description	Progress to Date	Date Completed
TBC	Review Monthly	Debrief following the May 2017 cyber-attack.		
TBC	Review Monthly	Ensure and comply with robust implementation of IT technical controls/security developments		
TBC	Review Monthly	Maintain established co-working and support across the Fylde Coast on IT issues		
TBC	Review Monthly	Ensure recovery of IT operating capacity in the CCG and practices		

Governing Body Assurance Framework 2017/18: NHS Blackpool CCG

Corporate Objective	
Corporate Objective 2: To work collaboratively to deliver safe, high quality health and care services	
Risk	CO5.8
There is a risk of not meeting / delivering statutory safeguarding requirements of a public sector organisation with specific safeguarding responsibilities.	

	Initial	Previous	Current	Target
Likelihood	Likely	Possible	Possible	Unlikely
Severity	Major	Major	Major	Major
Level	16	12	12	8
Date	Apr 17	June 17	July 17	April 18

Risk Owner	Lesley Anderson-Hadley
Executive Lead	Janet Barnsley
Financial/VFM	
Compliance/Regulatory	✓
Innovation/Quality/Outcomes	✓
Reputation	✓

Controls
<ul style="list-style-type: none"> Safeguarding policies and procedures in place and updated to ensure clear guidance for staff members and the public. Joint working with the local authority Regular reporting via Executive Team, Q&E and Governing Body Provider KPI reporting to provide assurance of contracted services Staff induction, education and training Court of Protection arrangements in places DOLS arrangements in place Continue to promote uptake of education and training Fylde Coast safeguarding reviews in progress to realign requirement as the move to ACS continues annual Provider safeguarding self-assessment audit, Children Looked After – monitoring of compliance with statutory responsibilities. The safeguarding review is commissioner led and is focused on the health economy provision

Assurance
<ul style="list-style-type: none"> Q&E and GB minutes provide assurance and evidence of participation in and appropriate actions via Safeguarding Boards Policies and procedures approved by GB CCG IAF dashboard and exception reporting Minutes from provider contract and performance meetings NHS England assurance meetings safeguarding self-assessment audit returns from providers/GP Practices; safeguarding quality walkthrough – selected providers
Gaps in Assurance
<ul style="list-style-type: none"> Updates on NHSE action Plans to be formally reviewed and increased monitoring to be undertaken and evidenced in Q&E and contract meeting minutes Staffing capacity in the CCG relating to Safeguarding Primary Care safeguarding arrangements
Gaps in Controls
Some measures around the statutory requirements for CLA health assessments are dependent on the performance of partner agencies e.g. Blackpool Council. ACS may delay agreement of additional permanent safeguarding resource

ACTION PLAN				
Action Assigned to	Due	Action Description	Progress to Date	Date Completed
	End of Q1	Staff recruitment audit to be undertaken to ensure DBS and relevant checks		

		undertaken		
		Supervision policy to be implemented and then audit of the compliance with supervision		
Lesley Anderson-Hadley		Internal Audit Review of Safeguarding in 2017/18		
		Review of commissioned safeguarding capacity across the Fylde coast in progress		
		Review of commissioned safeguarding capacity and a focus on an outcome framework; review of internal safeguarding procedure bundle – adding some additional documents; Internal safeguarding quality and assurance meeting to be established; review of CCG safeguarding resource and role of Named Doctor; Review and strengthening of safeguarding leadership in Primary Care; Commence development sessions for GP Practice Safeguarding Leads – planned for the autumn term.		

CORPORATE OBJECTIVE 6

To commission improved and effective out of hospital care.

Governing Body Assurance Framework 2017/18: NHS Blackpool CCG

Corporate Objective	
Corporate Objective 6: To commission improved and effective out of hospital care	
Risk	CO6.1
Risk of failure to deliver and realise the benefits from the New Models of Care Programme across the Fylde Coast.	
Risk of developing and securing the workforce required to provide out of hospital services.	

	Initial	Previous	Current	Target
Likelihood	Possible	Possible	Possible	Unlikely
Severity	Major	Major	Major	Major
Level	12	12	12	8
Date	Apr 17	July 17	August 17	April 18

Risk Owner	Helen Lammond-Smith
Executive Lead	David Bonson
Financial/VFM	✓
Compliance/Regulatory	✓
Innovation/Quality/Outcomes	✓
Reputation	✓

Controls
<ul style="list-style-type: none"> Performance dashboard and minutes of PCC committee reported to Governing Body Contracts in place for commissioned services, use of contractual levers to ensure receipt of information, implementation of remedial action plans as required and sanctions imposed for continued non-delivery, including GP plus Individual work stream meetings established at a Health economy or local level (i.e. A&E Delivery Board, LD, CYP and MH transformational planning groups etc.) Task and finish groups established as required Dedicated commissioning leads for individual services and named leads for individual indicators and participating in Transformational planning Boards Fylde coast vanguard structure and processes.

Assurance
<ul style="list-style-type: none"> Primary Care Commissioning committee and Vanguard minutes CCG IAF dashboard and exception reporting Minutes from provider contract and performance meetings NHS England assurance meetings and TP meeting minutes
Gaps in Assurance
<ul style="list-style-type: none"> CCGs assurance status reported as 'requires improvement' on some indicators Some indicators not improving as expected, health checks Limited information on some commissioned services
Gaps in Controls
<ul style="list-style-type: none"> Some performance measure not directly attributable to CCG commissioned services and therefore reliant upon partners to deliver (i.e. public health)

ACTION PLAN				
Action Assigned to	Due	Action Description	Progress to Date	Date Completed
Helen Lammond-Smith	Review Monthly	Continued monitoring of all indicators and early action when indicators begin to deteriorate	Monitoring Arrangements in place	Ongoing
Helen Lammond-Smith	Review Monthly	Ensure ownership of the indicators at a commissioning lead level and that leads understand the issues that may impact on the delivery of the specific indicators and are able to take corrective action	Indicators allocated to leads	Ongoing
Commissioning Leads	Review Monthly	Ensure implementation of and adherence to action plans for indicators not achieving or under-performing		
Commissioning Leads	Review Monthly	Identify and work with other organisations achieving the 'problem' indicators to seek support and gather evidence of best practice		
David Bonson	September 17	Establish integrated primary and community care service leadership group to level the development of out of hospital services in Blackpool	1 st meeting organised	ongoing

CORPORATE OBJECTIVE 7

To support research, innovation and
growth.