

Appendix 1 - Board Assurance Framework 2012/13

Directorate Objective	Lead Director / Senior Manager	Principal Risk (PCT will not achieve the)	Qtr 1			Next Review	Justification
			Impact	Likelihood	Risk score		
Improve health and wellbeing outcomes achieved by our patients							
Improve health and wellbeing outcomes achieved by our population	(Mel Sirotkin : Public Health)	Vital Signs VSB03 Cancer mortality rate (Health and Well Being Board)	4	3	12	28/01/2013	Cancer mortality remains a risk. A cancer plan has been developed with a number of interventions in place to tackle this issue in terms of early intervention and prevention. Nonetheless this remains a risk.
Improve health and wellbeing outcomes achieved by our population	(Mel Sirotkin : Public Health)	Vital Signs VSB09b Childhood obesity - prevalence (Public Health Leadership Team)	4	3	12	18/02/2013	As of 01.06.12, 10.69% of Reception aged children measured by the NCMP are classified as obese; this is a 0.8% increase on 2010-11 results (TBC in December 2012). As of 01.06.12, 21.34% of Year 6 aged children measured by the NCMP are classified as obese; this is a 2.4% decrease on 2010-11 results (TBC in December 2012). Further analysis of this data will be completed when the validated NCMP results are released by the DH IC, in December 2012, to understand if these results impact on the long-term trend of a gradual reduction in the prevalence of obesity, shown by NCMP results 2006-11, in Salford. In the meantime continued investment will be made by NHS Salford into family weight management activities for 0-13 year olds.
Commission neurosciences services	(Julie Rigby : Commissioning)	Team/Sub objective (GM Neurosciences Network Board)	3	4	12	12/01/2013	The likelihood of not achieving this objective is based on the changes occurring within PCTs. However, with support from the Healthier Together work and work associated with major trauma there is greater support for many neurosciences' issues.
Optimise the delivery of quality healthcare services in the most appropriate setting							

Commission unscheduled care services, including GP out of hours	(Mike Smith : Commissioning)	A&E waiting times - total time in A&E department Vital Signs PHQ23 (Urgent Care Commissioning Board)	4	3	12	19/02/2013	Expecting to fail target in Q3 despite various plans in place and being delivered, although may still meet annual target
Commission unscheduled care services, including GP out of hours	(Mike Smith : Commissioning)	Unplanned hospitalisation for chronic ambulatory case sensitive conditions (adults) Vital Signs PHQ15 (Urgent Care Commissioning Board)	4	3	12	19/02/2013	The Acute physician project has commenced deflecting ambulatory care patients reducing admissions this has expanded to a 7 day service. Reablement projects ongoing the Integrated Care (Kings Fund) project is now in the planning phase and will replace the OPP2 project to identify community based services to prevent A&E attendance.
Commission unscheduled care services, including GP out of hours	(Mike Smith : Commissioning)	Vital Signs PHS12 A&E Attendances (Urgent Care Commissioning Board)	3	4	12	19/02/2013	There has been an increase in attendances compared with last year, despite various plans
Commission Planned Care services	(Marie Clayton : Commissioning)	Vital Signs PHQ19-21 Referral to treatment waits (Planned Care Commissioning Strategy Group)	4	3	12	26/01/2013	Targets met since April this year. Additional clinics are being funded to provide flexibility in the system.
Commission Planned Care services	(Marie Clayton : Commissioning)	Vital Signs PHS07 GP written referrals to hospital (Planned Care Commissioning Strategy Group)	4	3	12	26/01/2013	Mitigation Actions in Place
Commission Planned Care services	(Marie Clayton : Commissioning)	Vital Signs PHS10 All first OP attendances (Planned Care Commissioning Strategy Group)	4	3	12	26/01/2013	Mitigation Actions in Place
Commission Planned Care services	(Marie Clayton : Commissioning)	Vital Signs PHS11 Elective FFCE's (Planned Care Commissioning Strategy Group)	4	3	12	26/01/2013	On target against Trajectory on the MAR

Commission services to deliver for the Cancer Reform Strategy	(Karen Richardson : Commissioning)	Vital Signs PHQ24-25 Cancer 2 wk wait (Cancer Commissioning Strategy Group)	4	3	12	12/01/2012	PHQ24 and PHQ25 have both been achieved for quarters 1 & 2 however there has been a rise in referrals for some tumour groups.
Commission services to deliver for the Cancer Reform Strategy	(Karen Richardson : Commissioning)	Vital Signs PHQ04-05 Cancer 62 day wait (Cancer Commissioning Strategy Group)	4	3	12	12/01/2013	PHQ03 achieved in quarters 1 and 2 but PHQ04 failed in both quarters due to 7 breaches over the 6 month period.
Commission services to deliver for the Cancer Reform Strategy	(Karen Richardson : Commissioning)	Vital Signs PHQ06 Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis (Cancer Commissioning Strategy Group)	4	3	12	12/01/2013	Target has been achieved in quarters 1 and 2.
Commission services to deliver for the Cancer Reform Strategy	(Karen Richardson : Commissioning)	Vital Signs PHQ07-09 Cancer 31 day waits (surgery, drug and radiotherapy) (Cancer Commissioning Strategy Group)	4	3	12	12/01/2013	All three of these targets have been achieved in both quarters 1 and 2.
Commission services to deliver for the Cancer Reform Strategy	(Karen Richardson : Commissioning)	Vital Signs PHQ03 all cancer 2 month urgent referral to treatment wait (Cancer Commissioning Strategy Group)	4	3	12	12/01/2013	Achieved this target in quarters 1 and 2. Weekly performance updates with Salford Royal continue to take place.
Develop Hundreds Health Salford as a competent commissioning body							
Deliver a programme of work around NHS Continuing Healthcare	(Jacquie Purser : Commissioning)	Team/Sub Objective (Continuing Care Commissioning Strategy Group)	4	3	12	14/08/2012	As there is still lack of clarity in direction of travel for CHC there is still a risk this objective may not be achieved
Progress the transition work streams, to support local delivery of the NHS White Papers / Health Bill							

Deliver the resilience requirements	(Sharron Germani : Deputy Chief Executive)	Team/Sub Objective (Emergency Planning and Business Continuity)	4	3	12	03/03/2013	It is possible that this objective will not be achieved due to uncertainties around delivery of resilience in the future and the complexities in ensuring continued focus on resilience during periods of continued transition and change.
Develop and implement communication strategies/plans to support transition	(Edward Williams : Deputy Chief Executive)	If there is inadequate internal communications, this may result in a lack of stakeholder buy-in to the project (Organisational Transition Programme Board)	4	3	12	19/02/2013	Internal communications actions ongoing, including briefings and internal updates to keep staff informed. Line managers have been asked to keep their staff informed verbally - this should include any staff on secondment or maternity leave. A CCG communications plan is being developed in order to promote the aims and vision of the CCG to key internal stakeholders and partners.