

Meeting of the Governing Body

Summary sheet

Date of meeting: 1 December 20220

For: Public session (Part 1)

For: Discussion

Agenda item: Governing body assurance framework update

Author(s): Jess James, head of corporate governance

Presented by: Trudy Corsellis, deputy director of corporate governance

Lead director/GP from CCG: Clare Bryan, chief finance officer

Clinical lead: Not applicable

Executive summary

The Governing Body assurance framework (GBAF) was last formally reviewed by the Governing Body (GB) in August 2020. It was then considered at a GB development session the following month.

Discussions at the development session resulted in an undertaking to revise the sixth COVID-19 and non-COVID-19 strategic objective and its two associated principal risks (PRs). It will be amended to take account of the phase 3 planning objectives, development of the integrated care system requirements and strategic commissioning intentions. It was planned to bring the revised GBAF to GB in December 2020.

Due to the demands on the corporate governance team from the ongoing response to COVID-19, work to develop system governance structures and ensuring the safe de-commissioning of the Sedgemoor centre, the revisions and formal update of the GBAF have not been completed in time for this meeting. Directors and their senior teams are similarly stretched.

However, the GB can be assured that the corporate risk register process which underpins the GBAF has remained operational throughout this time, with risks being raised, reviewed and reported regularly through the constitutional committees, as evidenced by the reports provided to the GB from the chairs of those committees. A summary of red corporate risks is provided at appendix 1.

During a discussion with audit committee members at their November meeting, the proposed timeline for updating the GBAF was as follows:

- Update of GBAF entries via accountable directors and leads – November 2020
- GBAF to joint senior leadership team (JSLT) for consideration – 16 December 2020
- Constitutional committees consider relevant GBAF entries – January 2021
- GBAF formally reported to GB – February 2021

It was recognised many synergies will exist between NHS Kernow's risks and assurance framework and those required for the integrated care system (ICS) and programme boards. Reassurance was given to audit committee that the corporate governance team was involved in the development of the system risk and assurance mechanisms.

Recommendations and specific action the Governing Body needs to take at the meeting

The Governing Body is asked to:

1. Note the current red corporate risks at appendix 1 and enquire further, as required.
2. Consider and agree the proposal to review the GBAF for reporting to GB in February 2021.

Additional required information

Cross reference to strategic objectives

- Improve health and wellbeing and reduce inequalities
- Provide safe, high quality, timely and compassionate care
- Work efficiently so health and care funding give maximum benefits
- Make Cornwall and the Isles of Scilly a great place to work
- Create the underpinning infrastructure and capabilities critical to delivery

Evidence in support of arguments: All NHS organisations are expected to have an assurance framework which is regularly reviewed by the Governing Body. The corporate governance team have been providing support to the incident control centre throughout the COVID-19 incident and are also heavily involved in supporting the health and safety of staff while working from home and in offices during the pandemic as well as ensuring the safe and timely de-cant of the Sedgemoor centre offices.

Engagement and involvement: Risks are updated by managers and reviewed by Directors regularly. In addition red and high amber risks are reported to the 4 constitutional committees.

Communication and/or consultation requirements: None highlighted. The assurance framework is reported to the Governing Body's public meeting.

Financial implications: Financial risks are included in the GBAF. PR5 relates directly.

Review arrangements: Red and high amber risks reviewed by owners monthly. audit committee review effectiveness of the GBAF.

Risk management: This report is a fundamental part of the risk management process.

National policy/ legislation: Incorporates multiple good governance guides, National Audit office recommendations.

Public health implications: PR1 relates directly to health inequalities.

Equality and diversity: PR6 (workforce) refers to inclusivity, equality and diversity as part of the key controls.

Climate change implications: NHS Kernow has a corporate risk relating to climate change which is included at appendix 1.

Other external assessment: Internal Audit (IA) 2019/20 finding of "substantial assurance". Next annual audit due in March 2021.

Relevant conflicts of interest: None to note.

Appendix 1 NHS Kernow corporate red risks

Title	Description	Current_RAG	Accountable_Director
4476 - FUPs	There is a risk that the CCG and providers are unable to restore follow up activity to the levels set out in the national guidance and subsequently are unable to restore activity to a level which avoids waits for follow up outpatient appointments which are longer than is clinically appropriate.	20	John Groom
4948 - Category 1 & 2	There is a risk that SWAST do not achieve the national ambulance response times leading to un-assessed clinical risk, poor patient safety/experience, and reputational harm.	20	Karen Kay
5001 - Stroke	There is a risk that inconsistent implementation of the stroke pathway from prevention, response and treatment to aftercare could result in poor outcomes for patients, as well as non-achievement of best practice for stroke indicators.	20	Karen Kay
6067 - UHP ED	There is a risk that UHP are unable to see and treat/admit/discharge people attending their Emergency Department in a timely and effective manner and move closer to achievement of the constitutional standard of a 4 hour maximum wait in A&E. This impacts on patient safety and experience as well as resulting in a breach of a constitutional standard (4 hour maximum wait in A&E).	20	Karen Kay
10677 - Pandemic flu	There is a risk that an influenza pandemic occurs which results in service disruption with significantly increased service demands and reduced levels of staffing as well as increased mortality. The UK National Risk Register (Cabinet Office) describes this as high risk. (There is no known way to prevent pandemic strains from evolving so the mitigation of risk focuses on response).	20	Natalie Dawn Jones
10680 - SWASFT Call Stacking	There is a risk that the stacking of Cat 2, Cat 3 and Cat 4 jobs on the SWASFT Call Stack outside of national thresholds due to the unavailability of resources and/or high demand could affect patient safety, patient experience, staff morale and performance. This is a swasft system risk that all CCGs have been asked to include in their risk register.	20	Karen Kay
10703 - neurosurgery waits	There is a risk that patients experience long waits for spinal surgery resulting in patient harm, worsening symptoms and condition and the need for additional healthcare/surgery.	20	John Groom
10706 - RTT and 52ww	There is a risk that the CCG and providers are unable to restore elective inpatient and daycase activity to the levels required by national guidance following Covid19 and subsequently are unable to restore and improve performance against national Referral to Treatment (RTT) and 52 week wait targets which impacts on patient safety and experience, performance and reputation.	20	John Groom
10709 - UHP diagnostics	There is a risk that diagnostic performance at UHP does not improve towards and ultimately meet the national 99% target, resulting in patient harm, poor performance and harm to reputation.	20	John Groom
10711 - UHP cancer targets	There is a risk that UHP fail to consistently achieve the national cancer performance targets (62 day, 31 day and 2 week waits) resulting in harm to patients, poor performance and harm to reputation.	20	John Groom

Appendix 1 NHS Kernow corporate red risks

Title	Description	Current_RAG	Accountable_Director
10756 - Coronavirus (2019-nCov)	There is a risk that the pandemic caused by COVID-19 results in prolonged and/or significant disruption to NHS Kernow business continuity	20	Natalie Jones
10775 - delays to in hospital treatment	There is a risk that patients are harmed due to long waits for treatment while capacity in hospitals is reduced due to COVID19 measures (for example social distancing, new cleaning regimes and the need for PPE). Delays could lead to significant/long term harm to patients and increased complexity/acuity of treatment.	20	John Groom
10779 - Grip and Control	There is a risk that there is insufficient governance and rigour to deliver the actions identified as part of the grip and control self-assessment.	20	Clare Bryan
4156 - DTOC	There is a risk that we are unable to reduce the significant numbers of delayed transfers of care in hospital bed bases, leading to unnecessary lengths of stay, delays in appropriate care and poor patient experience. 📧	16	Jonathan Price
4120 - RCHT ED	There is a risk that RCHT are unable to see and treat/admit/discharge people attending their Emergency Department in a timely and effective manner. This impacts on patient safety and experience as well as resulting in a breach of a constitutional standard (4 hour maximum wait in A&E).	16	Karen Kay
4108 - Ambulance turnaround	There is a risk that ambulance turnaround at RCHT and PHT falls outside national expectations putting patient care at risk and resulting in failure of a key target.	16	Karen Kay
10750 - Community Deprivation of Liberty	There is a risk that NHS Kernow CCG are unable to meet their statutory responsibility in ensuring that all identified persons have a Community Deprivation of Liberty authorisation via the Court of Protection.	16	Natalie Jones
10760 - Implementing the HR/OD service review	There is a risk that if the outcomes and recommendations made by the Human Resources and Organisational Development service review undertaken in February 2019 are not addressed that there will not be a suitable and sufficient level of HR and OD support for the organisation to achieve its priorities. Without sufficient resource and clear remit there is a risk that unreasonable expectations and lack of clear service delivery model will negatively impact on the team trying to delivery services in this context	16	Clare Bryan

Appendix 1 NHS Kernow corporate red risks

Title	Description	Current_RAG	Accountable_Director
10772 - Communicable Disease Outbreaks	There is a risk of missed opportunity to prevent outbreaks and failure to manage and control outbreaks due to the complex nature and fragmented governance of mechanisms in place in the recovery phase of the COVID19 pandemic and evolving health & care architecture. Communicable disease outbreaks affect mortality, morbidity, patient/service user flow, staff capacity, health and care usual business and impacts the wider population. There are costs to population health, health and care organisational reputation and finance.	16	Natalie Dawn Jones
10773 - Avoidable Healthcare Associated Infections	There is a risk to patients and service users across the health and care system from avoidable healthcare associated infections.	16	Natalie Jones
10777 - delays to diagnosis	Reduced capacity in diagnostic providers due to COVID19 measures and reduced GP referral rates mean there is a risk that patients are harmed due to long waits for diagnosis. Delays could lead to significant/long term harm to patients and increased complexity/acuity of treatment.	16	John Groom
10778 - delays - community based services	There is a risk that people are harmed by delays in access to community based services as a result of COVID19 measures restricting capacity/activity. Delays in access can delay recovery, increase acuity and result in otherwise avoidable treatments and admissions.	16	John Groom
10791 - Delivery of NHS 111 and GP Out of Hours	There is a risk that the contract with RCHT for the delivery of NHS 111 and GP Out of Hours becomes financially and operationally unviable, due to the increase in activity and national service requirements which are not funded within the block contract, which may result in poor performance and outcomes, reputational damage, and the failure of the contract	16	Andrew Abbott
10676 - SLS spend	There is a risk of the overall cost of the SLS cohort increasing, leading to adverse impact on financial performance.	15	Jonathan Price
10763 - Carbon Neutral by 2030	There is a risk that insufficient actions are taken to allow the Cornwall Health and Care Partnership to become carbon neutral by 2030 in line with it's commitment. The warming climate due to emissions from human activity, coupled with the rate of loss of biodiversity and ecosystems threatens or severely impacts all life on our planet.	15	Clare Bryan
10776 - Quality team business as usual capacity	There is a risk that the CCG does not have the required resource to continue the business as usual functions including effective quality assurance; patient safety concerns response; safeguarding assurance/ response. The limited capacity will place the CCG at risk of not fulfilling a number of statutory functions/ requirements.	15	Natalie Jones