Governing Body

Summary sheet

Date of meeting: 2 February 2021
For: Public session (Part 1)
For: Decision

Agenda item: Governing Body Assurance Framework

Author(s): Jess James, head of corporate governance, NHS Kernow
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Lead director/GP from CCG: Claire Bryan, chief finance officer
Clinical lead: Not applicable

Executive summary

The governing body assurance framework (GBAF) contains the nine principal risks (PRs) identified which could prevent NHS Kernow from achieving its strategic objectives. It is underpinned by the corporate risk register.

The governing body (GB) reviewed the GBAF at its formal meeting in August 2020 during which the addition of a sixth strategic objective and associated principal risk (PR) was agreed. These were then discussed further at a development session the following month resulting in an undertaking to revise the new strategic objective and any associated PRs. The revised strategic objective and principal risk are presented for GB approval in section 2.

Following discussions at the workforce committee and the audit committee, GB is asked to agree the amendment of the executive lead for PRs 8 (system governance) and 9 (commissioning) to Helen Charlesworth-May.

In light of the anticipated end of year financial position for 2020/21, GB is asked to consider whether the score of 25 for PR5 (finance) remains appropriate (while noting it may also change again when 2021/22 expectations are received).

Appendix 1 contains a high level overview of the GBAF while appendix 2(A to I) provides an A4 summary for each of the 9 PRs[i].

Appendix 3 contains details of corporate red risks.

Shaping services we can all be proud of

Section 4 contains 4 red rated corporate risks which have been requested for removal. As they are rated red, GB agreement is required. In each case the removal is requested as the risk entry has been replaced by a new risk covering the same subject.

The NHS Kernow risk strategy and policy was last ratified by GB in February 2020. Section 5 proposes a change to the frequency and method of review of this policy to bring it into line with other NHS Kernow policy documents.

Recommendations and specific action the governing body needs to take at the meeting

- Agree the revised wording of the new strategic objective 6 and associated principal risk 9.
- Confirm the 6 strategic objectives shall continue to be used for 2021/22.
- Agree the executive lead for PR 8 and 9 as Helen Charlesworth.
- Consider the GBAF and principal risks as presented in appendix 1 and 2.
- Confirm the essential controls identified are accurate, noting where these are already in place, and where there are gaps with actions to address.
- Seek clarification, where required, on the assurances provided (and any identified gaps).
- Note the current principal risk scores, considering their appropriateness given the existing controls and assurances.
- In particular consider the score for PR5 (finance) in light of anticipated end of year position for 2020/21.
- Agree the removal of the corporate risks highlighted in section 4 of this report.
- Consider the red corporate risks in appendix 3.
- Agree the proposal in section 5 that the NHS Kernow risk management strategy and policy move to a three-yearly review and that minor amendments may be ratified by joint senior leadership team, executive senior management team or equivalent and this process be reported to governing body for assurance.

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 board.

Engagement and involvement: GBAF entries are reviewed by corporate governance and senior leads in each area as well as by the named executive leads. The GBAF entries were also discussed at the joint senior leadership team meeting on 16 December 2020.

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: The GBAF is reviewed regularly by the Governing Body and annually by TIAA, NHS Kernow's internal auditors. It is also reviewed twice a year by the Audit Committee.

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: None to note.

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.

Main report

1.   Contents

Section 2 provides a narrative analysis of the GBAF while section 3 provides an overview of the controls, assurances and proposed mitigations.

Appendix 1 provides a high level summary of the GBAF while appendix 2 provides a summary for each of the nine principal risks (PRs).

Section 4 covers corporate risks, including new risks, red risks and risks for removal by the GB.

Appendix 3 provides details of current corporate red risks

Section 5 relates to the NHS Kernow risk management strategy and policy.

2.   Assurance Framework

Following its last consideration by GB the GBAF has been reviewed and updated with the executive team and constitutional committees. This included revision of the wording for strategic objective 6 and the PR associated with it as well as the control and assurance details which have been amended to take account of the phase 3 planning objectives, development of the integrated care system requirements and strategic commissioning intentions. The new strategic objective and PR now read as follows and GB is asked to approve these:

Strategic objective 6: Ensure the commissioning of services takes account of COVID19 recovery plans, any subsequent peaks of infection as well as agreed Long Term Plan expectations.
Principal risk 9: Commissioning of services. NHS Kernow and system partners are unable to optimise resources resulting in constrained capacity services, longer waiting times and continued health and care inequalities.

In January, audit committee were asked to consider the definition of "executive lead" as applied to each PR. The committee agreed the definition as "a director who is a GB member", noting that the NHS Kernow constitution defines GB members as those with a vote at GB. They agreed each PR should have an executive lead and could also have a 'senior lead' who could be for example a director who was not a GB member. As a result the entries for PRs 8 and 9 have been updated to identify Helen Charlesworth-May, chief officer, as executive lead with Carolyn Andrews, system transformation director, as senior lead.

2020/21 has been an atypical year in terms of finance, with changes to approach and priority due to the CIVID19 response. GB is asked to consider whether the score of 25 for PR5 (finance) remains appropriate for 2020/21 (while noting it may also change again when 2021/22 expectations are received).

Proposed changes to terms of reference of workforce committee to become the people and organisational governance (POG) committee are presented to GB today also. The GBAF entries at appendix 1 and 2 assume these changes are approved.

The tables below outline the principal risks, how they map to the strategic objectives, their risk scores and the status of their key controls.
✔ = control in place.   ! = control partially in place.   ✖ = control not in place.

1: Strategic objective - Improve health and wellbeing and reduce inequalities

Principal risk	Risk (LxI)	1	2	3	4	5
NHS Kernow and system partners do not work together to actively reduce health inequalities in the services we offer.	4x4=16 (red)	✔	!	✔	!	✔

2: Strategic objective - Safe, high quality, timely and compassionate care

Principal risk	Risk (LxI)	1	2	3	4	5
Partners do not deliver safe and clinically effective care.	4x4=16 (red)	✔	✔	✔	✔	✔
Partners are unable to consistently and sustainably deliver timely access to care.	5x4=20 (red)	!	!	✖	!	!
Partners do not deliver a positive experience of care	3x4=12 (high amber)	!	!	✔	✔	✔

3: Strategic objective - Working efficiently

Principal risk	Risk (LxI)	1	2	3	4	5
Inability to deliver NHS Kernow's agreed financial plan	5x5=25 (red)	✔	!	✖	✔	✖

4: Strategic objective - A great place to work

Principal risk	Risk (LxI)	1	2	3	4	5
Workforce health, morale, capacity or capability in NHS Kernow impacts our ability to move from good to great.	5x3=15 (red)	✖	!	!	✖	✔
CCG does not comply with core governance and assurance requirements.	2x4=8 (amber)	✔	✔	✔	✔	✔

Strategic objective 5: Infrastructure and capabilities

Principal risk	Risk (LxI)	1	2	3	4	5
Structures and/or governance arrangements impact our ability to effectively transform care and harm relationships.	4x5=20 (red)	!	!	!	✔	✔

Strategic objective 6: Commissioning of services

Principal risk	Risk (LxI)	1	2	3	4	5
NHS Kernow and system partners are unable to optimise resources resulting in constrained capacity services, longer waiting times and continued health and care inequalities	4x5=20 (red)	✔	✔	!	!	✖

The tables above reveals of the 45 essential, key controls identified:
- 23 are in place (✔)
- 16 are partially in place (!)
- 6 are not yet in place (✖)

3.   Principal Risks – Controls and Assurances

The gaps in controls and assurances for each principal risk are outlined below:

Strategic objective: Improve health and wellbeing. Gaps in controls and assurances and actions to mitigate	
(1) NHS Kernow and system partners do not work together to actively reduce health inequalities in the services we offer. Risk Score = 16	**Controls:** 1x ✖, 1x ! 3x✔ ✖ – Active engagement and input into the system boards, and assurance mechanism for this, is to be established. A system-wide health inequalities group has been established which is chaired by Rachel Wigglesworth, director of public health. This group will support the development of a co-ordinated work programme with regular updates to GB, the system board, partnership senate and health and wellbeing board. ! - The Joint Strategic Needs Assessment (JSNA) contains some place based data. Population Health Summaries at ICA/PCN level being finalised. A named lead for population health management modelling is to be identified. **Assurance:** No specific gaps are noted. However, as work on this area progresses additional assurance sources, such as local targets may be identified.

Strategic objective: Safe, high quality, timely and compassionate care. Gaps in controls and assurances and actions to mitigate	
(2) Partners do not deliver safe and clinically effective care Risk Score = 16	**Controls:** 5x ✔ **Assurance:** Negative assurance continues through presence of a number of corporate red risks relating to patient safety. While controls are in place, risk remains in the system.
(3) Partners are unable to consistently and sustainably deliver timely access to	**Controls:** 1x ✖ 4x ! It is recognised the prolonged nature of the pandemic is impacting on this principal risk and agreed recovery plans, trajectories and KPIs are unlikely to be in place before the end of the financial year.

Strategic objective: Safe, high quality, timely and compassionate care. Gaps in controls and assurances and actions to mitigate	
care Risk Score = 20	✘ – The development of recovery plans by providers and oversight of these has been impacted by COVID19 activity. ❗ – The development of revised performance trajectories is underway and evolving as the impacts of COVID19 are identified. ❗ – Key performance indicators (KPIs) continue to be reported to key committees, however a number of KPIs have been 'stood down' centrally during the pandemic to allow prioritisation of effort. ❗ – System performance dashboards remain under development, with plans to create a central business intelligence team. Progress has been delayed by the need to prioritise COVID19 response and recovery. ❗ – Shared priorities and redesigning of services are being considered throughout work to respond to COVID19, with temporary changes to services driven by the pandemic. This work continues to be monitored at system and individual organisational level. **Assurance:** The "performance" PR has a number of strong negative assurances. Delivery of performance targets has been impacted by on-going COVID19 response and recovery.
(4) Partners do not deliver a positive experience of care Risk Score = 12	**Controls:** 2x ❗ 3x✔ ❗ – Active engagement to understand how changes instigated due during the pandemic have impacted experience of care is ongoing, limited engagement work has taken place and more is expected during 2021/22. The CCG is currently reviewing the Citizens Advisory Panel terms of reference and will be co-creating a workplan with members of the group for the coming year. ❗ – The aim is to review the quality impact assessments received from across the system by the end of March 2021 **Assurance:** Assurance outcome is variable, with some measures stood down during the pandemic.

Strategic objective: Working efficiently so health and care funding gives maximum benefits. Gaps in controls and assurances and actions to mitigate	
(5) Inability to deliver NHS Kernow's agreed financial plan	**Controls:** 2x ✘, 1x ❗ 2x✔ ✘– Costed transformation plans will be developed and agreed as the system recovers from the current COVID19 response. ✘– Due to the COVID19 funding arrangements, a

Strategic objective: Working efficiently so health and care funding gives maximum benefits. **Gaps in controls and assurances and actions to mitigate**	
Risk Score = 25	breakeven position is expected for 2020/21. However, this does not negate the need to develop robust system wide agreed recovery plans for 2021/22. Details are being developed as part of the system executive group. **!** – Financial recovery processes, linked to COVID19 trajectories are being developed supported by the business planning and performance group. **Assurance:** There are many sources of assurance in place for this PR. However, system-wide recovery plans are fundamental and are yet to be agreed for 2021/22.

Strategic Objective: Make Cornwall and the Isles of Scilly a great place to work in health and social care. **Gaps in controls and assurances and actions to mitigate**	
(6) Workforce health, morale or capacity/ capability in NHS Kernow impacts ability to move from good to great Risk Score = 15	**Controls:** 2x **✗**, 2x **!** 1x**✓** **✗** – The NHS Kernow organisational development plan is to be revised to reflect the changing needs of the CCG in light of strategic commissioning and integrated care systems. **✗** - Workforce planning will likewise be influenced by the future needs of the organisation and the system-wide people plan, work on this is currently underway. **!** – The existing wellbeing strategy is being reviewed to reflect changes to ways of working. The outcome of the current staff survey may also inform work in this area. **!** - Systems are in place for equality, diversity and inclusivity, however further work on this area is planned. **Assurance**: Some HR processes, such as appraisals, have been affected by the reprioritisations resulting from the COVID19 response. The results of the 2020 staff survey will provide updated assurance in due course.
(7) CCG does not comply with core governance and assurance requirements Risk Score = 8	**Controls:** 5x**✓** **Assurance:** Internal audits on information governance, conflicts of interest and risk and assurance will be completed for 2020/21.

Strategic Objective: Create the underpinning infrastructure and capabilities that are critical to delivering high quality care and support. **Gaps in controls and assurances and actions to mitigate**	
(8) Inappropriate structures and/or	**Controls:** 3x **!** 2x**✓** **!** – A systemwide transformation programme based in

Strategic Objective: Create the underpinning infrastructure and capabilities that are critical to delivering high quality care and support. Gaps in controls and assurances and actions to mitigate	
governance arrangements may impact our ability to effectively transform care and harm relationships with system colleagues and other stakeholders Risk Score = 20	long term plan and health and wellbeing board priorities is being developed by the system transformation director in conjunction the newly created CCG programme management office and the system programme boards. ! – Work is ongoing and progressing to revise the remits of the system boards lead by STP chair and system leaders board. ! – Systemwide quality, risk and assurance framework development will be guided by the development of the integrated care system. A combined risk report has been presented to joint senior leadership team and once objectives and KPIs are agreed for the programme boards, the next step is to develop their bespoke risk registers too. **Assurance:** Several sources of assurance based on evidence of system agreement to shared plans are awaited, as those plans are in development currently.

Strategic Objective: Ensure the commissioning of services takes account of COVID19 recovery plans, any subsequent peaks of infection as well as agreed long term plan expectations. Gaps in controls and assurances and actions to mitigate	
(9) NHS Kernow and system partners are unable to optimise resources resulting in constrained capacity services, longer waiting times and continued health and care inequalities. Risk Score = 20	**Controls:** 1x ✗ 2x ! 2x ✓ ✗ –Costed transformation plans to be agreed by Q1. ! – System programme board priorities are to be shared at public meetings from February onwards. ! – A system financial memorandum of understanding is being progressed through system and sovereign boards in January 2021 **Assurance:** While some assurances sources are identified, these will evolve as plans and expectations are agreed.

Having considered the above, governing body members are asked to confirm whether:
- the current or target risk scores remain accurate
- the current key controls and assurances, and assessments of these, require augmenting or changing.

4.   Corporate Risk Register

Good governance dictates the GB regularly sees its corporate red risks. GB last saw its red corporate risks in December 2020. No new red risks have been added to the register since the December 2020 report. One red risk has been escalated, from a score of 15 (red) to 20 (also red):

Title	Description	Current score	Accountable director
10676 - SLS spend	There is a risk of the overall cost of the SLS cohort increasing, leading to adverse impact on financial performance.	20	Jonathan Price

Appendix 3 contains a summary of the current corporate red risks. Corporate red risks also feature as individual assurances against the 9 PRs.

Corporate risks are regularly reviewed by accountable directors and risk owners, with high scoring corporate risks also reviewed through the quality (Q), finance and performance (FP) people and organisational governance (POG) and primary care commissioning (PC) committees.

Tables 1 to 4 below provide an overview of the changes to the corporate risk register in recent months. This provides the GB with assurance that the register is being maintained as a dynamic record of risks.

1 New risks added since October 2020

Risk title	Committee	Risk score
10791 - Delivery of NHS 111 and GP Out of Hours	PC	16 (Red)
10792 - Inter/Intranet - skills/resilience	POG	8 (Amber)

2 Current draft risks

Risk title	Committee	Risk score
10793 – Section 75 agreements	FP	9 (Amber)
10795 – Severe weather	POG	6 (Yellow)

This shows risks which are currently draft and being considered before going 'live' on the register. There is also one draft confidential risk being managed by FP committee.

3 Red risks for closure

Risk title	Committee	Risk score	Reason for closure
4840 - UHP FUPs)	FP	20(Red)	4476 (red) now covers this risk.
10707 - UHP RTT and 52ww	FP	20(Red)	10706 (red) has been amended to cover this risk
10709 - UHP diagnostics	FP	20(Red)	This risk has been replaced with 10777 (red)
10735 - Demand (FRP related)	FP	16 (Red)	This risk has

Risk title	Committee	Risk score	Reason for closure
		   	been replaced with 10766 (high amber)

These four red corporate risks have previously been agreed for closure by FP. As red corporate risks they require GB approval before they can be removed from the register.

4 Risks closed since October 2020

Risk title	Committee	Risk score
7007 – Sedgemoor phone system	POG	9 (Amber)

Non-red corporate risks can be closed by the relevant constitutional committee. They are included here for information and assurance.

Chart 1 (below) provides an overview of the number of corporate risks of each colour on the register over time. It allows the GB to see changes in both the total number of risks, and the proportions of high, medium and low risks within that total.
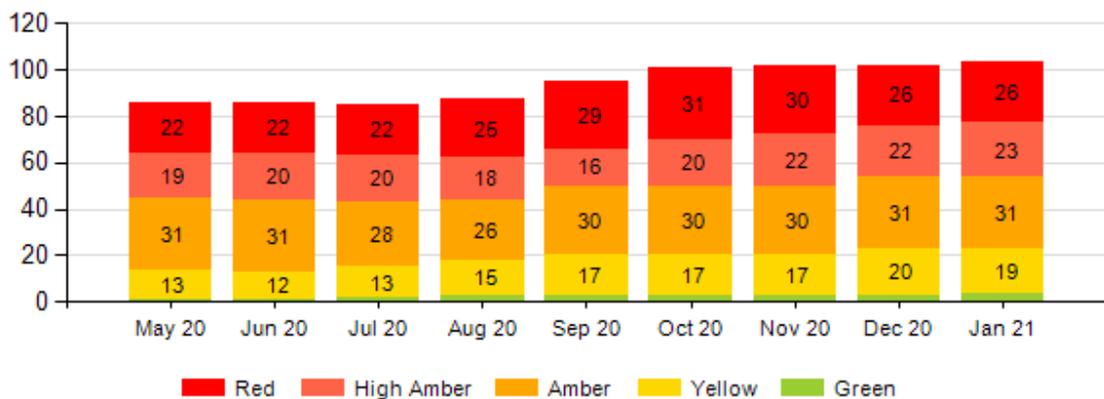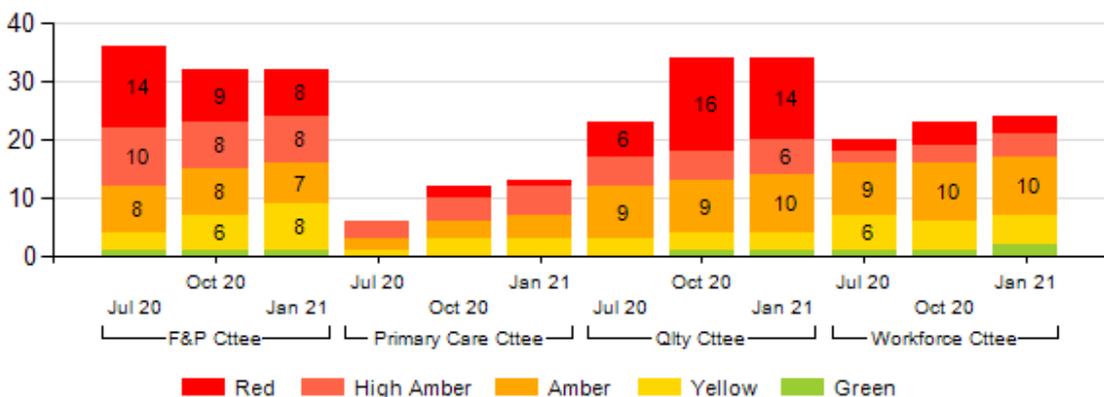
Risk Profile Over Last 9 Months

Chart 2 (below) allows GB to see the relative risk profiles of each committee and also gives an indication of how the risk profile of NHS Kernow is distributed between thematic areas.

Risk Profile Over Last 3 Quarters by Committee

5. NHS Kernow risk management strategy and policy

The NHS Kernow risk strategy and policy was last ratified by GB in February 2020. It has been reviewed and no significant changes to the approach taken by NHS Kernow as laid out in the document have been identified. It has been updated to reflect changes to individuals' roles and to the remits and naming of committees.

The policy has previously been formally reviewed and re-ratified by the GB annually. Corporate governance would like to propose that it moves in line with other corporate policies to have a formal review every three years. If there are notable changes in national guidance or local process in the intervening years, the policy can be reviewed and updated sooner than scheduled. This proposal has been discussed with our internal auditors who had no objections.

In line with the policy on review and ratification, significant changes to the risk management strategy and policy would require GB ratification, while more minor amendments, such as those this year, could be ratified by joint senior leadership team, and executive senior management team or equivalent and this process could be reported to GB for assurance. If GB is in agreement, the minor amendments made to the document this year will be taken through one of these forums for ratification.

6. Recommendations

- Agree the revised wording of the new strategic objective 6 and associated principal risk 9.
- Confirm the 6 strategic objectives shall continue to be used for 2021/22.
- Agree the executive lead for PR 8 and 9 as Helen Charlesworth.
- Consider the GBAF and principal risks as presented in appendix 1 and 2.
- Confirm the essential controls identified are accurate, noting where these are already in place, and where there are gaps with actions to address.
- Seek clarification, where required, on the assurances provided (and any identified gaps).
- Note the current principal risk scores, considering their appropriateness given the existing controls and assurances.
- In particular consider the score for PR5 (finance) in light of anticipated end of year position for 2020/21.
- Agree the removal of the corporate risks highlighted in section 4 of this report.
- Consider the red corporate risks in appendix 3.
- Agree the proposal in section 5 that the NHS Kernow risk management strategy and policy move to a three-yearly review and that minor amendments may be ratified by joint senior leadership team, executive senior management team or equivalent and this process be reported to governing body for assurance.

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i This report has been revised to improve its accessibility. However, appendices 1 and 2 are currently not compliant with accessibility guidance. Much of the detail of those appendices is presented within

the report. If you would like more, accessible, information on appendix 1 and/or 2 please email us using kccg.contactus@nhs.net

Appendix 1

Governing Body Assurance Framework - High Level Summary (data as at Nov/December 2020)

#1 Strategic Objective: Improve health and wellbeing and reduce inequalities by working in partnership and creating opportunities for our citizens.		Initial	Current	Tolerance	Gap	No. of Controls - Ratings ✔	No. of Controls - Ratings ⚑	No. of Controls - Ratings ✖
Principal Risk (1):	NHS Kernow and system partners do not work together to actively reduce health inequalities in the services we offer.	4x4=16	4x4=16	3x4=12	4	3	1	1

Key Points to Note: System working is critical to this strategic objective and principal risk. There has been an increase in the number of key controls identified as in place. Key controls are developing through the work of Public Health colleagues, with efforts also ongoing to improve and embed a focus on health inequalities across the system boards. This is also a key feature of the long term plan. Public Health colleagues are heavily involved with the ongoing Covid19 response.

#2 Strategic Objective: Provide safe, high quality, timely and compassionate care and support in local communities wherever possible and informed by people who use services.		Initial	Current	Tolerance	Gap	No. of Controls - Ratings ✔	No. of Controls - Ratings ⚑	No. of Controls - Ratings ✖
Principal Risk (2):	Partners do not deliver safe and clinically effective care.	4x5=20	4x4=16	3x3=9	7	5	0	0
Principal Risk (3):	Partners are unable to consistently and sustainably deliver timely access to care.	4x5=20	4x5=20	3x3=9	11	0	4	1
Principal Risk (4):	Partners do not deliver a positive experience of care.	3x4=12	3x4=12	3x4=12	0	3	2	0

Key Points to Note: This strategic objective is at risk particularly for timely access to care and has been significantly affected by actions necessary as a result of COVID19, although PR2 is now showing all key controls as in place and PR4 is also showing an improvement in the number of key controls in place.
The majority of the CCG's corporate red risks sit as sources of (negative) assurance on this objective. The assurances are frequently deemed strong/reliable as they come from constitutional metrics and nationally collected data.

#3 Strategic Objective: Working efficiently so health and care funding gives maximum benefits.		Initial	Current	Tolerance	Gap	No. of Controls - Ratings ✔	No. of Controls - Ratings ⚑	No. of Controls - Ratings ✖
Principal Risk (5):	Inability to deliver NHS Kernow's agreed financial plan (which may also lead to legal directions)	3x5=15	5x5=25	3x3=9	16	2	1	2

Key Points to Note: This risk remains at the highest possible score. As a consequence the gap between the current score and tolerance score is also very high (16). A number of key controls are not yet in place though these are in development.
As we moved into the initial recovery phase of COVID19 in Q2, greater focus and importance returned to ensuring financial sustainability. There has subsequently been a need for renewed focus on COVID19 response.

#4 Strategic Objective: Make Cornwall & the Isles of Scilly a great place to work in health and social care.		Initial	Current	Tolerance	Gap	No. of Controls - Ratings ✔	No. of Controls - Ratings ⚑	No. of Controls - Ratings ✖
Principal Risk (6):	Poor workforce health, staff morale plus inadequate capacity or capability in NHS Kernow will impact our ability to move from good to great.	3x3=9	5x3=15	2x3=6	9	1	2	2
Principal Risk (7):	The organisation does not comply with core governance/corporate requirements and is unable to provide the appropriate assurances.	1x4=4	2x4=8	1x4=4	4	5	0	0

Key Points to Note: Recent updates show an improvement in key controls for PR6 and PR7, although only one remains identfied as fully in place for PR6. A number of controls require development due to the changed needs of the workforce and governance as a result of Covid19 as well as preparation for strategic commissioning and integrated care systems. Some sources of assurance are awaited and are expected to be received before the next report to GB.
Maintaining workforce health and wellbeing following Covid19 is a priority for the CCG and system partners.

#5 Strategic Objective: Create the underpinning infrastructure and capabilities that are critical to delivering high quality care and support.		Initial	Current	Tolerance	Gap	No. of Controls - Ratings ✔	No. of Controls - Ratings ⚑	No. of Controls - Ratings ✖
Principal Risk (8):	Inappropriate structures and/or governance arrangements may impact our ability to effectively transform care and harm relationships with system colleagues and other stakeholders.	4x4=16	4x5=20	2x5=10	10	2	3	0

Key Points to Note: Progress on system governance has been delayed by Covid19, but the pandemic has also provided new opportunities to work as a system, which may result in positive progress as we move into recovery. The revised PR following GB discussion takes account of the national requirement to become an integrated care system (ICS) by April 2021.

NEW: #6 Strategic Objective: Ensure the commissioning of services takes account of COVID19 recovery plans, any subsequent peaks of infection as well as agreed Long Term Plan expectations.		Initial	Current	Tolerance	Gap	No. of Controls - Ratings ✔	No. of Controls - Ratings ⚑	No. of Controls - Ratings ✖
New: Principal Risk (9)	NHS Kernow and system partners are unable to optimise resources resulting in constrained capacity services, longer waiting times and continued health and care inequalities.	4x5=20	4x5=20	2x5=10	10	2	2	1

Key Points to Note: This is a new SO and PR, and reflects a new and unexpected context to which the CCG and health and care system must adapt. Consequently it is likely key controls and assurances may change in the coming weeks and months. Covid19 recovery is also woven into several other PRs as would be expected.

NHS Kernow Governing Body Assurance Framework

Strategic Objective #5: Improve health and wellbeing and reduce inequalities by working in partnership and creating opportunities for our citizens.

Principal Risk No. (1): Health Inequalities

NHS Kernow and system partners do not work together to actively reduce health inequalities in the services we offer.

Initial Risk Score (LxI)	4x4=16
Current Risk Score (LxI):	4x4=16
Target Risk Score (LxI):	1x4=4
Tolerance score (LxI)	3x4=12

DATE: November 2020

Exec Lead: H. Charlesworth-May

Senior lead: R. Wigglesworth

Committee: F&P

Proximity: 3-6 mths
Movement this Qtr:

Essential/Fundamental Controls required	In Place?
These are the main, critical structures, systems and processes which prevent the risk from happening, from escalating or which reduce the impact of the risk should it happen. (The number of controls are consciously limited to 5.)	
Health inequalities logic framework approved by System to implement collective action, including addressing impact of	✔
Placed based health inequalities data packs available at suitable level (JSNA, ICA level, PCN level)	❗
Priorities on inequalities agreed as part of ICS	✔
Active engagement and input into the four system boards to ensure prevention and inequalities are core considerations	✖
COVID19 surveillance and modelling led by Public Health team to determine triggers to identify subsequent potential peaks	✔

NB: Assurances with a "" are underline corporate red risks (Risk no. & score in brackets)*

Essential Assurance Sources *(Evidence the controls are effective)*	Assurance Quality	Assurance Outcome	Date of Assurance
Healthy life expectancy (male, nat av 63.4)	moderate	62.5	2016-18
Healthy life expectancy (female, nat av 63.9)	moderate	64.3	2016-18
% Health checks for people with LD (75%)	moderate	87%	2018/19
Inpatient care for people with LD/autism	moderate	awaited	awaited
Pop'n coverage – MMR 2 doses (95%)	moderate	91.2%	2019/20
Bowel screening, aged 60-74, last 36m	moderate	66.6%	2019/20
Breast screening, aged 50-70, last 36m	moderate	75.1%	2019/20
Cervical screening, aged 25-49 (80%)	moderate	74.4%	q1 20/21
Cervical screening, aged 50-64 (80%)	moderate	75.6%	q1 20/21

Gaps in Control	By When?
Population health management modelling to be established with named lead in post	Jan-21
Population health summaries at ICA/PCN level to be finalised	Jan-21
Assurance process for system board engagement	TBC
Health and Wellbeing Strategy, formal outcome framework and refined health inequalities priorities.	Mar-21
Clarity between System Board/Senate and Health & Wellbeing Board to best influence commissioning intentions and outcomes	TBC

Gaps in Assurance	By When?
None noted	

NHS Kernow Governing Body Assurance Framework

Strategic Objective #1: Provide safe, high quality, timely and compassionate care and support in local communities wherever possible and informed by people who use services.

Principal Risk No. (2): Safety

Partners do not deliver safe and clinically effective care.

Initial Risk Score (LxI)	4x5=20
Current Risk Score (LxI):	**4x4=16**
Target Risk Score (LxI):	1x3=3
Tolerance score (LxI)	3x3=9

DATE: November 2020

Exec Lead: N. Jones

Committee: Quality

Proximity: Now

Movement this Qtr

NB: Assurances below with a "" are corporate red risks (Risk no. & score in brackets)*

Essential/Fundamental Controls required

Essential/Fundamental Controls required	In Place?
These are the main, critical structures, systems and processes which prevent the risk from happening or escalating or which reduce the impact of the risk should it happen. (The number of controls are consciously limited to 5.)	
Planned care harm review process required with CCG oversight	✔
Process for robust/timely investigating, reporting and learning from never events and serious incidents incl. CCG sign off, oversight of National Reporting and Learning System (NRLS) data	✔
Early adopter of national patient safety incident response framework (PSIRF)	✔
Oversight/sharing of effective provider action plans as result of Covid/never events/SIs/peer reviews/litigation/CQC inspections, etc	✔
Effective quality assurance processes in place including robust quality surveillance group (QSG)	✔

Gaps in Control	By When?
Patient safety system and processes in primary care; sharing of learning; link to PSIRF	TBC
No nominated Patient Safety Specialist (NHS Patient Safety Strategy)	TBC

Essential Assurance Sources (Evidence the controls are effective)	Assurance Quality	Assurance Outcome			Date of Assurance
		RCHT	UHP	CFT	
*Stroke care (5001, 20)	moderate	20			Nov-20
*SWASFT call stacking (10680, 20)	moderate	20			Nov-20
* Outbreaks of communicable disease (10772, 16)	moderate	16			Nov-20
*Avoidable HCAI (10773, 16)	moderate	16			Nov-20
*ED waits (RCHT, 4120. UHP, 6067)	moderate	16	20		Nov-20
*Neurosurgery waits (10703, 16)	moderate	16			Nov-20
Cancelled operations	moderate				Jul-20
C Diff infections	moderate				Dec-20
CQC rating for safety	Strong	RI	RI	RI	Feb 2020/
CQC rating for effectiveness	Strong	G	RI	G	Aug 2019/
CQC rating for caring	Strong	G	OUT	OUT	July 2019
% GP practices good/outstanding	Strong	90+%			Dec-20
Never Events (20/21)	moderate	8			Dec-20
*Capacity in quality team (10776)	moderate	15			Nov-20

Gaps in Assurance	By When?
Reducing the burden - some quality metrics not submitted	TBC

NHS Kernow Governing Body Assurance Framework

Strategic Objective #1: Provide safe, high quality, timely and compassionate care and support in local communities wherever possible and informed by people who use services.	
Principal Risk No. (3): Performance	
Partners are unable to consistently and sustainably deliver timely access to care.	

Initial Risk Score (LxI)	**5x4=20**
Current Risk Score (LxI):	**5x4=20**
Target Risk Score (LxI):	**1x3=3**
Tolerance score (LxI)	**3x3=9**
Proximity:	Now
Movement this Qtr	None

DATE: November 2020

Exec Lead: C. Bryan

Committee: F&P

NB: Assurances below with a "" are corporate red risks*

Essential/Fundamental Controls required	In Place?
These are the main, critical structures, systems and processes which prevent the risk from happening, from escalating or which reduce the impact of the risk should it happen. (The number of controls are consciously limited to 5.)	
Development of revised performance trajectories taking account of the level 4 pandemic and the system priorities and timescales agreed in the Recovery Phase.	❗
Performance reporting of agreed KPIs to relevant commitees/meetings.	❗
Oversight of provider action plans for meeting the agreed recovery trajectories	✖
Development of new more timely, shared system performance dashboards containing national and locally determined metrics.	❗
Recovery Phase - shared priorities agreed with redesign of services to reduce demand, improve performance and VFM.	❗

Essential Assurance Sources *(Evidence the controls are effective)*	Assurance Quality	Direction - last 3 mths (CCG)	Assurance Outcome (CCG)		Date of Assurance
			RCHT	UHP	
* Delivery of RTT/52 week waits (10706/10775/10778)	strong		🟥	🟥	Nov-20
* Delivery of ED targets (4120/6067)	strong		🟥	🟥	Nov-20
*Delivery of diagnostics targets (10709/10777)	strong		🟥	🟥	Nov-20
* Cancer targets (10710, 10711)	strong		🟧	🟥	Nov-20
Cancer 62 day targets	strong		🟥	🟥	Nov-20
*Stroke performance targets (5001)	strong		🟥		Nov-20
*111 and OOH delivery (10791)	strong		🟥		Nov-20
* delayed transfers of care (4156)	strong		🟥		Nov-20
*Ambulance response times and turnaround (4948/4108)	strong		🟥		Nov-20

Gaps in Assurance	By When?
Reporting on waiting list size to commence (covid recovery)	TBC
New, more timely, shared system performance dashboards incl national and locally determined metrics to be developed	TBC
Revised performance trajectories to be agreed and then included within assurance sources	TBC
MH CYP data to be available	TBC

Gaps in Control	By When?
Recovery trajectories and action plans to be developed	TBC
Updated performance dashboards to be produced.	TBC
Central BI team in place to improve timeliness and consistency of reporting	TBC

Appendix 2D

NHS Kernow Governing Body Assurance Framework

Initial Risk Score (LxI)	**3x4=12**

DATE: November 2020

Strategic Objective #1: Provide safe, high quality, timely and compassionate care and support in local communities wherever possible and informed by people who use services.

Current Risk Score (LxI): **3x4=12**

Target Risk Score (LxI): 1x3=3 **Exec Lead:** N. Jones

Principal Risk No. (4): <u>Experience of care</u>

Tolerance score (LxI) 3x4=12 **Committee:** Quality

Partners do not deliver a positive experience of care.

Proximity: Now
Movement this Qtr

Essential/Fundamental Controls required	In Place?
These are the main, critical structures, systems and processes which prevent the risk from happening, from escalating or which reduce the impact of the risk should it happen. (The number of controls are consciously limited to 5.)	
Active engagement with system partners to understand the impact on the experience of care in light of the changes instigated during C19 and any proposed future plans.	⚠
Quality Impact Assessments on planned service changes arising from COVID19 agreed between NHS Kernow and providers annually	⚠
Sharing of intelligence across system, including NHSE/NHSI, to inform required improvement plans, e.g. SRG, Harm Panel, QSG, Clinical Practitioner Cabinet	✔
Regular and effective quality assurance meetings taking place, including the new Quality Joint Assurance Committee (QJAC).	✔
Effective quality assurance processes in place including escalation routes	✔

NB: Assurances below with a "" are <u>corporate red risks</u> (Risk no. in brackets)*

Essential Assurance Sources *(Evidence the controls are effective)*	Assurance Quality	Assurance Outcome			Date of Assurance
		RCHT	UHP	CFT	
Cancelled operations	moderate	🟥	🟥		Jul-20
*Community deprivation of liberty (10750, 16)	moderate	🟥			Nov-20
CQC rating for caring	Strong	Gd	Outstanding	Outstanding	Feb 2020/ Aug 2019/ July 2019
CQC rating for responsiveness	Strong	RI	RI	Gd	
CQC rating for well-led	Strong	Gd	RI	Gd	
System patient engagement survey's du	moderate	awaited			
National patient surveys	moderate	cancer complete; awaiting others			
Voluntary sector feedback (maternity)	moderate	🟩			Dec-20
Complaints: referrals to ombudsman /upheld by ombudsman	moderate	none			Dec-20

Gaps in Control	By When?
QIA for SIPs across the system to be reviewed	Mar-21
20/21 contracts to be signed	TBC
Development of a wider system people experience assurance mechanism (adapting national patient experience framework)	Mar-21

Gaps in Assurance	By When?
Reducing the burden - FFT stood down during Covid19	TBC
Number of patient surveys due to report shortly	Q2

Appendix 2E

NHS Kernow Governing Body Assurance Framework

Strategic Objective #2: Working efficiently so health and care funding gives maximum benefits.

Principal Risk No. (5): Finance

Inability to deliver NHS Kernow's agreed financial plan (which may also lead to legal directions)

Initial Risk Score (LxI)	3x5=15
Current Risk Score (LxI):	5x5=25
Target Risk Score (LxI):	1x3=3
Tolerance score (LxI)	3x3=9

Current score requested for consideration by GB

DATE: November 2020

Exec Lead: C.Bryan

Committee: F&P

Proximity: 0-3 mths
Movement this Qtr None

NB: Assurances with a "" are* <u>corporate red risks</u> *(Risk no. & score in brackets)*

Essential/Fundamental Controls required	In Place?
These are the main, critical structures, systems and processes which prevent the risk from happening, from escalating or which reduce the impact of the risk should it happen. (The number of controls are consciously limited to 5.)	
Appointment of a System Transformation Director to work with system partners to develop a series of transformation plans.	✔
Financial recovery processes, in line with COVID19 trajectories, are agreed with (system) escalation arrangements in place.	❗
Costed transformation plans, in response to COVID19 and Phase 3 requirements, agreed by system partners.	✖
Additional COVID19 costs incurred are clearly documented.	✔
System-wide financial alignment for 2020/21 agreed.	✖

Essential Assurance Sources *(Evidence the controls are effective)*	Assurance Quality	Assurance Outcome	Date of Assurance
Sign off 20/21 financial plans by NHSE/I	Moderate	awaited	
IAF finance sustainability rating (19/20)	Moderate	awaited	
* Grip and control (10779, 20)	Moderate	(red)	Nov-20
* SLS spend/savings (10676, 20)	Moderate	(red)	Nov-20
Delivery of savings against 20/21 plan	Moderate	(red)	Jul-20
External Audit year end review	Moderate	(amber)	Jun-20
Internal Audit report on financial mngt	Strong	substantial	Jan-20
Assessment on FRP	Strong	(red)	Jul-20
FRP action plan progress	Moderate	(amber)	Jul-20
PMO FRP tracker live for CCG	Moderate	awaited	Aug-20
Reimbursement of COVID19 expenditure from NHSE&I	Strong	awaited	TBC

Gaps in Control	By When?
Develop sufficient, robust savings proposals to meet FRP targets	TBC
Development of action plan to improve 'grip and control' on CCG finances	complete
CCG Business Planning & Performance Group established	complete
System wide approach to be developed and agreed	TBC
System Transformation Director appointed	complete

Gaps in Assurance	By When?
Financial recovery trajectories awaited	TBC
Corporate risks related to FRP targets to be developed	TBC
Reporting out from new PMO (tracker) to be established	Aug-20
Delivery of provider internal CIP schemes reviewed/reported to BPPG & FC	TBC

*This is an atypical financial year, with national changes to allocations and approaches in year due to COVID19. This PR will be updated in line with guidance issued for 2021/22

NHS Kernow Governing Body Assurance Framework

Strategic Objective #4: Make Cornwall & the Isles of Scilly a great place to work in health and social care.

Principal Risk No. (6): Workforce Health

Poor workforce health, staff morale plus inadequate capacity or capability in NHS Kernow will impact our ability to move from good to great.

Initial Risk Score (LxI)	3x3=9
Current Risk Score (LxI):	**5x3=15**
Target Risk Score (LxI):	3x3=9
Tolerance score (LxI):	2x3=6
Proximity:	3-6 mths
Movement this Qtr	

DATE: November 2020

Exec Lead: H Charlesworth-May

Committee: Workforce

Essential/Fundamental Controls required	In Place?
These are the main, critical structures, systems and processes which prevent the risk from happening, from escalating or which reduce the impact of the risk should it happen. (The number of controls are consciously limited to 5.)	
Organisational Development Plan agreed - which includes CCG and ASC/PH teams where appropriate - with an associated action plan monitored by Workforce Committee	✖
Clear, effective strategies on how we support the health and wellbeing of our workforce, paying particular attention to the known impact of the pandemic	❗
Strategies in place which support inclusivity, including effective equality and diversity mechanisms.	❗
Workforce planning - understanding of the business development needs of the organisation and how the workforce will meet it's future needs.	✖
Staff engagement strategies-established e.g. national staff survey and action plans, briefings, bulletin, away days, Staff Voice, staff awards, etc.	✔

NB: Assurances with a "" are underline corporate red risks (Risk no. & score in brackets)*

Essential Assurance Sources *(Evidence the controls are effective)*	Assurance Quality	Assurance Outcome	Date of Assurance
% staff assessed for COVID19 risk	moderate	85%	Nov-20
% 'at risk' staff assessed for C19 risk	moderate	98%	Nov-20
Appraisals (95% rolling year)	moderate	58.80%	Nov-20
Turnover (rolling year)	moderate	13.85%	Oct-20
Sickness absence (rolling yr av, target 2.75%	moderate	2.70%	Oct-20
Staff survey : clear objectives from appraisal (benchmark average 41%)	Strong	41%	Feb-20
Days lost due to anxiety/depression/ stress/other psychiatric illness (month)	Moderate	18	Oct-20
Annual leave 'backlog'	moderate	tbc	Dec-20
Staff survey work-related stress (av 35%)	Strong	39.60%	Feb-20
*Capacity in quality team (10776, 15)	moderate	15	Nov-20
* HR/OD review (10760, 16)	moderate	16	Nov-20
* Workforce resilience (10786, 12)	moderate	12	Nov-20

Gaps in Control	By When?
Clear organisational operating model based on future requirements	Mar-21
Develop improvement programme for recruitment management, systems and processes	Feb-21
Revise Organisational Development plan to sit within strategic people plan for CCG/system	Mar-21
Development of proposals and principles for post covid agile / flexible ways of working	Mar-21
Wellbeing strategy to support staff health and well-being in the workplace, including homeworking to be ratified.	Mar-21
Re-set establishment by directorate to in line with running costs targets	Mar-21

Gaps in Assurance	By When?
Risk assessment for Covid19 data awaited	complete
Gain wider feedback to ensure that engagement whilst working remotely is effective	Apr-21
2020 national staff survey results anticipated	Jan-21
Plans in place to address mandatory training and appraisals	Dec-20
Development of qualitative and quantitative measures of effective	TBC

NHS Kernow Governing Body Assurance Framework

Strategic Objective #4: Make Cornwall & the Isles of Scilly a great place to work in health and social care.

Principal Risk No. (7): Corporate Compliance

The organisation does not comply with core governance/corporate requirements and is unable to provide the appropriate assurances.

Initial Risk Score (LxI)	1x4 =4
Current Risk Score (LxI):	2x4 =8
Target Risk Score (LxI):	1x4 =4
Tolerance score (LxI):	1x4 =4

DATE: November 2020

Exec Lead: C. Bryan

Committee: Workforce

Proximity: 0.3 mths

Movement this Qtr:

NB: Assurances with a "*" are underline corporate red risks (Risk no. & score in brackets)

Essential/Fundamental Controls required	In Place?
These are the main, critical structures, systems and processes which prevent the risk from happening, from escalating or which reduce the impact of the risk should it happen. (The number of controls are consciously limited to 5.)	
Annual operating plan, financial plan, phase 3 plan submitted and agreed	✓
Annual Report, Accounts and Governance Statement approved by Governing Body and NHSE, and uploaded to website	✓
Constitutional Committees in place with annually updated terms of reference covering all key responsibilities of NHS Kernow	✓
IG, complaints, FOI, Risk & Assurance, E&D functions in place and reporting to appropriate committees and GB, where relevant	✓
NHS Kernow Constitution reviewed annually and meets the CCG's statutory and corporate governance requirements	✓

Essential Assurance Sources *(Evidence the controls are effective)*	Assurance Quality	Assurance Outcome	Date of Assurance
*Covid19 risk (10756)	Moderate	20	Nov-20
* Carbon neutral by 2030 (10763, 15)	Moderate	15	Nov-20
Internal Audit on info governance	Moderate	Substantial	Apr-20
Internal Audit on conflicts of interest	Moderate	Substantial	Apr-20
Internal Audit on risk & assurance	Moderate	Substantial	Apr-20
Annual Report and Accounts	Moderate		Jun-20
Head of Internal Audit Opinion (HoIAO)	Moderate	Reasonable	Apr-20
Operational/Financial Plan 2021 agreed	Strong	awaited	
% of ongoing Audit recommendations (last 2 year, 70 recs)	Moderate	9%	Nov-20
FOI, Complaints & WRES Annual Reports agreed/uploaded to website	Moderate		Jul-20
EPRR compliance	Moderate	Substantial	Nov-19
% of policies overdue for review	Moderate	approx 50%	Jul-20

Gaps in Control	By When?
WFC ToR reviewed, to be agreed February GB	Feb-21

Gaps in Assurance	By When?
Internal audits on information governance, conflicts of interest and risk and assurance to be completed for 2020/21	Apr-21

NHS Kernow Governing Body Assurance Framework

Strategic Objective #3: Create the underpinning infrastructure and capabilities that are critical to delivering high quality care and support.

Principal Risk No. (8) System Governance

Inappropriate structures and/or governance arrangements may impact our ability to effectively transform care and harm relationships with system colleagues and other stakeholders.

Initial Risk Score (LxI)	4x4=16
Current Risk Score (LxI):	**4x5=20**
Target Risk Score (LxI):	1x5=5
Tolerance Score (LxI):	2x5=10
Proximity:	6-12 mths
Movement this Qtr	None

DATE: December 2020

Exec Lead: H. Charlesworth-May

Senior lead: C.Andrews

Committee: Workforce

Essential/Fundamental Controls required	In Place?
These are the main, critical structures, systems and processes which prevent the risk from happening, from escalating or which reduce the impact of the risk should it happen. (The number of controls are consciously limited to 5.)	
Single system-wide transformation programme agreed and based on LTP and H&WB Board strategic objectives.	!
Revised remits and priorities agreed for each system programme board with formal performance and financial reporting in place	!
System-wide quality, risk and assurance frameworks in place with appropriate escalation mechanisms used by system boards	!
Involvement of primary care networks (PCNs) and professionals / clinicians in shaping post-COVID19 place-based care services.	✔
Clearly articulated plan to become an integrated care system (ICS) in line with national expectations. (Approved Dec 2020)	✔

NB: Assurances with a "" are underlined corporate red risks (Risk no. & score in brackets)*

Essential Assurance Sources *(Evidence the controls are effective)*	Assurance Quality	Assurance Outcome	Date of Assurance
21/22 system plan agreed by NHSE/I	Strong		TBC
Programme board risks inform a system risk register	Moderate		expected march 2021
System-wide performance metrics and/or dashboard actively used	Moderate	In dvlpt	expected end feb
21/22 saving plans assigned and discussed at appropriate system boards	Moderate	awaited	Apr-21
Capacity to deliver expected change programme within timescales	Moderate	awaited	TBC
*Joint AO risk (10762, 9)	moderate		Nov-20
Approved as an ICS by NHSE/I	Strong		Dec-20

Gaps in Control	By When?
Appointment of ICS Chief Executive to drive development of ICS	Delayed
SMART priorities and objectives agreed for Programme Boards	Jan-21
Programme board/system risk management processes	Mar-21
Formal engagement and consultation process agreed by system partners for use when developing proposed service changes	Feb-21

Gaps in Assurance	By When?
21/22 Operational plan submission	Apr-21
Signoff of 21/22 financial plans	Apr-21
Agreement of 21/22 priorities/trajectories by partners	Mar-21
ICS priorities for moving to thriving agreed with system partners	Jan-21

NHS Kernow Governing Body Assurance Framework

Initial Risk Score (LxI)	**4x5=20**
Current Risk Score (LxI):	**4x5=20**
Target Risk Score (LxI):	*1x5=5*
Tolerance score (LxI)	*2x5 =10*

Date: December 2020

Exec Lead: H. Charlesworth-May

Senior lead: C.Andrews

Committee: F&P

Strategic Objective #6: Ensure the commissioning of services takes account of COVID19 recovery plans, any subsequent peaks of infection as well as agreed Long Term Plan expectations.

Principal Risk No. (9): Commissioning of services

NHS Kernow and system partners are unable to optimise resources resulting in constrained capacity services, longer waiting times and continued health and care inequalities.

Proximity: 3-6 mths
Movement this Qtr: New Risk

Essential/Fundamental Controls required | In Place?

These are the main, critical structures, systems and processes which prevent the risk from happening, from escalating or which reduce the impact of the risk should it happen. (The number of controls are consciously limited to 5.)

Control	In Place?
Effective recovery planning arrangements in place with triggers agreed to reinstigate response phase, if needed.	✔
2020/21 planning submission agreed by system partners and submitted by expected deadline	✔
System prioritisation framework developed and relied upon when making strategic commissioning decisions.	❗
System financial memorandum of understanding in place which also approach to system financial risk management	❗
Clearly articulated transformation plans and priorities agreed and shared with the public.	✖

Gaps in Control | By When?

Gap	By When?
Share system programme board priorities at public meetings, e.g. Governing Body, H&C Partnership Senate, etc.	Feb-21
Financial MOU approved by system and sovereign boards	Jan-21
Prioritised and costed transformation plans agreed	Mar-21

NB: Assurances with a "" are underline corporate red risks (Risk no. & score in brackets)*

Essential Assurance Sources *(Evidence the controls are effective)*	Assurance Quality	Assurance Outcome	Date of Assurance
Surge alert triggers (reviewed by SIMT/HPB)	moderate	🟩	Dec-20
Capacity optimised in independent sector	moderate		
Reliance on use of the Nightingale hospital	moderate	🟩	Dec-20
NHSE/I approval of 20/21 Planning submission	strong	🟩	Dec-20
* Risks relating to delays due to elective capacity due to COVID19 restrictions	moderate	🟥	Nov-20
COVID19 costs review performed by NHSE/I	strong		
COVID19 related service costs monitored and effectiveness actively reviewed	moderate		
Strategic commissioning function's role and remit agreed by Governing Body and Council	moderate		expected end Feb 2021
Plan to meet system control total for 21/22	strong		expected end March 2021

Gaps in Assurance | By When?

Gap	By When?
Threshold for surge triggers to be kept under review	Jan-21
Health inequalities data used to inform commissioning decisions	

Appendix 3 Red Corporate Risks (January 2021).

Title	Description	Current risk score	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 Jones
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

Title	Description	Current risk score	Accountable director
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
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
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
10756 - Coronavirus (2019-nCov)	There is a risk that the pandemic caused by COVID19 results in prolonged and/or significant disruption to NHS Kernow business continuity	20	Natalie Jones
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
10676 - SLS spend	There is a risk of the overall cost of the SLS cohort increasing, leading to adverse impact on financial performance.	20	Jonathan Price

Title	Description	Current risk score	Accountable director
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
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 impact the wider population. There are costs to population health, health and care organisational reputation and finance.	16	Natalie 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
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

Title	Description	Current risk score	Accountable director
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
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 its 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