

# Governing Body Meeting front sheet

## Summary sheet

**Date of meeting:** 3 August 2021

**For:** Public session (part 1)

**For:** Decision

**Agenda item:** Governing Body assurance framework

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**Presented by:** Trudy Corsellis, deputy director of corporate governance, NHS Kernow

**Lead director or GP from CCG:** Natalie Jones, Chief Nursing Officer

**Clinical lead:** Not applicable

## Executive summary

The governing body assurance framework (GBAF) contains the 9 principal risks (PRs) identified which could prevent NHS Kernow from achieving its strategic objectives. It is underpinned by the corporate risk register.

The GBAF was last reviewed by the Governing Body (GB) in February 2021 with permission given to defer the planned May 2021 update.

At the development session in July GB members were updated on work to realign and equalise director portfolios, along with associated delivery priorities. The possibility of revising NHS Kernow's 2021/22 strategic objectives was discussed, and it was recognised this could have implications for the GBAF.

Further work has been completed since the development session which offers the opportunity to retain the current strategic objectives. The review highlighted the need to amend some of the associated principal risks to better reflect the transition arrangements to the new NHS ICS body in April 2022. During a period of constrained capacity, this approach creates time to commence development work on the system risk register and assurance framework needed by the ICS board.

The revised risk descriptions for two principal risks are detailed in the main report. They were discussed at the July 2021 Audit Committee and People and Organisational Governance Committee and are recommended to the GB for agreement.

**Appendix 1** contains a high level overview of the GBAF while **appendix 2** (A to J) provides an A4 summary for each of the 9 PRs!

**Appendix 3** contains details of corporate red risks.

## Recommendations and specific action to take at the meeting

Governing Body is asked to:

1. Agree the revised wording of the workforce principal risk to reflect the focus on transition
2. Agree the revised wording of the system governance risk to focus on transition to an ICS.
3. Agree the revised principal risk score for the experience of care which sees it move from 12 to 16.
4. Consider the GBAF and principal risks as presented in appendix 1 and 2.
5. Confirm the essential controls identified are accurate, noting where these are already in place, and where there are gaps with actions to address.
6. Seek clarification, where required, on the assurances provided (and any identified gaps).
7. Note the current principal risk scores, considering their appropriateness given the existing controls and assurances.
8. Consider the red corporate risks in appendix 3.

## 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
- Commissioning supports COVID-19, recovery plans and long-term plan expectations

**Evidence in support of arguments:** All NHS organisations are expected to have an assurance framework which is regularly reviewed by the board and audit committees.

**Engagement and involvement:** GBAF entries are reviewed by corporate governance and senior leads in each area as well as by the named executive leads

**Communication and/or consultation requirements:** None highlighted. The GBAF is presented at the GB meeting held in public.

**Financial implications:** Financial risks feature 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:** The production of the GBAF is a fundamental part of the risk management process.

**National policy or 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) 2020/21 finding of "substantial assurance" in March 2021.

**Relevant conflicts of interest:** None to note

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**FOI consideration – exemption\*:** None - item may be published

**Qualified or absolute?** None - item may be published

## Main report

### Assurance framework

The GBAF covers the 6 strategic objectives with 9 associated principal risks (PRs). The strategic objectives are given below:

1. Improve health and wellbeing and reduce inequalities by working in partnership and creating opportunities for our citizens.
2. Provide safe, high quality, timely and compassionate care and support in local communities wherever possible and informed by people who use services.
3. Working efficiently so health and care funding gives maximum benefits.
4. Make Cornwall & the Isles of Scilly a great place to work in health and social care.
5. Create the underpinning infrastructure and capabilities that are critical to delivering high quality care and support.
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.

It is proposed that the workforce PR associated with the strategic objective 4 is updated to place a greater focus on the importance of the transition arrangements to the new ICS body which could have a negative impact on staff.

- **Original wording:** Poor workforce health, staff morale plus inadequate capacity or capability in NHS Kernow will impact our ability to move from good to great.
- **Revised wording:** Failure to appropriately manage transition to ICS could result in poor workforce health, reduced staff morale plus inadequate CCG capacity or capabilities.
- **Principal risk score:** 20

In addition, the system governance PR associated with strategic objective 3 has been similarly changed to reflect the transition requirements facing NHS Kernow as well as system health and care partners.

- **Original wording:** Inappropriate structures and/or governance arrangements may impact our ability to effectively transform care and harm relationships with system colleagues and other stakeholders.
- **Revised wording:** Ineffective planning and preparation, and/or a lack of capacity, may impact on the transition arrangements for the new ICS NHS body, affecting its functioning and effectiveness for April 2022.
- **Principal risk score:** 15

GB are asked to agree the revised wording of these principal risks.

The controls and assurances for these two entries have been changed and developed to align with the new focus.

In addition, GB is asked to approve the increased risk score for principle risk 4 which relates to the experience of care. Increased demand for services is being experienced within the county, and nationally, which is impacting on service delivery and waiting times.

The tables below outline the principal risks, how they map to the strategic objectives, their risk scores and the status of their key controls. It assumes agreement to the changes to the focus of the principal risks detailed above.

✓ = control in place.      ! = control partially in place.      ✗ = control not in place.

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

Principal risk	Risk (Lxl)	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 (Lxl)	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 (Lxl)	1	2	3	4	5
Inability to deliver NHS Kernow's agreed financial plan	4x4=16 (red)	✓	✗	✗	!	✗

### 4: Strategic objective - A great place to work

Principal risk	Risk (Lxl)	1	2	3	4	5
Failure to appropriately manage transition to ICS could result in poor workforce health, reduced staff morale plus inadequate CCG capacity or capabilities.	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 (Lxl)	1	2	3	4	5
Ineffective planning and preparation, and/or a lack of capacity, may impact on the transition arrangements for the new ICS NHS body, affecting its functioning and effectiveness for April 2022.	4x5=20 (red)	!	!	!	×	×

## Strategic objective 6: Commissioning of services

Principal risk	Risk (Lxl)	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 reveal that of the 45 essential, key controls identified:

- 15 are in place (✓)
- 17 are partially in place (!)
- 12 are not yet in place (×)

## 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

<p>(1) NHS Kernow and system partners do not work together to actively reduce health inequalities in the services we offer.</p> <p>Risk Score = 16</p>	<p><b>Controls:</b> 2x ×; 1x !; 2x ✓</p> <p>× – Clarity is needed on the ICS structures which will drive reduction of inequalities. As national guidance continues to be received and considered, this clarity will improve and structures start to be developed.</p> <p>× – Active engagement and input into the system boards, and assurance mechanism for this, remains a gap. Work is ongoing through the system equalities group on considering health inequalities as part of planning.</p> <p>! - The Joint Strategic Needs Assessment (JSNA) contains some place based data. Population health summaries at ICA/PCN level are being produced. An SRO for population health management modelling has been identified.</p> <p><b>Assurance:</b> Some additional sources of assurance have been identified but data is awaited.</p>
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**Strategic objective: Safe, high quality, timely and compassionate care.**  
**Gaps in controls and assurances and actions to mitigate**

<p>(2) Partners do not deliver safe and clinically effective care</p> <p>Risk Score = 16</p>	<p><b>Controls:</b> 3x !; 2x ✓</p> <p>!- - Improvements are needed to improve how the learning from never events and serious incidents shared outside the organisation involved.</p> <p>! – The assurance processes for safeguarding which are already in place are being refined.</p> <p>! – The mechanisms already in place for reporting and assurance on safety are being considered to ensure they meet the needs of the new system oversight framework.</p> <p><b>Assurance:</b> The Ockenden report on maternity services provides an impetus to include additional, appropriate sources of assurance on maternity care.</p>
<p>(3) Partners are unable to consistently and sustainably deliver timely access to care</p> <p>Risk Score = 20</p>	<p><b>Controls:</b> 1x x; 2x !; 2x ✓</p> <p>x – Shared priorities and transformation plans need to be agreed as part of H2 operational planning submission which will need sign off in quarter 3.</p> <p>! – System performance dashboards have been developed. These must now be amended to meet the new requirements of the 21/22 system oversight framework.</p> <p>! – There is oversight of provider action plans for meeting the agreed recovery trajectories, which includes discussion of the use of independent sector providers. This control is in place, but is not yet felt to be fully effective.</p> <p><b>Assurance:</b> The “performance” PR has a number of strong negative assurances. Mental health and learning disability indicators need to be included.</p>
<p>(4) Partners do not deliver a positive experience of care</p> <p>Risk Score = 12</p>	<p><b>Controls:</b> 1x x; 1x !; 3x ✓</p> <p>x – A wider system people experience assurance mechanism (adapting national patient experience framework) needs to be developed.</p> <p>! – Quality impact assessments received from across the system in relation to H2 planning will be reviewed by the end of August 2021</p>

	<p><b>Assurance:</b> Assurance outcome is variable, with mixed negatives and positives. Experience of care is often assessed by patient report and some indicators are awaited.</p>
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**Strategic objective: Working efficiently so health and care funding gives maximum benefits.**

**Gaps in controls and assurances and actions to mitigate**

<p>(5) Inability to deliver NHS Kernow's agreed financial plan</p> <p>Risk Score = 12 (for 21/22)</p>	<p><b>Controls:</b> 3x <b>x</b>; 1x <b>!</b>; 1x <b>✓</b></p> <p><b>x</b> – Costed transformation plans are being developed by September 2021 to meet the 2021/22 system control total</p> <p><b>x</b> – The system collaboration and financial management agreement for 2021/22 needs to be agreed by sovereign boards by October 2021.</p> <p><b>x</b> – Internal CCG savings plans need to be agreed by August 2021</p> <p><b>!</b> – While a number of appointments have been made to the PMO to assist in delivery of transformation plans, some capacity gaps remain.</p> <p><b>Assurance:</b> There are many sources of assurance in place for this PR. However, corporate risks relating to financial recovery plans are yet to be agreed for 2021/22.</p>
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**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**

<p>(6) Failure to appropriately manage transition to ICS could result in poor workforce health, reduced staff morale plus inadequate CCG capacity or capabilities.</p> <p>Risk Score = 15</p>	<p><b>Controls:</b> 2x <b>x</b>; 3x <b>!</b></p> <p><b>x</b> – An operating model for the ICS will allow a revised organisational development plan to align with transition and ICS development and link to an assessment of the CCGs capabilities and the ICS's needs.</p> <p><b>x</b> - Workforce planning will be likewise be influenced by the operating model of the ICS being developed in quarter 2.</p> <p><b>!</b> – Existing wellbeing strategies are being reviewed to reflect changed ways of working.</p> <p><b>!</b> – The management of the transition to an ICS must include an inclusive approach and recognise the importance of equality and diversity.</p>
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	<p>! – Staff engagement is critical during a period of transition and existing processes may need augmenting.</p> <p><b>Assurance:</b> Several sources are in place. Outcomes reflect the change to the focus of this entry and uncertainty regarding ICS transition.</p>
<p>(7) CCG does not comply with core governance and assurance requirements</p> <p>Risk Score = 8</p>	<p><b>Controls:</b> 1x !; 4x ✓</p> <p>! – The agreement of H1 operating plans and financial plans is awaited.</p> <p>In addition, while controls are in place for CCG compliance, the entry acknowledges work to be done to develop these for transition and for the ICS.</p> <p><b>Assurance:</b> Assurance sources are largely positive, with some annual actions to be completed.</p>

**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**

<p>(8) Ineffective planning and preparation, and/or a lack of capacity and resource, may impact on the transition arrangements for the new ICS NHS body, affecting its functioning and effectiveness for April 2022.</p> <p>Risk Score = 20</p>	<p><b>Controls:</b> 2x x; 3x !</p> <p>x - Development plans for ICAs need to be established and appropriately resourced.</p> <p>x - A programme management plan to support CCG closedown and ICS Body establishment is being developed informed where possible by national guidance.</p> <p>! – A system development plan is being developed for agreement with partners and NHSEI.</p> <p>! – Operationalise the proposed memorandum of understanding agreed with system partners and NHSEI.</p> <p>! – Further national guidance on human resources transition mechanisms has been recently received and is being reviewed.</p> <p><b>Assurance:</b> Several sources of assurance are awaited, and much is dependent on national guidance. Corporate risks identified relating to transition will be included in future.</p>
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**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**

<p>(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.</p> <p>Risk Score = 20</p>	<p><b>Controls:</b> 1x <b>x</b>; 2x <b>!</b>; 2x <b>✓</b></p> <p><b>x</b> – Clearly articulated transformation plans and priorities will be agreed in readiness for H2 planning submission.</p> <p><b>!</b> – A system clinical prioritisation framework has been developed but requires implementing and embedding.</p> <p><b>!</b> – The system collaboration and financial management agreement is to be agreed by September 2021.</p> <p><b>Assurance:</b> While some assurances sources are identified, several are awaiting outcomes and are reliant on sources external to the CCG.</p>
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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.

## Corporate risk register

Good governance dictates the GB regularly sees its corporate red risks. There have been several changes to red risks since GB last saw them reflecting time passed, the continuing response to and recovery from COVID19 and increasing focus on transition to an ICS.

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.

While several risks have reduced in score from red since the last report there have also been some increases in score to red and some new red risks added.

3 new risks which currently score red have been added to the register since the last report to GB. 1 of these is reported in the part two paper as it contains confidential information.

Risk title	Committee	Risk score
10798 – staff engagement	POG	15
10796 – neurorehabilitation services	FP	20

4 risks have escalated to red since the last report to GB. 2 of these are reported in the part two paper as they contain confidential information.

Risk title	Committee	Risk score
4916 – CYP crisis	Q	16 (red)
10786 – workforce resilience	POG	16 (red)

Tables 1 to 3 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 April 2021

Risk title	Committee	Risk score
10806 - health assessments for children looked after	Q	12 (high amber)
10803 - EMIS self service patient arrival screens	PC	10 (amber)
10808 - Meds opt cost growth	FP	9 (amber)
10800 - Funding for mandated mental health transformation	FP	9 (amber)
10801 - Windows 7 - remaining risk	WF	8 (amber)
10802 - Network access controls	WF	8 (amber)
10809 - Meds opt primary care capacity	FP	8 (amber)
10810 - Meds Opt new drugs etc	FP	6 (yellow)

### 2 Current draft risks

Risk title	Committee	Risk score
10807 - SMI Annual Health Check targets	Q	16 (red)
10805 - Concerns around CATU	Q	tbc

In addition there are two draft risks which are currently confidential. These are being managed by the finance and performance committee and the quality committee.

There are no currently red corporate risks flagged for removal.

### 3 Risks closed since April 2021

Risk title	Committee	Risk score
10664 - PHB	FP	12 (high amber)
10730 - Delegated Commissioning - Capacity	PC	4 (yellow)
10755 - Cardiology angiogram waits	Q	1 (green)
10760 - Implementing the HR/OD service review	WF	9 (amber)

Risk title	Committee	Risk score
10762 - Joint Chief Officer role	WF	12 (high amber)
10782 - GP IT capital - Primary Care 2020-21	PC	9 (amber)
10783 - PCN Laptops - ARRS	PC	12 (high amber)
10792 - Inter/Intranet - skills/resilience	WF	2 (green)

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.

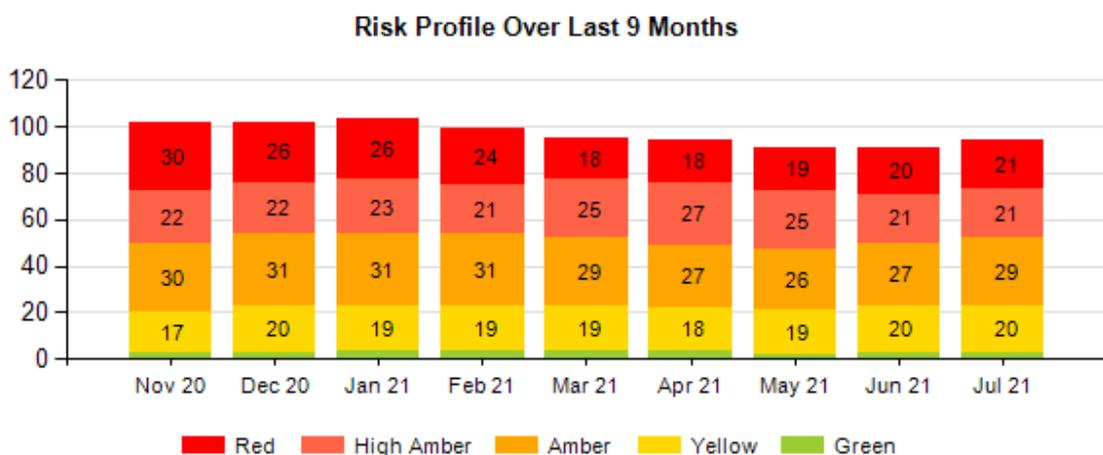
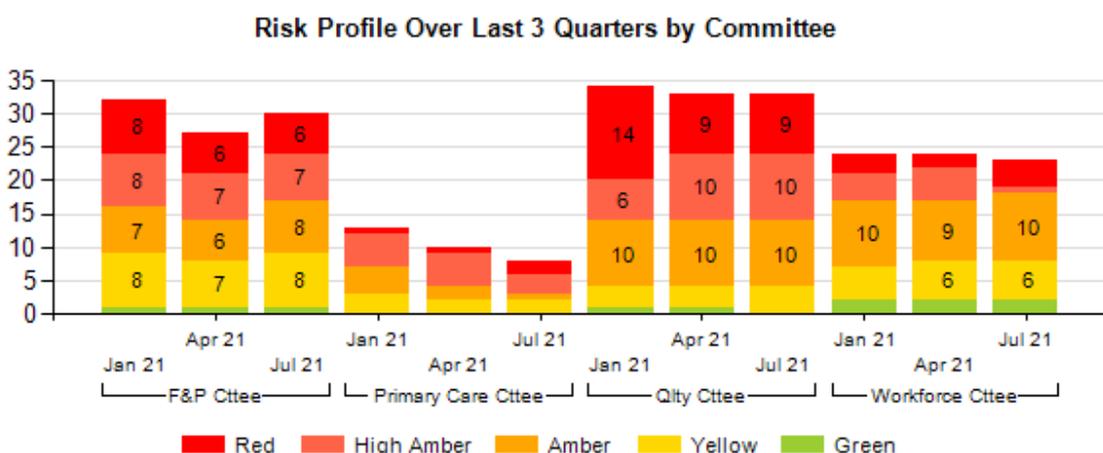


Chart 2 (below) allows GB to see the relative risk profiles of each committee and also gives an indication of how the risk profile of NHS Kernow is distributed between thematic areas.



## Recommendations

- Agree the revised wording of the workforce principal risk to reflect the focus on transition
- Agree the revised wording of the system governance risk to focus on transition to an ICS.
- Agree the revised principal risk score for the experience of care which sees it move from 12 to 16.
- 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.
- Consider the red corporate risks in appendix 3.

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<sup>i</sup> 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](mailto:kccg.contactus@nhs.net)

## Appendix 1

### Governing Body Assurance Framework - High Level Summary (data as at July 2021)

<b>#1 Strategic Objective: Improve health and wellbeing and reduce inequalities by working in partnership and creating opportunities for our citizens.</b>						<b>No. of Controls - Ratings</b>			<b>Key Points to Note:</b> Public Health colleagues are heavily involved with the ongoing Covid19 response. Recent updates to this entry reflect the work of the system equalities group which the director of public health chairs. Reducing inequalities in access and outcome is a key priority for ICSs and recognises the disproportionate impact the pandemic has had on certain individuals.
		Initial	Current	Tolerance	Gap	✓	!	✗	
<b>Principal Risk (1):</b>	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	2	1	2	
<b>#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.</b>						<b>No. of Controls - Ratings</b>			<b>Key Points to Note:</b> 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. Progress has been made on some controls with others now requiring action due to the need to ensure they align with system ways of working and transition to the ICS. In view of the current system pressures and escalation arrangements which are visible within the county, and nationally, the CCG has opted to increase the principal risk score for "partners do not deliver a positive experience of care" in July from 12 to 16.
		Initial	Current	Tolerance	Gap	✓	!	✗	
<b>Principal Risk (2):</b>	Partners do not deliver safe and clinically effective care.	4x5=20	4x4=16	3x3=9	7	2	3	0	
<b>Principal Risk (3):</b>	Partners are unable to consistently and sustainably deliver timely access to care.	4x5=20	4x5=20	3x3=9	11	2	2	1	
<b>Principal Risk (4):</b>	Partners do not deliver a positive experience of care.	3x4=12	4x4=16	3x4=12	4	3	1	1	
<b>#3 Strategic Objective: Working efficiently so health and care funding gives maximum benefits.</b>						<b>No. of Controls - Ratings</b>			<b>Key Points to Note:</b> This risk score was reduced to reflect delivery for 2020/21. The need to agree transformation plans in order to meet system control total and recovery plan for 2021/22 and beyond put this objective at risk. The principal risk score shall be revisited in September after the second planning submission (H2) has been submitted to NHSEI.
		Initial	Current	Tolerance	Gap	✓	!	✗	
<b>Principal Risk (5):</b>	Inability to deliver NHS Kernow's agreed financial plan (which may also lead to legal directions)	3x5=15	3x4=12	3x3=9	3	1	1	3	
<b>#4 Strategic Objective: Make Cornwall &amp; the Isles of Scilly a great place to work in health and social care.</b>						<b>No. of Controls - Ratings</b>			<b>Key Points to Note:</b> The risk description for the workforce risk is proposed to change to that shown. The focus on transition is reflected in revised controls, and a reduction in the number of controls which are fully in place. At the time of writing national guidance remains outstanding on several areas but is due late July or early August 2021. Mechanisms are being established, overseen by the people and organisational governance Committee, to manage the closedown of the CCG alongside the establishment of the new ICS entity which is expected to be called an Integrated Care Board.
		Initial	Current	Tolerance	Gap	✓	!	✗	
<b>Principal Risk (6):</b>	Failure to appropriately manage transition to ICS could result in poor workforce health, reduced staff morale plus inadequate CCG capacity or capabilities.	3x3=9	5x3=15	2x3=6	9	0	3	2	
<b>Principal Risk (7):</b>	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	4	1	0	
<b>#5 Strategic Objective: Create the underpinning infrastructure and capabilities that are critical to delivering high quality care and support.</b>						<b>No. of Controls - Ratings</b>			<b>Key Points to Note:</b> The risk description for this risk is proposed to change to that shown. The reduction in the number of controls which are fully in place reflects the new focus on transition to the ICS. Significant progress is expected in the coming months as (i) the new CCG accountable officer (and ICS chief executive) comes into post on 16 August, and, (ii) national guidance is released. The principal risk score is therefore expected to reduce for the next GBAF update in December 2021.
		Initial	Current	Tolerance	Gap	✓	!	✗	
<b>Principal Risk (8):</b>	Ineffective planning and preparation, and/or a lack of capacity and resource, may impact on the transition arrangements for the new ICS NHS body, affecting its functioning and effectiveness for April 2022.	4x4=16	4x5=20	3x4=12	8	0	3	2	
<b>#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.</b>						<b>No. of Controls - Ratings</b>			<b>Key Points to Note:</b> A number of controls, gaps and assurances which are seen in other principal risks are also reflected in this entry, such as the agreement of transformation plans linked to financial recovery and the submission and approval of H1 and H2 plans. Principal risk 5 (Finances) is rated as high amber for the current financial year. As we move closer to 202/23, this score is expected to increase depending upon the extent of the transformation plans agreed in the coming months which are required to reduce the expected financial deficit.
		Initial	Current	Tolerance	Gap	✓	!	✗	
<b>New: Principal Risk (9)</b>	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	

## Appendix 2A

### 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.

#### 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 COVID19	✓
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	✗
Clarity on ICS structures which will drive reduction of inequalities in access and outcomes	✗

#### Gaps in Control

#### By When?

Population health management development programme underway (phase 1)	Dec-21
tranche ( 1 ICA and 3 PCNs by Dec 2021)	Dec-21
Assurance process for system board engagement and clarity on links	TBC
Health and Wellbeing Strategy, formal outcome framework and refined health inequalities priorities.	TBC
Clarity between System Board/Senate and Health & Wellbeing Board to best influence commissioning intentions and outcomes	TBC

Initial Risk Score (LxI)

4x4=16

Current Risk Score (LxI):

4x4=16

Target Risk Score (LxI):

1x4=4

Tolerance score (LxI)

3x4=12

Proximity:

3-6 mths

Movement this Qtr:

DATE: July 2021

Exec Lead: Accountable Officer

Senior lead: R Wigglesworth

Committee: F&P

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

Essential Assurance Sources (Evidence the controls are effective)	Assurance Quality	Assurance Outcome	Date of Assurance
Reducing gap in healthy life expectancy between the most and least deprived	moderate	assurance awaited	
Healthy life expectancy (male, nat av 62.7)	moderate	64.4	2017-19
Healthy life expectancy (female, nat av 63)	moderate	63.2	2017-19
% Health checks for people with LD (75%)	moderate	87%	
Inpatient care for people with LD/autism	moderate	awaited	
Pop'n coverage – MMR 2 doses (95%)	moderate	89.0%	2018/19
Bowel screening, aged 60-74, last 36m	moderate	66.6%	
Breast screening, aged 50-70, last 36m	moderate	75.1%	
Cervical screening, aged 25-49 (80%)	moderate	74.4%	
Cervical screening, aged 50-64 (80%)	moderate	75.6%	
NHSEI feedback on prevention in H1 plan	moderate		Jun-21

#### Gaps in Assurance

#### By When?

Public health data is often available more retrospectively than NHS data.	
Updates on this principal risk entry have been affected by the need for the public health team to prioritise the COVID19 response.	N/A

## Appendix 2B

### 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.

#### 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 standing item at provider quality assurance committee	✓
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	!
Effective quality assurance processes including for safeguarding, in place including robust quality surveillance group (QSG)	!
Oversight/sharing of effective provider action plans as result of Covid/never events/SIs/peer reviews/litigation/CQC inspections, etc	✓
Introduction of revised reporting and assurance mechanisms to meet new 2021/22 System Oversight Framework requirements	!

#### Gaps in Control

#### By When?

Patient safety system and processes in primary care; sharing of learning; link to PSIRF	Mar-22
Assurance processes for safeguarding being refined	Sep-21
Learning from never events and serious incidents within providers to be shared across system	Mar-22
IAMs process to be strengthened in respect of patient safety and risk management	Aug-21
No nominated Patient Safety Specialist (NHS Patient Safety Strategy)	complete

Initial Risk Score (LxI)

4x5=20

Current Risk Score (LxI):

4x4=16

Target Risk Score (LxI):

1x3=3

Tolerance score (LxI)

3x3=9

Proximity:

Now

Movement this Qtr

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

Essential Assurance Sources (Evidence the controls are effective)	Assurance Quality	Assurance Outcome			Date of Assurance
		RCHT	UHP	CFT	
*Ambulance turnaround (4108)		25			Jun-21
*SWASFT call stacking (10680, 20)	moderate	20			Jun-21
*Ambulance response times (4948)	moderate	20			Jun-21
* Cancer targets (10710, 10711)	strong	12	20		Jun-21
*ED waits (RCHT, 4120. UHP, 6067)	strong	20	20		Jun-21
*Stroke care (5001)	strong	20			Jun-21
No. stillbirths per 1000 total births		data awaited			
Cancelled operations (on/after admission)	moderate				2020/21
C Diff infections	strong				
CQC rating for safety	moderate	RI	RI	RI	Feb 2020/
CQC rating for effectiveness	moderate	G	RI	G	Aug 2019/
CQC rating for caring	moderate	G	OUT	OUT	July 2019
% GP practices good/outstanding	moderate	90+%			Dec-20
Clinical governance systems/processes	moderate				Jun-21
Never Events (21/22)	moderate	8			Jun-21
* Pandemic flu (10677)	moderate	20			Jun-21

DATE: July 2021

Exec Lead: N Jones

Senior lead: N Thomas

Committee: Quality

#### Gaps in Assurance

#### By When?

Source of assurance on actions as result of Ockenden report to be established	Sep-21
Reducing the burden - some quality metrics not submitted - timescales nationally determined	TBC

**Appendix 2C**

**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: July 2021**

Exec Lead: C Bryan

Senior Lead: S Foster/ J Groom

Committee: F&P

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

Essential/Fundamental Controls required	In Place?
<i>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.)</i>	
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 committees/meetings.	✓
Oversight of provider action plans for meeting the agreed recovery trajectories - including comprehensive and efficient use of independent sector providers	!
Development of timely, shared system performance dashboards containing national and locally determined metrics (including those on 21/22 System Oversight Framework)	!
Shared priorities and transformation plans agreed to reduce demand, improve performance and VFM as part of H2 operational planning submission	✗

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)	strong	↓	20		Jun-21
* Delivery of ED targets (4120/6067)	strong	⇒	20	20	Jun-21
Waiting times in comparison with South West	moderate				Jul-21
* neuro rehab services (10796)	strong	↓	20		Jun-21
* Cancer targets (10710, 10711)	strong	⇒	12	20	Jun-21
*Stroke performance targets (5001)	strong	⇒	20		Jun-21
*111 and OOH delivery (10791)	strong	⇒	16		Jun-21
*Ambulance response times and turnaround (4948/4108)	strong	↓	20 / 25		Jun-21

Gaps in Control	By When?
Transformation plans and priorities agreed with partners - in progress. Number of tests change in place eg CBT spinal patients.	Mar-22
System to be developed/identified to match UEC discharge list to care home and domiciliary care capacity	TBC
Weekly meetings take place to ensure best use of independent sector capacity. Commisioning new capacity continues e.g. recent BCIS application to facilitate percutaneous coronary intervention at Duchy and additional neuro-spinal capacity at NDHT.	TBC
Recovery trajectories and associated action plans to be developed and agreed. Updated performance dashboards produced.	complete

Gaps in Assurance	By When?
New, more timely, shared system performance dashboards incl national and locally determined metrics to be developed	complete
Revised performance trajectories to be agreed in planned care and then included within assurance sources	complete
Inclusion of mental health data (adult and children and young people) in assurance sources.	Sep-21

## Appendix 2D

### 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. (4): Experience of care

Partners do not deliver a positive experience of care

#### 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 ongoing changes instigated during C19 and any proposed future plans.	✓
Quality Impact Assessments on planned service changes, including as part of H2 planning, shared for assurance and understanding of risk between NHS Kernow and providers.	!
Sharing of intelligence across system, including NHSEI, to inform required improvement plans, e.g. SRG, Harm Panel, QSG, Clinical Practitioner Cabinet	✓
System patient experience forum in place	✗
Effective quality assurance processes in place including escalation routes	✓

#### Gaps in Control By When?

QIA for H2 SIPs across the system to be reviewed	Aug-21
Revised system patient experience forum to be established	Oct-21
Development of a wider system people experience assurance mechanism (adapting national patient experience framework)	Mar-22

Initial Risk Score (LxI)

3x4=12

Current Risk Score (LxI):

4x4 = 16

Target Risk Score (LxI):

1x3=3

Tolerance score (LxI)

3x4=12

Proximity:

Now

Movement this Qtr

Increased from 12 to 16 in July 2021.

DATE: July 2021

Exec lead: N Jones

Senior lead: N Thomas

Committee: Quality

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

Essential Assurance Sources (Evidence the controls are effective)	Assurance Quality	Assurance Outcome			Date of Assurance
		RCHT	UHP	CFT	
Cancelled operations (on/after admission)	strong	Gd	UHP	CFT	2020/21
*Community deprivation of liberty (10750, 16)	moderate	UHP			Jun-21
CQC rating for caring	moderate	Gd	Outstanding	Outstanding	Feb 2020/ Aug 2019/ July 2019
CQC rating for responsiveness	moderate	RI	RI	Gd	Aug 2019/ July 2019
CQC rating for well-led	moderate	Gd	RI	Gd	
System patient engagement survey	moderate	awaited			
National patient surveys	moderate	Gd			Jun-21
Voluntary sector feedback (maternity)	moderate	Gd			Jun-21
Complaints: referrals to ombudsman /upheld by ombudsman	moderate	Gd			Jun-21
Friends and family test	moderate	Gd			
Annual quality accounts	moderate	Gd			Jun-21
*ED waits (RCHT, 4120. UHP, 6067)	moderate	20	20	Gd	Jun-21

#### Gaps in Assurance

By When?

CFT annual quality account did not require stakeholder response.

## 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)

Essential/Fundamental Controls required	In Place?
<i>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.)</i>	
Appointment of a System Transformation Director to work with system partners to develop a series of transformation plans.	✓
Costed transformation plans agreed by system partners which meet system control total for 2021/22 H2 requirements	✗
System collaboration and financial management agreement (SCFMA) for 2021/22 signed.	✗
Appoint to PMO roles to assist delivery of transformation plans	!
Internal CCG savings plans agreed and delivering.	✗

Gaps in Control	By When?
Develop sufficient, robust savings proposals to meet 21/22 system control total	Sep-21
System collaboration and financial management agreement (SCFMA) for 2021/22 approved by sovereign boards	Oct-21
Funding agreement reached following informal dispute resolution process with council	Aug-21

NB 2020/21 was an atypical financial year, with national changes to allocations and approaches in year due to COVID19. 2021/22 is also atypical due to the ongoing COVID19 response and recovery phases.

Initial Risk Score (LxI)

3x5=15

Current Risk Score (LxI):

3x4=12

Target Risk Score (LxI):

1x3=3

Tolerance score (LxI)

3x3=9

Proximity:

0-3 mths

Movement this Qtr

None

DATE: July 2021

Exec lead: C Bryan

Senior lead: S Bolitho

Committee: F&P

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

Essential Assurance Sources (Evidence the controls are effective)	Assurance Quality	Assurance Outcome	Date of Assurance
Sign off H1 financial plans by NHSE/I	Moderate	awaited	
Sign off H2 financial plans by NHSE/I	Moderate		Nov-21
* Grip and control (10779, 20)	Moderate	20	Jun-21
* SLS spend/savings (10676, 20)	Moderate	20	Jun-21
Delivery of savings against 21/22 plans	Moderate		
External Audit year end review	Strong		Jun-21
Internal Audit report on financial mgnt	Strong	substantial	Jan-21
Internal audit on financial governance	Strong	reasonable	Sep-20
21/22 S75 funding agreed with council	Moderate		Aug-21
ERF funding agreed for 21/22	Strong	awaited	
Reimbursement of HDP funding expenditure from NHSE&I	Strong		TBC

Gaps in Assurance	By When?
Formal reporting from new programme management office (PMO) to be established - this link to provider CIPs	TBC
Corporate risks related to FRP targets to be developed	Sep-21
Financial recovery trajectories awaited from NHSE/I aligned with 2022/23	Jan-22
Provider internal CIP schemes reviewed/reported to BPPG & FC.	TBC

Appendix 2F

**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

**NEW WORDING TO FOCUS ON ICS TRANSITION: Failure to appropriately manage transition to ICS could result in poor workforce health, reduced staff morale plus inadequate CCG capacity or capabilities.**

Essential/Fundamental Controls required	In Place?
<i>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.)</i>	
<i>These are the main, critical structures, systems and processes which prevent the risk</i>	
Organisational Development Plan formulated which aligns with CCG transition and ICS development.	✘
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 the requirements of the ICS, planning for these and ensuring the CCG workforce has the requisite skills and capabilities to enable a	✘
Fully utilise and develop staff engagement strategies to ensure that staff are fully aware of and able to comment on issues that affect them due to the CCG transition.	!

Gaps in Control	By When?
Clear organisational operating model for the ICS to be developed	Sep-21
Identify and assess existing CCG capability and identify gaps with ICS requirements.	Nov-21
Develop improvement programme for recruitment management, systems and processes which meet the requirements of CCG closedown.	Aug-21
Revise Organisational Development plan to sit within ICS development	Aug-21
Proposals and principles for post covid agile / flexible ways of working	complete
Wellbeing strategy to support staff health and well-being in the workplace and agile working policy to be ratified.	TBC
Absence of CCG transition plan	Aug-21
Ensure management of transition fully incorporates an inclusive approach which emphasises the importance of equality and diversity.	Mar-22

Initial Risk Score (LxI)	3x3=9
Current Risk Score (LxI):	5x3=15
Target Risk Score (LxI):	3x3=9
Tolerance score (LxI):	2x3=6
Proximity:	6-9 mths
Movement this Qtr	None

DATE: July 2021  
 Exec lead: N Jones  
 Senior lead: T Corsellis  
 Committee: POG

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

Essential Assurance Sources (Evidence the controls are effective)	Assurance Quality	Assurance Outcome	Date of Assurance
Reliance on effective, timely communication into CCG from ICS leadership	moderate		Jul-21
Reliance on effective, timely communication from NHSEI	moderate		Jul-21
Appraisals (95% rolling year)	moderate	68.30%	Apr-21
Turnover (rolling year. % of Headcount/FTE )	moderate	15% / 12.9%	Jul-21
Sickness absence (rolling yr av, target 2.75%)	moderate	2.52%	Apr-21
Staff survey measures on staff involvement in decisions	Strong		Mar-21
Days lost due to anxiety/depression/ stress/other psychiatric illness (rolling yr)	Moderate	788	Jul-21
Capacity/capability of POD team	moderate		Jul-21
Staff survey work-related stress (av 37.2%)	Strong	44.20%	Mar-21
* Staff engagement (10798)	moderate	15	Jun-21
* Workforce resilience (10786)	moderate	16	Jun-21

Gaps in Assurance	By When?
Ongoing, more regular measurement of staff engagement	Sep-21
Gain wider feedback to ensure that engagement whilst working remotely is effective	complete
2020 national staff survey results anticipated	complete
Absence of ICS governance and decision-making	Sep-21
Need for effective communication and engagement between ICS and CCG	Sep-21
Development of qualitative and quantitative measures of effective recruitment and resource planning	TBC

## Appendix 2G

### 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

Proximity:

0 to 3 months

Movement this Qtr:

None

DATE: July 2021

Exec lead: N Jones

Senior lead: T Corsellis

Committee: POG

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

Essential/Fundamental Controls required	In Place?
<i>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.)</i>	

H1 operating plan and associated financial plan submitted with partners 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
* Cyber security (7045)	Moderate	12	Jun-21
CCG annual assurance rating	Strong	awaited	Jul-21
Internal Audit on info governance	Moderate	Moderate	Apr-21
Internal Audit on conflicts of interest	Moderate	Substantial	Jan-21
Internal Audit on risk & assurance	Moderate	Substantial	Apr-21
Annual Report and Accounts	Moderate		Jun-21
Head of Internal Audit Opinion (HoIAO)	Moderate	Reasonable	Jun-21
H1 operational plan for 21/22 agreed	Strong	awaited	Jul-21
% of ongoing Audit recommendations (last 2 years, 32 recs)	Moderate	50%	Jun-21
20/21 FOI, Complaints & WRES Annual Reports agreed/uploaded to website	Moderate	awaited	Jul-21
EPRR compliance	Moderate	Substantial	Nov-20
% of policies overdue for review	Moderate	35%	Jun-21

Gaps in Control	By When?
People and organisational governance committee TOR agreed	complete
Awaiting permission to upload annual report from NHSEI	complete
H1 plan submitted - awaiting feedback from NHSEI	Jul-21
H2 plan is required for September 2021	Sep-21
Aware considerable governance work required for new ICS body	Mar-22

Gaps in Assurance	By When?
Internal audits on information governance, conflicts of interest and risk and assurance completed for 2020/21	completed
FOI, complaints and WRES annual reports due July 2021	Jul-21
Audit recommendations figure reflects recent end of audit year, expected to reduce as 20/21 audit actions are taken.	Mar-22

## Appendix 2I

### 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) Transition to new ICS NHS body

**NEW WORDING TO FOCUS ON ICS TRANSITION: Ineffective planning and preparation, and/or a lack of capacity and resource, may impact on the transition arrangements for the new ICS NHS body, affecting its functioning and effectiveness for April 2022.**

#### 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.)

Proposed system development plan agreed with partners and NHSEI	!
Operationalise the proposed system oversight framework/MOU agreed with partners and NHSEI	!
HR mechanisms agreed for management of employment commitment to staff and appointment of ICS board members	!
Development plans for ICAs established and resource requirements approved	✗
Programme management in place and actions completed for both CCG closedown and ICS NHS body establishment	✗

#### Gaps in Control

#### By When?

Final draft of MoU required by 9 July 2021	Jul-21
Programme management plan developed	Aug-21
Capacity to support agreed roles and responsibilities of ICAs	TBC
Establishment of shadow ICS board and committtes	Q3

Initial Risk Score (LxI)

4x5=20

Current Risk Score (LxI):

4x5=20

Target Risk Score (LxI):

TBC

Tolerance Score (LxI):

TBC

Proximity:

6-12 mths

Movement this Qtr

NEW

DATE: July 2021

Exec lead:

Accountable Officer

Senior lead: C Andrews

Committee: POG

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

Essential Assurance Sources (Evidence the controls are effective)	Assurance Quality	Assurance Outcome	Date of Assurance
SOF MoU signed by NHSEI	Strong	awaited	Jul-21
SCFMA approved by NHSEI	Strong	awaited	TBC
ICS system development plan approved	Strong	expected end of Q2	
Progress against CCG closedown actions	Moderate		
Progress against ICS transition actions	Moderate		
ICS board appointments filled	Moderate		Q3/4
New ICS body constitution approved	Strong		Q4
Supporting documentation agreed, e.g. committeeToR, SoD, SoRD, BAF, etc.*	Moderate		Q4
Reliance on effective, timely communication from NHSEI	moderate		Jul-21

#### Gaps in Assurance

#### By When?

System development plan and MOU are iterative and subject to change	N/A
Red transition risks to be included as assurance	Sep-21

\* Terminology: ToR = terms of reference; SoD = scheme of delegation; SoRD = scheme of reservation and delegation; BAF = board assurance framework

## Appendix 2J

### NHS Kernow Governing Body Assurance Framework

**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.**

Initial Risk Score (LxI)

4x5=20

Current Risk Score (LxI):

4x5=20

Target Risk Score (LxI):

1x5=5

Tolerance score (LxI)

2x5 =10

Proximity:

3-6 mths

Movement this Qtr:

None

Date: July 2021

Exec Lead: K Schroder

Senior lead: J Groom

A Abbott

Committee: F&P

#### 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.)*

Effective recovery planning arrangements in place with triggers agreed to reinstate response phase, if needed.	✓
2021/22 H1 planning submission agreed by system partners and submitted by expected deadline.	✓
System clinical prioritisation framework developed and relied upon when making strategic commissioning decisions.	!
System collaboration and financial management agreement (SCFMA) for 2021/22 signed.	!
Clearly articulated transformation plans and priorities agreed in readiness for H2 planning submission.	✗

#### Gaps in Control

#### By When?

Clinical prioritisation framework in place and being used by the Clinical Practitioner Cabinet (or equivalent).	Sep-21
SCFMA approved by system and sovereign boards.	Sep-21
Review and alignment of hospital discharge planning (HDP) funding for beyond Sept 2021.	Sep-21
Prioritised and costed transformation plans agreed.	Sep-21

*NB: Assurances with a "\*" are 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
Costed transformation plans (with capacity and investment requirements) agreed	moderate		
NHSE/I approval of H1 21/22 planning submission	strong		Jun-21
* Risks relating to delays due to elective capacity due to COVID19 restrictions	moderate		Jun-21
COVID19 costs review performed by NHSE/I	strong		TBC
Agreement to which services introduced as part of our COVID19 response shall continue	moderate	expected August 2021	
Plan to meet system control total for 21/22	strong	expected Sept 2021	

#### Gaps in Assurance

#### By When?

Agreement of H1/H2 plans will allow monitoring against plan	TBC
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## Appendix 3 red corporate risks (July 2021)

Title	Description	Current risk score	Accountable director
<b>4108 - Ambulance turnaround</b>	Score increased from 20 - 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.	25	Karen Kay
<b>10676 - SLS spend</b>	There is a risk of the overall cost of the SLS cohort increasing, leading to adverse impact on financial performance.	20	Kate Schroder
<b>10779 - Grip and control</b>	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
<b>10796 - Neurorehabilitation</b>	There is a risk that the CCG are unable to commission sufficient in-patient and outpatient neurorehabilitation services within the county	20	John Groom
<b>4120 - RCHT emergency department</b>	Score increased from 16 - 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).	20	Karen Kay
<b>4948 - Category 1 and 2</b>	Score increased from 16 - 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
<b>5001 - Stroke</b>	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

<b>6067 - UHP emergency department</b>	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
<b>10680 - SWASFT call stacking</b>	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. (Score previously recommended for review to a 15 or 16. Current pressures on ED and ambulance impacting).	20	Karen Kay
<b>10706 - RTT and 52ww</b>	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
<b>10711 - UHP cancer targets</b>	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
<b>10677 – flu pandemic</b>	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	20	Natalie Jones

	pandemic strains from evolving so the mitigation of risk focuses on response).		
<b>4916 - CYP crisis</b>	<b>Increased in score from 12</b> - There is a risk to patient safety and experience, including delay to transfers of care, due to gaps in response for young people with mental health crisis at a system level.	16	Natalie Jones
<b>10750 - Community deprivation of liberty</b>	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
<b>10786 – workforce resilience</b>	There is a risk that extended and continuing periods of intensive periods of work and long hours in support of the COVID response will negatively impact on the resilience of the workforce, both health and well-being and ability to perform well and work effectively. This is a risk both during and after the COVID response concludes	16	Trudy Corsellis
<b>10791 – Delivery of NHS 111 and GP Out of Hours</b>	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
<b>10648 - External pricing issues</b>	ACCEPTED RISK (Oct 2020) 2020/21 There is a risk that external pricing issues - particularly NCSO Price Concessions and Category M adjustments - will counteract and cancel savings made by GP Practices and the Medicines Optimisation Team, and create a significant additional financial cost for NHS Kernow. (May 2021 risk score under consideration)	15	Andrew Abbott
<b>10798 – staff engagement</b>	There is a risk of failing to effectively engage with all NHS Kernow employees during a time of significant change and transition and in so doing failing to manage motivation, morale	15	Trudy Corsellis

	well being and undermining the ability to deliver successful change		
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