

Other (specify in description), Julia Boyce

Priorities affected: PRI1: Operational delivery
 PRI2: Transforming health and care
 PRI3: Devolution and integration
 PRI6: System leadership

Identified on: 17/08/2015
 Target closure: 31/07/2019

762 The financial reporting information from OCC hosted pooled budgets is subject to too much uncertainty and variability which creates a risk that effective management action cannot be taken or is sub optimal. This may lead to financial losses.

	Initial	Current	Target
Likelihood	LIKELY	LIKELY	POSS
Consequence	MINOR	MINOR	MINOR
Overall rating	8	8	6

Summary of Current Mitigation

November 2019: A meeting was held on 23.9.19 with CHC and OCC colleagues to review the audit actions, most of which have now been achieved, and what further progress needs to be made. This has been fed back to the Audit Manager & Finance Committee members.

Controls

- 23.4.19 Reconciliation between the CHC data and the payments made by OCC. This work will be done by OH from June 2019 in order to improve ownership.
- 29.8.19 OH have taken on the review of their CHC data against OCC payments to check for differences that will need to be included in the forecasting
- 29.8.19 A revised timetable of actions for all partners at month end, including OH, has been drafted.
- 23.09.19 Risk shares agreed at July 2019 JMGs.
- 4.11.19 Most audit actions have now been achieved.
- 8.1.20: Provision reviewed in detail at 31.12.19 to ensure all retrospective charges have been correctly assigned to either I & E or provision.

Gaps in Controls

- 23.4.19 Risk shares for the year 2019-20 have not yet been agreed.
- 29.8.19 The work from OH in reviewing the data is still requiring input from OCCG.
- 4.11.19 Resource issues within the CHC team at Oxford Health.
- 8.1.20: There continues to be a resource issue within the CHC team which means assessments are not carried out within the specified timescales.

Assurance

- 8.1.20: Review of all outstanding audit actions to be completed by end of January.
- 8.1.20: Review spreadsheet has been received by the deadline during the last 3 months.
- 27.2.19 Forecast outturn figures can sometimes be subject to time lags due to information on new clients not being received promptly
- 23.4.19 Forecast outturn and actual outturn figures should not show a high level of movement
- 29.8.19 Forecast outturn figures have shown a continuing increase over the last 3 months but this is in relation to increases in referral rates which are over and above what was initially predicted but can be explained
- 4.11.19 Further meetings to be arranged with the CHC team to further update actions from audit report and resource planning.

Gaps in Assurance

- 10.5.18 Forecast outturn figures have been showing too much volatility between months in 2017-18 especially at year end
- 23.4.19 Year end actual figures moved considerably in the last month of the year. Improved by £1m for CCG and worsened by £2k for OCC. If the partners had been sharing risk this could have had a significant adverse impact on the CCG position.
- 29.8.19 The WD5 information from OH sometimes contains errors which need to be resolved before it can be used with confidence

Action Assigned to:	Due:	Action Description:	Progress to Date:	Completed Date:
Julia Boyce	07/11/2019	Whilst OH are now providing a monthly review of the amendments between OH and OCC data this needs to be improved in terms of accuracy and timeliness. OCCG colleagues have offered help.	The monthly review received from OH has been received by the specified deadline over the last 3 months. Issues of differences between OCC and OH data have reduced.	

789 There is a risk that there will be insufficient funding for primary care estate to deliver an integrated primary and community services model impacting on the ability to deliver high quality patient services.

	Initial	Current	Target
Likelihood	LIKELY	LIKELY	UNLIKE
Consequence	MAJOR	MAJOR	MAJOR
Overall rating	16	16	8

Summary of Current Mitigation

Work continues across the STP to deliver a Primary Care Estates Strategy for BOB including implications of Primary Care Networks. A tactical delivery plan has been prepared with various projects to progress estates solutions for Wantage, Kidlington, Bicester, Upper Heyford, Didcot, Abingdon and Oxford City.

Controls

- April 2019 - Completion of Six Facet Survey
- October 2018 - Oxfordshire Primary Care Estates priorities included in STP Strategic Estates Workbook
- January 2019 - STP level review of Primary Care Estate undertaken
- March 2019 - System wide Estates Group established

Assurance

- April 2019 - Links made with One Public Estates

Gaps in Controls

- April 2019: Capital pipeline not developed

Gaps in Assurance

- April 2019 - Lack of Estates Strategy
- April 2019 - 6 Facet Survey identified gaps in building suitability
- April 2019 - Lack of funding
- April 2019 - Lack of understanding of Primary Care Network estate

Action Assigned to:	Due:	Action Description:	Progress to Date:	Completed Date:
Ms Julie Dandridge	31/10/2022	Improve estates capacity for Bicester given population growth.	June 2019 - meeting with Cherwell District Council regarding S106 Heads of Agreement. October 2019 - Meeting with practice regarding exit costs being arranged	
Ms Julie Dandridge	23/07/2020	Development of a Strategic Estates Strategy	September 2019: First draft of BOB Primary Care Estates review presented to STP Estates Group. Draft Estates Framework presented to Oxfordshire Primary Care Commissioning Committee (OPCCC). October - Estates to be subject of deep dive at OPCCC in November. January 20 - draft Estates Strategy presented to Primary Care Estates Meeting. Comments received to be incorporated with revised document presented to March meeting. April 20: March meeting delayed due to Covid-19 outbreak	
Ms Julie Dandridge	23/07/2020	Practices in Wantage are at capacity in terms of space and will require additional capacity to absorb the housing growth anticipated in the area	September 19 - Developer producing Outline Business Case to put to OCCG Board October - Meeting scheduled with District Valuer (DV) January 2020 - developer redesigning scheme following meeting with DV. Meeting in January with practices and Developer to discuss lease arrangements	
Ms Julie Dandridge	18/06/2020	New capacity and building required within Didcot to provide primary care services to the expected population growth	July 2019 - Great Western Park site proposal being progressed. Planning for CIL / S106 meeting with South Oxford District Council and Vale of White Horse District Council. October: progressing linking with relevant stakeholders as appropriate	
Ms Julie Dandridge	31/03/2020	Maximising CIL and S106 Contributions	September 2019 - new action	

796 There is a risk that OCCG will not be able to respond appropriately to a major incident or business disruption.

	Initial	Current	Target
Likelihood	LIKELY	LIKELY	POSS
Consequence	MINOR	MINOR	MINOR
Overall rating	8	8	6

Summary of Current Mitigation

The Business Continuity Plan and Major Incident Plan have been reviewed and approved by Executive Committee. Directors on call regularly participate in exercises and training to ensure skills remain up to date. OCCG has just completed the annual EPRR Assurance Process with our major providers. All were rated as substantially compliant.

Controls

- December 2018: On-call pack updated and circulated
- October 2018: EPRR Assurance Process completed
- October 2018: Director on Call Training undertaken
- February 2018: Strategic Leadership in a Crisis Training undertaken by directors on call

Assurance

- November 18: Annual EPRR report submitted to Board
- April 2018: Business Continuity Plans for commissioned services received and reviewed
- April 2018: Participation in Exercise Talk Talk
- February 2019: Participation in Local Health Resilience Partnership EU Exit Workshop
- April 2019: Communications cascade tested

Gaps in Controls

- October 18: Actions identified from Annual Assurance Process to be implemented

Gaps in Assurance

- September 2018: Review of EPRR Action Plan to ensure compliance with EPRR Assurance Process

Action Assigned to:	Due:	Action Description:	Progress to Date:	Completed Date:
Ms Rachel Jeacock	28/08/2020	Implement actions identified through annual assurance process	April 2020: Due to Covid 19 outbreak this has been put on hold. October 2019: Documentation relating to EPRR Assurance shared with NHS England. Confirm and Challenge meeting taken place. Work being undertaken to address actions identified. Regular meetings with NHS England to be scheduled.	
Ms Rachel Jeacock	11/05/2020	Undertake a business continuity emergency cascade exercise to ensure resilience	April 20: System tested through Covid 19 response. Staff working from home and directorates have undertaken review of business continuity plans standing down business as usual tasks to support the outbreak where appropriate. New system for cascading information established. In the process of updating information held ahead of testing. February 2019: Test completed in December 2018. Updated details as necessary. Full business continuity exercise to take place in Spring April 2019: Test of emergency communication cascade taken place through live incident. November 2019: Business Continuity Policy amended and awaiting sign-off from Executive Committee. December 2019: Test of communications cascade undertaken during live incident. Also identified learning following live incident.	

799 There is a risk that a lack of primary care workforce will affect services which will lead to an impact on the quality of patient services.

	Initial	Current	Target
Likelihood	LIKELY	POSS	UNLIKE
Consequence	MOD	MOD	MOD
Overall rating	12	9	6

Summary of Current Mitigation

GP contract reform will bring funding to Primary Care Networks for additional workforce over the next five years. Primary Care Workforce Strategy developed detailing plans to close the gap in primary care workforce that is predicted over the next 10 years (due to current and expected vacancies as well as population growth). STP funding is available for workforce training development, retention and resilience.

Controls

- March 2019 - workforce funding confirmed from STP
- March 2019 - GP Contract reform additionality rules as part of new contract
- July 2019 - additional workforce baseline submission

Assurance

- June 2019 - Additionality guidance published
- April 2019 - Programme of projects develop for STP funding with oversight at Project Board

Gaps in Assurance

- June 2019 - Unclear implications of additional roles as part of Network DES

Action Assigned to:	Due:	Action Description:	Progress to Date:	Completed Date:
Ms Rachel Jeacock	16/06/2020	Deliver the Workforce Plan which has been agreed using STP funding focusing on upskilling workforce.	September 2019 - providers identified for Signpost training and Health Care Assistant Care Certificate training. Business Cases for HCA Upskilling, Nurse Upskilling and Protected Learning Time developed and awaiting sign-off. March 2020: Delivery of signpost training completed in February. First Wave of Healthcare Assistant training delivered. Wave 2 paused due to Covid-19 outbreak. All other workforce training currently on hold due to the pandemic. Meeting scheduled in May to discuss alternative delivery models.	
Ms Julie Dandridge	15/06/2020	Implications of additional role reimbursement	April 2020 - Awaiting outcome of sign-up to the new PCN DES - deadline 31 May. Paper outlining proposals will be taken to extraordinary OPCCOG meeting in mid June. January 2020 - Five of the PCN Designated Enhanced Services are currently out for engagement. These will determine how the additional role will support sustainable primary care. October 2019 - 70% of clinical pharmacists and 100% of social prescribing roles will be funded. This doesn't take into account management costs or training. Opportunities to bring forward additionality roles - funding in line with DES.	

806 There is a risk that OUHFT is unable to address the underlying issues that have led to an increase in the volume of never events in the past 12 months. OCCG is seeking assurance that OUHFT is able to adequately address this issue.

	Initial	Current	Target
Likelihood	POSS	POSS	UNLIKE
Consequence	MAJOR	MAJOR	MAJOR
Overall rating	12	12	8

Summary of Current Mitigation

All never events are reported and managed through agreed & national governance processes. Oxford University Hospitals NHS Foundation Trust (OUHFT) are undergoing a surgical safety programme to address the causes of Never Events. There is significant support from NHS England, NHS Improvement & Healthcare Safety Investigation Branch. Oxfordshire CCG continues to conduct assurance visits related to Never Events. The Deputy Chief Medical Officers have a specific focus on patient safety. The trust has prioritised developing the local surgical safety protocols. OUHFT have similar volumes of never events to their peers. Some repetition in themes in never events has occurred, which leads to a review of previous actions to ensure they remain effective and appropriate.

Controls

- 09/07/2018 - Oxfordshire CCG working with trust to understanding why there is variation in processes with the aim of reducing this variation.
- 09/07/2018 - Trust has had an extensive program of human factors training and is applying this to the investigation
- 09/07/2018 - Oxfordshire CCG has regular meetings with trust to determine progress against all serious incidents and never events
- 08/01/2020 - Oxford University Hospitals NHS Foundation Trust has an ongoing programme of LOCSSTIPs (Local Safety Standards for Invasive Procedures) with good engagement from departments towards surgical safety
- 22/08/2019 - The Medical Director has a deputy with a specific focus on patient safety
- 08/01/2020 - WHO checklist has been revised, with bespoke checklists reduced where possible to improve compliance
- 08/01/2020 - Patient Safety Huddle reviews every incident - giving a more immediate review and understanding of the issues leading to a never event

Assurance

- 09/07/2018 - Oxford University Hospitals NHS Foundation Trust is engaging with other organisations for assistance - Oxfordshire CCG, NHS Improvement, NHS England, Healthcare Safety Investigation Branch & other trusts
- 09/07/2018 - Oxfordshire CCG undertakes assurance visits to areas where never events have taken place - this is following the completion of all actions. An example is a recent visit to theatres to review actions from previous never events, and to observe the culture.
- 09/07/2018 - Oxford University Hospitals NHS Foundation Trust is engaging with Oxfordshire CCG to address issues
- 09/07/2018 - Oxfordshire CCG are using Dr Foster software to triangulate never event information against evidence of wider patient harm
- 09/07/2018 - Oxfordshire CCG & Oxford University Hospitals NHS Foundation Trust are auditing the tools they have implemented
- 09/07/2018 - Oxfordshire CCG & Oxford University Hospitals NHS Foundation Trust are reviewing the effectiveness of previous actions in response to SI's & never events
- 09/07/2018 - Oxfordshire CCG are reviewing trust trend of never events against national data. This appears to demonstrate the trust is not an outlier
- 09/07/2018 - Oxford University Hospitals NHS Foundation Trust has a very strong reporting culture.
- 20/08/2018 - progress monitored at 6-weekly Serious Incident closure meetings
- 20/08/2018 - Quality Lead for Patient Safety meets counterpart from Oxford University Hospitals NHS Foundation Trust regularly to discuss issues & progress
- 26/02/2019 - New Medical Director has also introduced an improved focus and response to never events.
- 26/02/2019 - NHS England & NHS Improvement reported improvements in addressing issues at the last Thames Valley Quality Surveillance Group
- 23/04/2019 - A cross-site Never Event Assurance visit to Oxford University Hospitals showed evidence of effective change being implemented across the whole organisation
- 22/08/2019 - The trust has made improvements in positive patient identification
- 31/10/2019 - The trust has undertaken extensive Positive Patient Identification training
- 31/10/2019 - Oxford University Hospitals NHS Foundation Trust reports this at the Clinical Governance Committee

08/01/2020 - OUHFT has a system of trust-wide patient safety messages to disseminate key learning to all staff

Gaps in Controls

09/07/2018 - Organisational Culture is a contributory cause towards Never Events and must be addressed
 09/07/2018 - Never events require an immediate response & actions. This reduces the opportunity to use Quality Improvement Methods.
 31/10/2019 - The CCG has limited ability to take direct action as the Never Events take place within a provider
 08/01/2020 - The size of the trust, number of sites and turnover of staff mean disseminating learning and consistent practice is challenging

Gaps in Assurance

05/11/18 - lack of benchmarked data from NHS Improvement available for comparison
 21/12/18 - Further assurance visits have been conducted, however this has not led to assurance that never events are controlled currently

Action Assigned to:	Due:	Action Description:	Progress to Date:	Completed Date:
Victoria Harte	28/02/2020	OCCG overview of Never Events to monitor progress of culture change required to prevent the cluster of never events.	27/02/2019 - A further learning event held recently. The program of assurance visits has continued. Culture will also be reviewed during the multi-site assurance visit. OUH identified the importance of staff reporting culture recently in the local Gosport review group. 23/04/2019 - Culture change continues to be supported through assurance visits, closure meetings and QRMs to drive focus on Quality Improvement 31/10/2019 - This is still being reviewed by the directorate during interactions with the OUHFT	
Helen Ward	28/02/2020	The Trust is undergoing a surgical safety programme to address the causes of Never Events. The programme is working on introducing National Safety Standards for Invasive Procedures (NatSSIPs) and developing Local Safety standards for Invasive Procedures (LocSSIPs)	27/02/2019 - This remains in progress, but is in advanced stages with significant clinical leadership 23/04/2019 - A mapped programme has been produced and is being implemented currently. This is envisioned as a relatively long term project. 31/10/2019 - project not finished but is well underway	

813 The Business Intelligence capacity and capability may not be sufficient to meet the CCG's needs. Modern BI is critical to decision making, complex problem solving required for effective commissioning and evaluation, and Population Health Management.

	Initial	Current	Target
Likelihood	UNLIKE	POSS	UNLIKE
Consequence	MOD	MOD	MINOR
Overall rating	6	9	4

Summary of Current Mitigation

1. Business Intelligence Service Specification

2. Plan on a page increasingly moving the service towards the spec and bi monthly review meetings.

3. Service is stable now and weekly contact ensures close oversight is maintained by Head of BI & Digital Transformation.

Controls

- July 2019 Business Intelligence Service Specification in place
- July 2019 Plan on a page increasingly moving the service towards the specification and bi-monthly review meetings
- August 2019 Monthly meetings with lead responsible owner for plan on page in CSU
- August 2019 Weekly operational meetings with local analytics manager

Gaps in Controls

August 2019 Maturity of the service

Assurance

- July 2019 Service is stable now and weekly contact ensures close oversight is maintained by Head of Business Intelligence and Digital Transformation
- July 2019 Monitoring implementation of plan on a page - progress report to CSU SLA meeting on a quarterly basis
- August 2019 Progress updates for individual projects as per project timelines
- August 2019 CSU Service Level Agreement KPI

Gaps in Assurance

August 2019 KPI's incorrectly calculated

Action Assigned to:	Due:	Action Description:	Progress to Date:	Completed Date:
Cecile Coignet	19/08/2020	Meeting and reviewing progress reports	AUG 19 New Action Nov 19 Ongoing action	
Cecile Coignet	19/08/2020	Working with the service to reset and resume production of KPIs	Jan 20 Definitions agreed - awaiting baseline audit file for confirmation - due Feb 2020. AUG 19 New Action Nov 19 This has been delayed by CSU and reflected in their performance scoring as part of the SLA meeting. New delivery date agreed for December.	
Cecile Coignet	31/03/2020	self service analytical tool to support urgent care pathway analysis to be signed off and released to users. UC tool to be expanded to include non urgent care activity in any setting	a new version of the UC tool awaits final testing and sign off	

814 Change of personnel/problematic implementations highlighted IT services shortcomings (GP IT, corporate IT, infrastructure and Digital transformation) putting OCCG at risk. Lack of in-house knowledge means that risks are not well defined.

	Initial	Current	Target
Likelihood	LIKELY	LIKELY	UNLIKE
Consequence	MOD	MOD	MINOR
Overall rating	12	12	4

Summary of Current Mitigation

1. Gaps in processes are being identified and documented, e.g. starters and leavers vs. asset management, work request processes and associated management and budgetary controls

2. Single point of contact for IT services request escalated with CSU

3. IM&T programme extended to include reports by exception from both Corporate IT and GP IT services.

4. Three lessons learnt sessions took place and identified specific gaps and immature processes.

5. Developing ODSG agenda to ensure Oxfordshire system inter-dependencies are better understood and cost effectively managed

Controls

July 2019 Head of BI and Digital Transformation Scrutiny
 July 2019 Establishing relationships and processes with new personnel including in CCG corporate and CCG Primary Care
 July 2019 Using CSU SLA Meeting for escalation as appropriate
 July 2019 Using IM&T as a point of control
 July 2019 Systematically pursuing identified gaps in the process
 Nov 2019 Single point of CSU access/contact in place since September widening IM&T membership to spread knowledge and risks

Gaps in Controls

July 2019 CCG technical knowledge

Assurance

July 2019 Usage of control tools
 August 2019 Progress report on single issues resolution
 August 2019 Progress report on IM&T Board
 August 2019 Escalation of identified issues required in CSU SLA meeting (evidenced in minutes and action logs)
 August 2019 Wider CCG personnel involvement in IM&T as evidenced by attendance at IM&T Board

Gaps in Assurance

July 2019 CCG technical knowledge
 August 2019 Current assurance may not cover all critical aspects of the service. Issues may be missed and not mitigated
 August 2019 Existing processes lack clarity and transparency

Action Assigned to:	Due:	Action Description:	Progress to Date:	Completed Date:
Cecile Coignet	01/04/2020	Work with CSU to establish clean and transparent processes	AUG 2019 New Action	
Cecile Coignet	01/04/2020	Ensure PMO report is routinely reviewed by IM&T at SMT meetings	AUG 2019 New Action Nov 2019 Total programme document now available for IM&T	
Cecile Coignet	01/01/2020	Agree full finance report for IM&T	under development but good progress being made enabling proactive budget management. Addressing gaps in knowledge - greater involvement of IMT with reps from Planned Care/Transformation/Primary care. Head BI now has Post Graduate Diploma in Digital Leadership.	