

Oxfordshire CCG Governing Body Meeting

Date of Meeting: 30 July 2015

Paper No: 15/71

Title of Presentation: Oxfordshire CCG Risk Registers

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|--------------------------|-------------------|-----------------|--------------------|-------------------------------------|
| Is this paper for | Discussion | Decision | Information | <input checked="" type="checkbox"/> |
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Purpose of Paper: This paper is the OCCG Risk Registers. Strategic risks (prefixed "AF") appear first followed by the most significant Operational risks. Each section is in order of risk severity.

The summary sheets provide an at-a-glance view of the current status of the risks to the OCCG, including risk grades of the Strategic Risk Register and significant risk in the Operational risk register. Please note that the summary sheet also indicates the risk reference of the group which is responsible for review of the risk in detail. These are:

- IGAC - Integrated Governance and Audit Committee,
- F&I = Finance and Investment Committee
- QPC = Quality and Performance Committee

Appendix 1 has all risks grouped by OCCG core objectives as stated in the Oxfordshire CCG strategy for 2014/15-2018/19:

1. CCG1 - Be financially sustainable.
2. CCG2 - Primary care driving development and delivery of integrated care, and offering a broader range of services at a different scale.
3. CCG3 - Provide preventative care and tackle health inequalities for urban and rural patients and carers.
4. CCG4 - Deliver fully integrated care, close to home, for the frail, elderly and people with multiple physical and mental healthcare needs.
5. CCG5 - Enable people to live well at home and to avoid admission to hospital when this is in their best interests.
6. CCG6 - Be providing health and social care that is rated amongst the best in the country.

The listing includes open Strategic and significant Operational risks. The full Strategic and Operational risk registers are not routinely provided in full to the Governing Body. Copies are however available on request.

The IGAC, F&I, QPC and the Executive team have undertaken a full review of all the Strategic and Operational risks.

Review of the Strategic Risk Register

The summary below provides a brief analysis of the latest position on each risk along with all changes in risk grading and the target grade since May 2015.

- **Changes to risk titles:**

AF19 - The new title now is as follows: *There is a risk that the range of current demand and performance challenges will affect OCCG's ability to deliver NHS Constitution pledges and optimum care pathways, in particular A&E waiting times, cancer waiting times, Referral of Treatment Time (RTT) waiting times and Delay in Transfers of Care (DTOC); this may lead to poor patient experience, reduced confidence in the NHS and incur additional financial pressure.*

AF20 - The new title now is as follows: *There is a risk that different organisations within the health and social care system do not work together effectively in a co-ordinated way for the benefits of patients and the most effective and efficient use of resources.*

- **Proposed new risks:** The OCCG Executive discussed AF18 and have advised that a new Operational Risk needs to be opened that focuses on the continued pressures experienced by Primary Care that articulates the problems, mitigations, controls and actions to manage the risk. Some of this information is in the current Strategic Risk – AF 18.

This Strategic risk will be restructured to focus on Primary Care's ability to engage in the broader transformation agenda, particularly the development of system wide new models of care. These risks will be presented in the next Risk update to the Governing Body.

- **Risks recommended for closure:** No risks have been recommended for closure
- **Risk recommended for merger:** No risks have been recommended for merger
- **Changes to Risk Ratings** since May 2015: There are no changes to risk ratings since the last Governing Body in May 2015.

Review of the significant Risks (score ≥ 20) in the Operational Risk Register

- **Changes to the Risk Ratings** since May 2015: Operational risk reference number 735 has a Risk Rating of 20.

NPSA Risk Grading Matrix – currently used by OCCG

All risks are currently graded as per the National Patient Safety Association (NPSA) risk grading matrix:

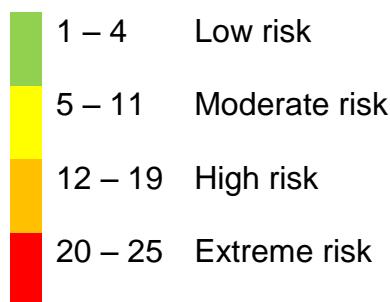
| Consequence | Likelihood | | | | |
|----------------|------------|----------|----------|--------|----------------|
| | 1 | 2 | 3 | 4 | 5 |
| | Rare | Unlikely | Possible | Likely | Almost certain |
| 5 Catastrophic | 5 | 10 | 15 | 20 | 25 |
| 4 Major | 4 | 8 | 12 | 16 | 20 |
| 3 Moderate | 3 | 6 | 9 | 12 | 15 |
| 2 Minor | 2 | 4 | 6 | 8 | 10 |
| 1 Negligible | 1 | 2 | 3 | 4 | 5 |

However, the IGAC has now approved the new risk grading matrix which the Governing Body was informed of in the last meeting (via the Front sheet).

The new Risk Grading Matrix will be used by OCCG for all future risk registers.

| Consequence | Likelihood | | | | |
|----------------|------------|----------|----------|--------|----------------|
| | 1 | 2 | 3 | 4 | 5 |
| | Rare | Unlikely | Possible | Likely | Almost certain |
| 5 Catastrophic | 5 | 10 | 15 | 20 | 25 |
| 4 Major | 4 | 8 | 12 | 16 | 20 |
| 3 Moderate | 3 | 6 | 9 | 12 | 15 |
| 2 Minor | 2 | 4 | 6 | 8 | 10 |
| 1 Negligible | 1 | 2 | 3 | 4 | 5 |

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:



Financial Implications of the paper: Not applicable

| NHS Outcomes Framework Domains Supported (please tick ✓) | |
|---|--|
| ✓ | Preventing people from dying prematurely |
| ✓ | Enhancing quality of life for people with long term conditions |
| ✓ | Helping people to recover from episodes of ill health or following injury |
| ✓ | Ensuring that people have a positive experience of care |
| ✓ | Treating and caring for people in a safe environment and protecting them from avoidable harm |

| | | | |
|---|-----|----|---------------------|
| Equality Analysis completed (please tick and attach) | Yes | No | Not applicable ✓ |
| Outcome of Equality Analysis | | | |

Action Required: The Governing Body is requested to:

- Note the content of the Strategic risk register and the Red Operational risk register, and the actions in place to address gaps in control and assurances.
- Note the amended titles for AF19 and AF20.

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Appendix 1: All Risks grouped by OCCG Core Objectives

Each section is strictly in order of risk severity. Strategic risks are prefixed 'AF' and are in bold. Strategic risks appear first in the Appendix only if they have a higher risk severity compared to the Operational risks.

| CCG1 | | Be financially viable and sustainable |
|------|---|---------------------------------------|
| AF20 | There is a risk that the different organisations within the health and social care system do not work together in a co-ordinated way for the benefits of patients and the most effective and efficient use of resources. | 16 |
| AF21 | Significant transformational change will be required of the health and social care system in Oxfordshire over the next five years. There is a risk that this will not take place because individual organisations do not have the capacity to manage these changes or the resources to deliver them. In addition, there may be external challenges which make it more difficult to deliver those changes. | 16 |
| AF24 | There is a risk that the Oxfordshire Clinical Commissioning Group (OCCG) does not (a) have and (b) use high quality business intelligence products to inform its decision making in performance management, change management and investment, which may result in sub-optimal decision making and subsequent impacts. | 16 |
| AF25 | There is a risk that demands on the Oxfordshire Clinical Commissioning Group (OCCG) allocation exceed the available funding. As a result if demand and cost pressures exceed funding then the CCG will fail its in-year statutory financial duties and limit its ability for future sustainability and viability, which may also impact on providers and lead to a reduction in services. | 12 |
| 716 | There is a risk that due to high levels of activity within AQP providers, where there is no method in place to cap activity or adjust nationally set contracts spending, the AQP system will become unsustainable leading to budgetary pressures for the CCG across the term of the contract | 9 |
| CCG2 | Primary care driving development and delivery of integrated care, and offering a broader range of services at a different scale | |
| AF18 | There is a risk that the primary care transformation required to link in with new models of care will not be delivered leading to continued pressures on the current services and sub-optimal care for patients. | 12 |

| | | |
|-------------|--|----|
| CCG3 | Provide preventative care and tackle health inequalities for urban and rural patients and carers | |
| 704 | There is a risk that patient safety will be compromised due to performance issues and poor clinical governance in the 111 service caused by lack of proactive leadership from the South Central Ambulance Service (SCAS) Executive Team. | 8 |
| CCG4 | Deliver fully integrated care, close to home, for the frail elderly and people with multiple physical and mental healthcare needs | |
| AF21 | Significant transformational change will be required of the health and social care system in Oxfordshire over the next five years. There is a risk that this will not take place because individual organisations do not have the capacity to manage these changes or the resources to deliver them. In addition, there may be external challenges which make it more difficult to deliver those changes. | 16 |
| CCG5 | Enable people to live well at home and to avoid admission to hospital when this is in their best interests | |
| 727 | There is a risk that a shortage of community nursing staff in some localities may lead to poor continuity of care for patients resulting in sub-optimal care | 12 |
| 704 | There is a risk that patient safety will be compromised due to performance issues and poor clinical governance in the 111 service caused by lack of proactive leadership from the South Central Ambulance Service (SCAS) Executive Team. | 8 |
| CCG6 | Be providing health and social care that is rated amongst the best in the country | |
| 735 | There is a risk that the lack of a comprehensive system to manage test results at the OUHT will lead to delays in diagnosis and treatment. | 20 |
| 702 | There is a risk that GPs will be unable to manage patients adequately due to poor quality, inconsistent and delayed communications between primary and secondary care. | 16 |
| AF20 | There is a risk that the different organisations within the health and social care system do not work together in a co-ordinated way for the benefits of patients and the most effective and efficient use of resources. | 16 |
| AF19 | There is a risk that the range of current performance challenges will affect the Oxfordshire Clinical Commissioning Group's (OCCG) ability to deliver NHS Constitution pledges and optimum care pathways, in particular A&E waiting times, Cancer waiting times, Referral to Treatment Time (RTT) in 18 weeks and Delays in Transfer of Care (DTOC); this may lead to poor patient experience, reduced confidence in the NHS and incur additional financial pressure. | 16 |
| 758 | Non delivery on the 50% plan could result in greater external scrutiny of the Oxfordshire system and damage to reputation as a result. The risks relate to the investment of significant resources and clinician/manager time into a short term scheme, and consequences if the project does not deliver the anticipated benefits, or if the project delivers only to return to the pre-plan situation once the project stops. | 16 |

| | | |
|-------------|--|----|
| 749 | Inadequate clinical governance systems and administrative processes in Urology may lead to poor management of test results, delays in appointments or failure to follow up patients within appropriate timescales. | 16 |
| 458 | There is a risk that failure by OCCG to address 1) lack of resource in OUHT to answer appointment booking calls 2) poor capacity planning for elective treatment at OUHT 3) failure of OUHT to have effective systems to manage elective work will lead to delayed appointments and sub-optimal care for Oxfordshire's patients. | 12 |
| 731 | There is a risk that lack of robust management of urgent theatre service at OUHT will impact on patient experience and quality of care. | 12 |
| AF22 | There is a risk that the Oxfordshire Clinical Commissioning Group (OCCG) will not identify and rectify quality issues in provider organisations, resulting in sub-optimal care to patients, poor patient experience and a lack of clinical effectiveness. | 10 |
| 705 | There is a risk that the shortcomings in the safety culture identified in some provider organisations will not be rectified fully resulting in poor care to people with learning disabilities. | 8 |
| 704 | There is a risk that patient safety will be compromised due to performance issues and poor clinical governance in the 111 service caused by lack of proactive leadership from the South Central Ambulance Service (SCAS) Executive Team | 8 |
| 725 | There is a risk that the CCG will not be able to respond appropriately to a major incident or business disruption due to inadequate planning, testing and exercising. | 8 |