

OCCG Board Meeting

Date of Meeting: 29 November 2016	Paper No: 16/86
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Title of Presentation: Oxfordshire CCG Risk Registers
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Is this paper for	Discussion	✓	Decision		Information	✓
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<p>Purpose and Executive Summary:</p> <p>The paper provides an at-a-glance view of the current status of all risks on the Strategic Risk Register and Extreme/Red risk (risk grading ≥ 20) on the Operational Risk Register.</p>

<p>Financial Implications of Paper:</p> <p>Not applicable</p>
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<p>Action Required: The Board is requested to:</p> <ul style="list-style-type: none"> • Note the content of the Strategic risk register and the Red Operational risk register. • Approve new strategic risk AF26 – Delivery of Primary Care Services. • Note the increase in Strategic risk AF19 – Demand and Performance Challenges - from 16 to 20. • Note that Strategic risks AF21 – Transformational Change remains an Extreme risk. • Note that Operational risk 731 – Urgent Theatre Cancellations increased its risk rating from 8 to 16 as is now a High risk. • Note that two Operational risks 735 – OUH Test Results and 769 – Primary Care Capacity remain Extreme risks.

NHS Outcomes Framework Domains Supported (please delete tick as appropriate)	
✓	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	Yes	No	Not applicable ✓
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Executive Summary of the Risk Registers

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 below provides a brief analysis of the latest position on all Strategic risks and Operational risks with risk grading ≥ 20 .

The summary sheet also indicates the risk reference of our Board sub-committee meetings which is responsible for review of the risks in detail. These are:

- IGAC - Audit Committee
- F&I - Finance Committee
- QPC - Quality Committee
- OPCCC – Oxfordshire Primary Care Commissioning Committee

In addition to the above sub-committees, OCCG Directors review all Strategic and Operational Risks in the Directors Risk Review Meeting review which is chaired by the Director of Governance.

OCCG Risk Grading matrix

OCCG Risk Grading Matrix has been adapted from the NPSA risk grading matrix. The vertical blue bar in Risk score timeline highlights the point where OCCG started using its own grading matrix.

	Likelihood				
Consequence	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:

	1 – 4	Low risk
	5 – 11	Moderate risk
	12 – 19	High risk
	20 – 25	Extreme risk

Review of the Risk Register since last OCCG Board meeting in September 2016

All Risks were discussed recently in the Directors Risk Review meeting on 4 November.

The Quality Risk Register was reviewed by the Quality Committee on 27 October 2016 and the Primary Care Risk Register was reviewed by the OPCCC on 6 October 2016.

1 New Strategic Risks:

AF26: Delivery of Primary Care Services: The Oxfordshire Primary Care Committee discussed risks associated with Primary Care at the meeting held in October. It was recommended that a Strategic Risk should be added to the register to reflect the sustainability of primary care and the effect this could have on the wider health economy.

There is a risk that the sustainability of primary care will adversely impact on the delivery of the wider health system and will impact on the care received by patients.

Current mitigation: Investment of £4m into localities to support sustainable transformation of primary care. Each locality has agreed to use the investment to best support the local needs. Transformation of Primary Care is being considered as part of the Oxfordshire Transformation Programme.

2 Changes to Risk Descriptions and Risk Ratings:

AF19: Demand and Performance Challenges: increased its risk rating from 16 to 20 with a Likelihood of 'Almost Certain' and a Consequence of 'Major' making it an extreme risk. The risk rating has increased because there are a number of NHS Constitutional Standards which are not being met e.g. A&E, Cancer, 52 week waits and 18 week pathway.

There is a risk that the CCG will not be able to meet the NHS Constitutional Standards due to performance issues and demand for services leading to poor patient experience and outcomes.

Current Mitigation: Recovery plans have been submitted and this will be reviewed by the Board at the November meeting.

AF21 Transformational Change: continues to have a risk rating of 20 as the Likelihood continues to be 'Almost Certain' with a Major Consequence. This is an Extreme risk for OCCG.

There is a risk that health (primary, secondary and community) and social care will not be able to respond to the challenges in the 5 Year Forward View leading to risks in the quality and safety of clinical care and financial sustainability across the Oxfordshire system.

Current Mitigation: The Thames Valley clinical senate is reviewing our clinical case for change. The pre-consultation business case will be reviewed by OCCG at the

November Board meeting. Plan to go live with the public consultation in Dec/Jan 2017. An experienced individual has been appointed to provide additional capacity.

3 Risks recommended for closure and merger

No risks are recommended for closure or merger.

4 Review of the significant Risks (score \geq 20) in the Operational Risk Register

Operational Risk Reference 735 - OUH Test Results continues to have a risk rating of 20 making it an Extreme risk.

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 and as a result patients may come to harm.

It was agreed by the Directors that the risk rating should not be reduced until OUHT continues to demonstrate significant and sustained improvement in endorsement rates.

- **769 Primary Care Capacity** this continues to be an Extreme risk with a risk rating of 20.

There is a risk that continued pressure on primary care capacity to deliver services will result in a reduction in access to and quality of primary care services.

Work is being undertaken to identify practices most at risk and offering proactive support. Support is also being provided to practices to increase their efficiency wherever possible alongside developing the leadership skills of GPs, practice managers and practice nurses. In response to a practice applying to terminate its contract an interim provider is being provided. Work is being undertaken to aid recruitment to practice positions.

5 OCCG PRIORITIES FOR 2016/17 – the first year of the STP (5 year plan):

1. Operational Delivery
2. Transforming Health and Care
3. Devolution and Integration
4. Empowering Patients
5. Engaging Communities
6. System Leadership

7.

Appendix 1			
Risks presented under OCCG PRIORITIES FOR 2016/17			
PRI1 – Operational Delivery	AF19	Demand and Performance Challenges	20
	AF25	Finance Allocation	16
	AF22	Quality	15
	AF26	Capacity within Primary Care Function	12
	735	Oxford University Hospital Test Results	20
	769	Primary Care Capacity	20
	771	Inpatient Discharge Summaries	16
	758	Delayed Transfers of Care Reduction	16
	787	Rapid Access Care Unit Service Townlands Hospital	15
	770	Outpatient communication between Primary and Secondary Care	15
	705	Safety Culture in Learning Disability Providers	12
	790	Horton Obstetric Led Unit	12
	791	Stakeholder Engagement in Transformation	12
	765	Commissioning Support Unit Performance and Resilience	12
	785	Townlands Hospital – Financial Exposure	12
	767	GP Primary Care – Finance	12
	768	Specialised Commissioning – Finance	12
	792	Legal Challenges around Service Change	12
	793	Medication on Discharge	12
	766	Contract Activity Reporting and Management	9
	761	OCCG Savings Plan Delivery	9
	772	South Central Ambulance Service Recruitment & Retention	9
	704	Patient Safety	8
	731	Urgent Theatre Cancellations	8
	725	Major Incident	8
	760	Pooled Budget Demand	8
	762	Pooled Budget Arrangements – Financial Reporting	8
	764	Learning Disability Services Transformation – Affordability	8
	727	Community Nursing	8
	763	GP Prescribing Budget	6
783	Global Diagnostics Ultrasound	6	
PRI2 – Transforming Health and Care	AF21	Transformational Change	20
	AF22	Quality	15
	AF20	System Leadership Change	16
	AF26	Capacity within Primary Care Function	12
	769	Primary Care Capacity	20
	789	Primary Care Estate	16
	758	Delayed Transfers of Care reduction	16
	787	Rapid Access Care Unit Service Townlands Hospital	15
	765	Commissioning Support Unit performance and resilience	12
	785	Townlands Hospital – Financial Exposure	12

	705	Safety Culture in Learning Disability Providers	12
	767	GP Primary Care – Finance	12
	768	Specialised Commissioning – Finance	12
	761	OCCG Savings Plan delivery	9
	766	Contract Activity Reporting and Management	9
	760	Pooled Budget Demand	8
	762	Pooled Budget Arrangements – Financial Reporting	8
	764	Learning Disability Services Transformation – Affordability	8
	727	Community Nursing	8
	763	GP Prescribing Budget	6
PRI3 – Devolution and Integration	AF20	System Leadership Change	16
	769	Primary Care Capacity	20
	758	Delayed Transfer of Care Reduction	16
	767	GP Primary Care – Finance	12
	791	Stakeholder Engagement in Transformation	12
	768	Specialised Commissioning – Finance	12
	792	Legal Challenges around Service Change	12
	766	Contract Activity Reporting and Management	9
	760	Pooled Budget Demand	8
	762	Pooled Budget Arrangements – Financial Reporting	8
	764	Learning Disability Services Transformation – Affordability	8
PRI4 – Empowering patients	787	Rapid Access Care Unit Service Townlands Hospital	15
	705	Safety Culture in Learning Disability Providers	12
	793	Medication on Discharge	12
PRI5 – Engaging communities	AF21	Transformational Change	20
	AF19	Demand and Performance Challenge	20
	787	Rapid Access Care Unit Service Townlands Hospital	15
	705	Safety Culture in Learning Disability Providers	12
	791	Stakeholder engagement in Transformation	12
	792	Legal Challenges around Service Change	12
PRI6 – System Leadership	AF19	Demand and Performance Challenge	16
	AF20	System Leadership Change	20
	735	Oxford University Hospital Test Results	20
	731	Urgent Theatre Cancellations	16
	771	Inpatient Discharge Summaries	16
	758	Delayed Transfers of Care Reduction	16
	770	Outpatient Communication between Primary and Secondary Care	15
	787	Rapid Access Care Unit Service Townlands Hospital	15
	792	Legal Challenges around Service Change	12
	791	Stakeholder Engagement in Transformation	12
	705	Safety Culture in Learning Disability Providers	12
	765	Commissioning Support Unit Performance and Resilience	12
	785	Townlands Hospital – Financial Exposure	12
	767	GP Primary Care – Finance	12
	768	Specialised Commissioning – Finance	12

	766	Contract Activity Reporting and Management	9
	772	South Central Ambulance Service Recruitment & Retention	9
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	764	Learning Disability Services Transformation – Affordability	8
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Ref	Description	Likelihood	Current Mitigation															
AF21 FIN	Transformational Change There is a risk that health (primary, secondary and community) and social care will not be able to respond to the challenges in the 5 Year Forward View leading to risks in the quality and safety of clinical care and financial sustainability across the Oxfordshire system.	<table border="1"> <tr> <th>Init</th> <th>2015-2016</th> <th>2016-2017</th> <th>2017-2018</th> <th>Acceptable residual risk</th> </tr> <tr> <td>25</td> <td></td> <td></td> <td></td> <td>6</td> </tr> <tr> <td colspan="5"> Manager: Smith, David Opened: 05/02/2015 Target Date: 31/03/2017 </td> </tr> </table>	Init	2015-2016	2016-2017	2017-2018	Acceptable residual risk	25				6	Manager: Smith, David Opened: 05/02/2015 Target Date: 31/03/2017					The Transformation Board has oversight of the development of Oxfordshire's contribution to the 5 year Sustainability and Transformation Plan (STP) for Berkshire, Oxfordshire and Buckinghamshire STPs. OCCG is adhering to the NHS England Assurance Framework for service redesign. The Thames Valley clinical senate is reviewing our clinical case for change. Currently, we are developing a pre-consultation business case which is due for completion and sign off by the OCCG Board in November. Plan to go live with the public consultation in December 2016 / January 2017. Experienced individual appointed to provide additional capacity.
Init	2015-2016	2016-2017	2017-2018	Acceptable residual risk														
25				6														
Manager: Smith, David Opened: 05/02/2015 Target Date: 31/03/2017																		
AF19 QPC	Demand and Performance Challenges There is a risk that the CCG will not be able to meet the NHS Constitution standards due to performance issues and demand for services leading to poor patient experience and outcomes.	<table border="1"> <tr> <th>Init</th> <th>2015-2016</th> <th>2016-2017</th> <th>2017-2018</th> <th>Acceptable residual risk</th> </tr> <tr> <td>16</td> <td></td> <td></td> <td></td> <td>12</td> </tr> <tr> <td colspan="5"> Manager: Hedges, Diane Opened: 10/02/2015 Target Date: 31/03/2017 </td> </tr> </table>	Init	2015-2016	2016-2017	2017-2018	Acceptable residual risk	16				12	Manager: Hedges, Diane Opened: 10/02/2015 Target Date: 31/03/2017					Discussion with NHSE and linking to NHSI to confirm agreed trajectory is an issue that means the NHS Constitution target will not be met. DTOC action plan, SRG action plan development and Planned Care recovery process, covering A&E, Cancer, 52 week waits and the 18 week pathway. Introduction of a new model of care for cancer (ACE). Various projects in progress supporting redesign of areas with high volumes of referrals and not meeting RTT.
Init	2015-2016	2016-2017	2017-2018	Acceptable residual risk														
16				12														
Manager: Hedges, Diane Opened: 10/02/2015 Target Date: 31/03/2017																		
AF26 OPCCC	Delivery of Primary Care Services There is a risk that the sustainability of primary care will adversely impact on the delivery of the wider health system and will impact the care received by patients.	<table border="1"> <tr> <th>Init</th> <th>2015-2016</th> <th>2016-2017</th> <th>2017-2018</th> <th>Acceptable residual risk</th> </tr> <tr> <td>20</td> <td></td> <td></td> <td></td> <td>12</td> </tr> <tr> <td colspan="5"> Manager: Hedges, Diane Opened: 01/11/2016 Target Date: 19/12/2016 </td> </tr> </table>	Init	2015-2016	2016-2017	2017-2018	Acceptable residual risk	20				12	Manager: Hedges, Diane Opened: 01/11/2016 Target Date: 19/12/2016					Investment of £4million into localities to support sustainable transformation of primary care. Each locality has agreed to use the investment to best support the local needs. Transformation of Primary Care is being considered as part of the Oxfordshire Transformation Programme.
Init	2015-2016	2016-2017	2017-2018	Acceptable residual risk														
20				12														
Manager: Hedges, Diane Opened: 01/11/2016 Target Date: 19/12/2016																		
AF20 FIN	System Leadership Change There is a risk that the different organisations within the health and social care system do not work together efficiently and effectively for the benefit of patients and the efficient use of resources.	<table border="1"> <tr> <th>Init</th> <th>2015-2016</th> <th>2016-2017</th> <th>2017-2018</th> <th>Acceptable residual risk</th> </tr> <tr> <td>16</td> <td></td> <td></td> <td></td> <td>8</td> </tr> <tr> <td colspan="5"> Manager: Smith, David Opened: 05/02/2015 Target Date: 29/01/2017 </td> </tr> </table>	Init	2015-2016	2016-2017	2017-2018	Acceptable residual risk	16				8	Manager: Smith, David Opened: 05/02/2015 Target Date: 29/01/2017					The system is working in partnership through the Systems Leadership Group and Transformation Board to align system planning and agree an overarching transformational plan to manage future demand and financial pressures. The A&E Delivery Board and COO's meetings are providing opportunities for individual organisations to work together more effectively on current pressures such as delays in transfers of care with demonstrable success - awaiting outcome of local government discussions.
Init	2015-2016	2016-2017	2017-2018	Acceptable residual risk														
16				8														
Manager: Smith, David Opened: 05/02/2015 Target Date: 29/01/2017																		

Ref	Description	Likelihood	Current Mitigation
AF25 FIN	<p>Finance Allocation</p> <p>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</p>	<p>Init 2015-2016 2016-2017 2017-2018</p> <p>20 10 12 12 12 12 12 12 16 16</p> <p>Manager: Kenworthy, Gareth Opened: 10/02/2015 Target Date: 31/03/2016</p> <p>9</p>	<p>Acceptable residual risk</p> <p>The CCG is on target to deliver its 2016/2017 financial plan following contract settlements and the delivery of an in-year financial recovery plan to mitigate cost pressures. Contract negotiations for 2017/2018 have commenced with both OUH and Oxford Health, including GP Federations where this is relevant to the development of new forms of contract to support integration. The CCG Savings Taskforce has commenced and will report to the November Board meeting on progress to develop a 2017/2018 savings plan. First cut financial planning for 2017/2018 has identified a £20m gap or savings plan requirement. Transformation plans which have the potential to contribute to managing system financial pressures are identified to start pre-consultation review and approval process in November.</p>
AF22 QPC	<p>Quality</p> <p>There is a risk that the Oxfordshire Clinical Commissioning Group (OCCG) will not identify and rectify healthcare quality issues in Oxfordshire, resulting in sub-optimal care to patients, poor patient experience and a lack of clinical effectiveness.</p>	<p>Init 2015-2016 2016-2017 2017-2018</p> <p>10 10 10 10 10 10 10 15 15</p> <p>Manager: Wiltshire, Sula Opened: 09/02/2015 Target Date: 31/03/2017</p> <p>5</p>	<p>Acceptable residual risk</p> <p>OCCG receives a wide range of information relating to the quality of services in Oxfordshire and some progress is being made in areas of poor performance. CQC inspected SCAS in May and a Quality Summit is to take place 29 September. Oxford Health FT have now received an overall rating of "Good". Phase 2 of the OCCG review of unexpected deaths following the Mazaars report is progressing. Current contractual action includes 1st exception reports to OUHFT (test results and discharge summaries and contract performance notice for outpatient letters). Contract performance notice to SCAS for 111 warm transfer rates. Under the new heads of terms for the new OUHFT contract, new remedial action plan and trajectory is being agreed for discharge summaries and management of test results. SCAS and OHFT rated as Good overall by CQC.</p>

Ref	Description	Likelihood	Current Mitigation
769	<p>Primary Care capacity</p> <p>There is a risk that continued pressure on primary care capacity to deliver services will result in a reduction in access to and quality of primary care services.</p>	<p>2015-2016: 12</p> <p>2016-2017: 9</p> <p>2017-2018: 9</p> <p>Acceptable residual risk: 9</p>	<p>Action is being undertaken to mitigate this risk by: - identifying practices most at risk and offering proactive support - supporting practices to increase their efficiency wherever possible - developing the leadership skills of GPs, practice managers and practice nurses so that they can lead change in how primary care is organised and delivered - increasing capacity by supporting the development of new workforce roles - seeking an interim provider where contract termination notice is provided - designing website and advertising for GP vacancies across Oxfordshire - increasing capacity of primary care through federated working - investment of £4million into sustainable and transformation for primary care agreed.</p>

735	<p>OUH Test Results</p> <p>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 and as a result patients may come to harm.</p>	<p>2015-2016: 20</p> <p>2016-2017: 4</p> <p>2017-2018: 4</p> <p>Acceptable residual risk: 4</p>	<p>The OCCG Chair has written to the OUHFT Chair, and the OCCG Director of Quality has written to the OUHFT Medical Director requesting a meeting to develop a revised trajectory. The management of test results has been included as an item under the heads of terms in the OUHFT contract. The Trust is currently undertaking a deep dive within Specialist Surgery to inform a new remedial action plan. The findings will be reported to the QRM in October and a finalised plan ratified at the November QRM.</p>
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