

OCCG Board Meeting

Date of Meeting: 29 November 2016 Paper No: 16/86

Title of Presentation: Oxfordshire CCG Risk Registers

Is this paper for	Discussion	✓	Decision	Information	✓

Purpose and Executive Summary:

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.

Financial Implications of Paper:

Not applicable

Action Required: The Board is requested to:

- 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 O	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 III 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 ≥ 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 a 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

		Appendix 1	
		resented under OCCG PRIORITIES FOR 2016/17	
PRI1 –	AF19	Demand and Performance Challenges	20
Operational	AF25	Finance Allocation	16
Delivery	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 –	AF21	Transformational Change	20
Transforming	AF22	Quality	15
Health and	AF20	System Leadership Change	16
Care	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 –	AF20	System Leadership Change	16
Devolution and	769	Primary Care Capacity	20
Integration	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 –	787	Rapid Access Care Unit Service Townlands Hospital	15
Empowering	705	Safety Culture in Learning Disability Providers	12
patients	793	Medication on Discharge	12
PRI5 –	AF21	Transformational Change	20
Engaging	AF19	Demand and Performance Challenge	20
communities	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	AF19	Demand and Performance Challenge	16
Leadership	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	15
		Care	
	787	Rapid Access Care Unit Service Townlands Hospital	15
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OCCG Strategic Risk Register Executive Summary (in order of severity)

18 November 2016

Ref Description Likelihood Current Mitigation

Acceptable **Transformational Change** Init 2015-2016 2016-2017 2017-2018 residual risk AF21 6 There is a risk that health (primary, secondary and community) and social care will not be able to Smith, David FIN Manager: respond to the challenges in the 5 Year Forward Opened: 05/02/2015 View leading to risks in the quality and safety of **Target Date:** 31/03/2017 clinical care and financial sustainability across the

The Transformation Boqard 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 Valey 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. Experinced individual appointed to provide additional capacity.

Acceptable **Demand and Performance Challenges** Init 2015-2016 2016-2017 2017-2018 residual risk **AF19** 16 There is a risk that the CCG will not be able to meet 12 the NHS Constitution standards due to performance Manager: Hedges, Diane QPC issues and demand for services leading to poor Opened: 10/02/2015 patient experience and outcomes. 31/03/2017 **Target Date:**

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.

Acceptable **Delivery of Primary Care Services** Init 2015-2016 2016-2017 2017-2018 AF26 residual risk 12 There is a risk that the sustainability of primary care will adversely impact on the delivery of the wider Manager: Hedges, Diane OPCCC health system and will impact the care received by Opened: 01/11/2016 patients. **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.

Acceptable **System Leadership Change** Init 2015-2016 2016-2017 2017-2018 residual risk AF20 8 There is a risk that the different organisations within the health and social care system do not work Smith, David Manager: FIN together efficiently and effectively for the benefit of Opened: 05/02/2015 patients and the efficient use of resources. **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 and 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.

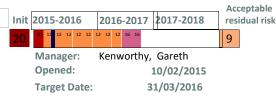
Oxfordshire system.

AF25

FIN

Finance Allocation

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



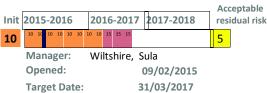
The CCG is on target to deliver is 2016/2017 financial plan following contract settlements and the delivery of an in-year financial recovery plan to mitigate cost pressures. Contract negotiations for 2017/2018 have commenced with both OUH and Oxford Health, including GP Federations where this is relevant 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.

AF22

Quality

QPC

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.



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.

OCCG Operational Risk Register Executive Summary (in order of severity)

Description Ref

Likelihood

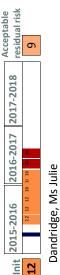
Current Mitigation

Primary Care capacity

769

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. OPCCC



Target: 19/12/2016 Opened: 19/08/2015

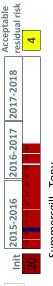
workforce roles - seeking an interim provider where contract practice managers and practice nurses so that they can lead investment of £4million into sustainable and tranformation advertising for GP vacancies across Oxfordshire - increasing wherever possible - developing the leadership skills of GPs, increasing capacity by supporting the development of new support - supporting practices to increase their efficiency identifying practices most at risk and offering proactive change in how primary care is organised and delivered termination notice is provided - designing website and capacity of primary care through federated working -Action is being undertaken to mitigate this risk by: for primary care agreed.

735

QPC

OUH Test Results

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.



Summersgill, Tony

Target: 31/03/2017

Opened: 29/07/2014

currently undertaking a deep dive within Specialist Surgery to 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 reported to the QRM in October and a finalised plan ratified OCCG Director of Quality has written to the OUHFT Medical The OCCG Chair has written to the OUHFT Chair, and the inform a new remedial action plan. The findings will be at the November QRM.

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