

OCCG Board Meeting

Date of Meeting: 26 January 2017 Paper No: 17/14

Title of Presentation: Oxfordshire CCG Risk Registers

Is this paper for	Discussion	✓	Decision		Information	<
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Purpose and Executive Summary:

This paper provides an at-a-glance view of the current status of all risks on the Strategic Risk Register and Extreme/Red risks (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.
- Note that AF19 Demand and Performance Challenges remains an extreme risk.
- Note that AF26 Delivery of Primary Care Services has been assessed as an extreme risk with a risk rating of 20.
- Note that AF21 Transformational Change the rating has reduced from 20 to 16 making it a high risk.
- Note that two Operational Risks 735 OUH Test Results and 769 Primary Care Capacity remain Extreme risks.

NHS Out	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				
\checkmark	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 shares 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	t			
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 November 2016

All Risks were discussed recently in the Directors Risk Review meeting on 6 January 2017. The Quality risk register was reviewed by the Quality Committee on 22 December 2016 and the Primary Care risk register was reviewed by the Oxfordshire Primary Care Commissioning Committee on 3 January 2017.

1 New Strategic Risks

There are no new strategic risks to report.

2 Changes to Risk Descriptions and Risk Ratings:

AF21: System Leadership Change: the risk rating has reduced from 20 to 16 with a likelihood of 'Likely' and a Consequence of 'Major'. The rating has decreased following assurance from NHS England on the Transformation Plan and the commencement of public consultation on 16 January 2017.

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 Transformation Board has oversight of the development of Oxfordshire's contribution to the 5 Year Sustainability and Transformation Plan (STP) for the Berkshire, Oxfordshire and Buckinghamshire STP and assurance has been received from NHS England on the plan. The Thames Valley Clinical Senate has reviewed our clinical case for change. We have developed a pre-consultation business case which was signed off by the OCCG Board in November. Public consultation will commence in January 2017. An experienced individual appointed to provide additional capacity.

AF26: Delivery of Primary Care Services: this risk has been assessed as an extreme risk with a likelihood of 'Almost Certain' and a consequence of 'Major' to reflect the current pressures within primary care.

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.

Current Mitigation: Investment of £4 million into localities to support sustainable transformation of primary care. Each locality has agreed to use the investment to best support the local needs. GP Access Funds and contracts now in place which will cover the whole of the county from 1 February 2017. Transformation of Primary Care will be considered as part of the Oxfordshire Transformation Programme within the second phase.

- 3 **Risks Recommended for Closure and Merger**No risks are recommended for closure or merger.
- 4 Review of Significant Risks (score ≥ 20) on the Strategic Risk Register

AF21: Demand and Performance Challenges: this risk remains an extreme risk with a likelihood of 'Almost Certain' and a consequence of 'Major'.

There is a risk that OCCG 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: Revised A&E Delivery Board action plan is in place with Executive leads identified to report on Delayed Transfers of Care and other workstreams. Additional resources are being provided from NHS England and additional capacity is being sourced. A&E improvement is consistent with national average.

5 Review of Significant Risks (score ≥ 20) on the Operational Risk Register

Operational Risk Reference 735 – OUH Test Results. This 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 Oxfordshire University Hospitals NHS Foundation Trust will lead to delays in diagnosis and treatment and as a result patients may come to harm.

The Trust and OCCG are currently negotiating a new trajectory to rectify these issues which have been escalated to the highest level in both organisations. 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 identifying issues around deputising arrangements for medical and administrative staff and inconsistent processes. It is expected that the final remedial action plan will be agreed in January 2017.

Operational Risk Reference 769 – Primary Care Capacity. This continues to be an extreme risk with a 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 being provided to practices to increase their efficiency wherever possible alongside developing the leadership skills of GPs, practice managers and practice nurses. Work is being undertaken to aid recruitment to practice positions.

6 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

	Dieke n	Appendix 1 resented under OCCG PRIORITIES FOR 2016/17	
PRI1 –	AF19	Demand and Performance Challenges	20
Operational	AF19	Delivery of Primary Care Services	20
Delivery	AF25	Finance Allocation	16
Delivery	AF25		15
		Quality	
	735	OUH Test Results	20
	769	Primary Care Capacity	20
	731	Urgent Theatre Cancellations	16
	771	Inpatient Discharge Summaries	16
	758	DToC Reduction	16
	787	RACU 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
	793	Medication on Discharge	12
	765	CSU 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
	795	Capacity within Primary Care Function	12
	766	Contract Activity Reporting and Management	9
	761	OCCG Savings Plan Delivery	9
	704	Patient Safety 111 Service	8
	760	Pooled Budget Demand	8
	762	Pooled Budget Arrangements – Financial Reporting	8
	764	Learning Disability Services Transformation – Affordability	8
	796	Major Incident Response	8
	772	SCAS Recruitment and Retention	6
PRI2 –	AF26	Delivery of Primary Care Services	20
Transforming	AF21	Transformational Change	16
Health and	AF22	Quality	15
Care	AF20	System Leadership Change	16
	769	Primary Care Capacity	20
	789	Primary Care Estate	16
	758	DToC Reduction	16
	787	RACU Service Townlands Hospital	15
	765	CSU 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
	795	Capacity within Primary Care Function	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
PRI3 –	AF20	System Leadership Change	16
Devolution and	769	Primary Care Capacity	20
Integration	758	DToC 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	RACU Service Townlands Hospital	15
Empowering	705	Safety Culture in Learning Disability Providers	12
Patients	793	Medication on Discharge	12
PRI5 –	AF21	Transformational Change	16
Engaging	AF19	Demand and Performance Challenge	20
Communities	787	RACU 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	20
Leadership	AF20	System Leadership Change	16
	735	OUH Test Results	20
	731	Urgent Theatre Cancellations	16
	771	Inpatient Discharge Summaries	16
	758	DToC Reduction	16
	770	Outpatient Communication Between Primary and Secondary	15
		Care	
	787	RACU Service Townlands Hospital	15
	792	Legal Challenges around Service Change	12
	791	Stakeholder Engagement in Transformation	12
	791 705	Stakeholder Engagement in Transformation Safety Culture in Learning Disability Providers	12 12
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	791 705 765 785 767 768 766 704	Stakeholder Engagement in Transformation Safety Culture in Learning Disability Providers CSU Performance and Resilience Townlands Hospital – Financial Exposure GP Primary Care – Finance Specialised Commissioning – Finance Contract Activity Reporting and Management Patient Safety 111 Service	12 12 12 12 12 12 12 9
	791 705 765 785 767 768 766 704 760	Stakeholder Engagement in Transformation Safety Culture in Learning Disability Providers CSU Performance and Resilience Townlands Hospital – Financial Exposure GP Primary Care – Finance Specialised Commissioning – Finance Contract Activity Reporting and Management Patient Safety 111 Service Pooled Budget Demand	12 12 12 12 12 12 12 9 8
	791 705 765 785 767 768 766 704 760 762	Stakeholder Engagement in Transformation Safety Culture in Learning Disability Providers CSU Performance and Resilience Townlands Hospital – Financial Exposure GP Primary Care – Finance Specialised Commissioning – Finance Contract Activity Reporting and Management Patient Safety 111 Service Pooled Budget Demand Pooled Budget Arrangements – Financial Reporting	12 12 12 12 12 12 12 9 8 8
	791 705 765 785 767 768 766 704 760 762 764	Stakeholder Engagement in Transformation Safety Culture in Learning Disability Providers CSU Performance and Resilience Townlands Hospital – Financial Exposure GP Primary Care – Finance Specialised Commissioning – Finance Contract Activity Reporting and Management Patient Safety 111 Service Pooled Budget Demand Pooled Budget Arrangements – Financial Reporting Learning Disability Services Transformation – Affordability	12 12 12 12 12 12 12 9 8 8 8
	791 705 765 785 767 768 766 704 760 762	Stakeholder Engagement in Transformation Safety Culture in Learning Disability Providers CSU Performance and Resilience Townlands Hospital – Financial Exposure GP Primary Care – Finance Specialised Commissioning – Finance Contract Activity Reporting and Management Patient Safety 111 Service Pooled Budget Demand Pooled Budget Arrangements – Financial Reporting	12 12 12 12 12 12 12 9 8 8

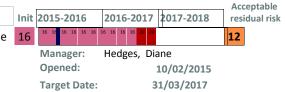
OCCG Strategic Risk Register Executive Summary (in order of severity)

16 January 2017

Ref Description Likelihood Current Mitigation

AF19 Demand and Performance Challenges

There is a risk that OCCG 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.



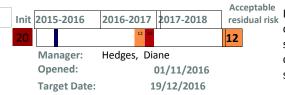
Revised A&E Delivery Board action plan in place with Executive leads identified to report in on Delayed Transfers of Care and other workstreams. Planned Care summit with NHS England reviewed current CCG/OUHFT plans. Additional resources provided from NHS England and additional capacity being sourced. Referral to Treatment to be meet in March, Cancer in January (reported in March). A&E improvement - not to 95%, but recently improved to around 90%, which is consistent with regional performance year to date.

AF26 Delivery of Primary Care Services

OPCCC wil

QPC

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.

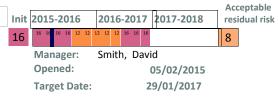


Investment of £4million into localities to support sustainable transformation of primary care. Each locality has agreed to use the investment to best support the local needs. Transformation of Primary Care is being considered as part of the Oxfordshire Transformation Programme within the second phase.

AF20 System Leadership Change

FIN

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.



The system is working in partnership through the Chief Executive System Delivery Board and Transformation Board to align system planning and agree and overarching transformational plan to manage future demand and financial pressures. A new risk share agreement has been developed as part of contract negotiations to mitigate system risks. This has been signed by CEOs of OCCG, OUHFT and OHFT.

AF21 Transformational Change

FIN

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.



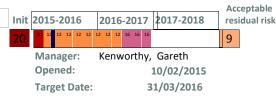
The Transformation Board has oversight of the development of Oxfordshire's contribution to the 5 year Sustainability and Transformation Plan (STP) for the Berkshire, Oxfordshire and Buckinghamshire STP. OCCG is adhering to the NHS England Assurance Framework for service redesign. The Thames Valey Clinical Senate has reviewed our clinical case for change. We have developed a pre-consultation business case which was signed off by the OCCG Board in November. Plan to go live with the public consultation for Phase 1 elements in January 2017. Experienced individual appointed to provide additional capacity.

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 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 concluded with our two main providers Oxford University Hospitals NHS Foundation Trust (OUHFT) and Oxford Health NHS Foundation Trust (OHFT). Agreement includes a three way risk sharing agreement and proposals for risk management and mitigation. While the contracts have been agreed within affordable financial envelopes for the CCG there is £18m of identified demand and activity risk in the system. Under the risk sharing arrangement the CCG is exposed to a significant element of this. Focus has to be on the delivery of agreed risk mitigations. The balance of CCG risk on the remainder of our budgets will be assessed through budget setting with relevant savings plans implemented to mitigate.

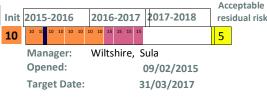
AF22

Ther

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. The Care Quality Commission inspections of South Central Ambulance Service (SCAS) and Oxford Health NHS Foundation Trust (OHFT) 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 include 1st exception reports against OUHFT relating to management of test results and discharge summaries and contract performance notice for delays in sending outpatient letters to patients and GPs. Under the new Heads of Terms for the new Oxford University Hospitals NHS Foundation Trust contract, new remedial action plan and trajectory is being agreed. Contract performance notice to SCAS for 111 warm transfer rates remains in place.

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

Ref

Description

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

residual risk Acceptable 2017-2018 2016-2017 Dandridge, Ms Julie 2015-2016 Init

Farget: 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.

> Oxford University Hospital NHS Foundation Trust Test Results 735 QPC

There is a risk that the lack of a comprehensive system to manage Trust (OUHFT) will lead to delays in diagnosis and treatment and test results at the Oxford University Hospitals NHS Foundation as a result patients may come to harm.

residual risk Acceptable 4 2016-2017 2017-2018 Summersgill, Tony 2015-2016

Target: 31/03/2017 Opened: 29/07/2014

contract. The Trust is currently undertaking a deep dive within In November 2016, 75.2% of tests undertaken at the OUHFT currently negotiating a new trajectory to rectify these issues inconsistent processes. It is expected that the final remedial included as an item under the heads of terms in the OUHFT organisations. The management of test results has been arrangements for medical and administrational staff and were electronically signed off within 7 days against the contractual requirement of 95%. The trust and CCG are Specialist Surgery idenditified issues around deputising and has been escalated to the highest level in both action plan will be agreed in Jan 2017.

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