

**OCCG Board Meeting**

<b>Date of Meeting:</b> 26 January 2017	<b>Paper No:</b> 17/14
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<b>Title of Presentation:</b> Oxfordshire CCG Risk Registers
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<b>Is this paper for</b>	<b>Discussion</b>	✓	<b>Decision</b>		<b>Information</b>	✓
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<p><b>Purpose and Executive Summary:</b></p> <p>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 <math>\geq 20</math>) on the Operational Risk Register.</p>
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<p><b>Financial Implications of Paper:</b></p> <p>Not applicable</p>
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<p><b>Action Required:</b></p> <p>The Board is requested to note:</p> <ul style="list-style-type: none"> <li>• The content of the Strategic risk register and the Red Operational risk register.</li> <li>• Note that AF19 – Demand and Performance Challenges – remains an extreme risk.</li> <li>• Note that AF26 – Delivery of Primary Care Services – has been assessed as an extreme risk with a risk rating of 20.</li> <li>• Note that AF21 – Transformational Change – the rating has reduced from 20 to 16 making it a high risk.</li> <li>• Note that two Operational Risks – 735 OUH Test Results and 769 Primary Care Capacity remain Extreme risks.</li> </ul>
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<b>NHS Outcomes Framework Domains Supported</b> (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
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<b>Equality Analysis completed</b>	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  $\geq 20$ .

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 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.

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**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 $\geq$ 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 $\geq$ 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

**Appendix 1**  
**Risks presented under OCCG PRIORITIES FOR 2016/17**

<b>PRI1 – Operational Delivery</b>	<b>AF19</b>	Demand and Performance Challenges	20
	<b>AF26</b>	Delivery of Primary Care Services	20
	<b>AF25</b>	Finance Allocation	16
	<b>AF22</b>	Quality	15
	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	
<b>PRI2 – Transforming Health and Care</b>	<b>AF26</b>	Delivery of Primary Care Services	20
	<b>AF21</b>	Transformational Change	16
	<b>AF22</b>	Quality	15
	<b>AF20</b>	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
<b>PRI3 – Devolution and Integration</b>	<b>AF20</b>	System Leadership Change	16
	769	Primary Care Capacity	20
	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
	<b>PRI4 – Empowering Patients</b>	787	RACU Service Townlands Hospital
705		Safety Culture in Learning Disability Providers	12
793		Medication on Discharge	12
<b>PRI5 – Engaging Communities</b>	<b>AF21</b>	Transformational Change	16
	<b>AF19</b>	Demand and Performance Challenge	20
	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
<b>PRI6 – System Leadership</b>	<b>AF19</b>	Demand and Performance Challenge	20
	<b>AF20</b>	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 Care	15
	787	RACU 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	CSU 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
	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	

Ref	Description	Likelihood	Current Mitigation
AF19 QPC	<p><b>Demand and Performance Challenges</b></p> <p>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.</p>	<p>Init 2015-2016 2016-2017 2017-2018</p> <p>16  12</p> <p>Manager: Hedges, Diane Opened: 10/02/2015 Target Date: 31/03/2017</p>	<p>Acceptable residual risk</p> <p>Revised A&amp;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&amp;E improvement - not to 95%, but recently improved to around 90%, which is consistent with regional performance year to date.</p>
AF26 OPCCC	<p><b>Delivery of Primary Care Services</b></p> <p>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.</p>	<p>Init 2015-2016 2016-2017 2017-2018</p> <p>20  12</p> <p>Manager: Hedges, Diane Opened: 01/11/2016 Target Date: 19/12/2016</p>	<p>Acceptable residual risk</p> <p>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.</p>
AF20 FIN	<p><b>System Leadership Change</b></p> <p>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.</p>	<p>Init 2015-2016 2016-2017 2017-2018</p> <p>16  8</p> <p>Manager: Smith, David Opened: 05/02/2015 Target Date: 29/01/2017</p>	<p>Acceptable residual risk</p> <p>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.</p>
AF21 FIN	<p><b>Transformational Change</b></p> <p>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.</p>	<p>Init 2015-2016 2016-2017 2017-2018</p> <p>25  6</p> <p>Manager: Smith, David Opened: 05/02/2015 Target Date: 31/03/2017</p>	<p>Acceptable residual risk</p> <p>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 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. Plan to go live with the public consultation for Phase 1 elements in January 2017. Experienced individual appointed to provide additional capacity.</p>





Ref	Description	Likelihood	Current Mitigation
769	<p><b>Primary Care Capacity</b></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>Dandridge, Ms Julie</p> <p>Target : 19/12/2016</p> <p>Opened: 19/08/2015</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><b>Oxford University Hospital NHS Foundation Trust Test Results</b></p> <p>There is a risk that the lack of a comprehensive system to manage test results at the Oxford University Hospitals NHS Foundation Trust (OUHFT) 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>Summersgill, Tony</p> <p>Target : 31/03/2017</p> <p>Opened: 29/07/2014</p>	<p>In November 2016, 75.2% of tests undertaken at the OUHFT were electronically signed off within 7 days against the contractual requirement of 95%. The trust and CCG are currently negotiating a new trajectory to rectify these issues and has 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 identified 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 Jan 2017.</p>