

Oxfordshire Clinical Commissioning Group Board Meeting

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| Date of Meeting: 25 May 2017 | Paper No: 17/38 |
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| Title of Paper: Oxfordshire CCG Risk Register |
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|---|-------------------|---|-----------------|---|--------------------|---|
| Paper is for: (please delete tick as appropriate) | Discussion | ✓ | Decision | ✓ | Information | ✓ |
|---|-------------------|---|-----------------|---|--------------------|---|

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| <p>Purpose and Executive Summary:</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 ≥ 20) on the Operational Risk Register.</p> |
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| <p>Financial Implications of Paper:</p> <p>Risk Registers identify risks; threats and opportunities and take steps to mitigate these risks. This process enables financial risks to be identified, evaluated, analysed and reported across the CCG.</p> |
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| <p>Action Required:</p> <p>The Board is requested to review and note recent updates to OCCG risks:</p> <ul style="list-style-type: none"> ○ Feedback from Audit Committee meeting on 20 April and further discussions at the bi-monthly Directors Risk Review meeting on 3 May has resulted in a thorough review of the OCCG Strategic and Operational risk registers ○ All Strategic risk descriptions (except AF22 Quality) have been reworded and summary of current mitigation updated to reflect current status ○ Two Strategic risks reworded their risk title: <ul style="list-style-type: none"> ○ AF20 <i>System Leadership Change</i> is now <i>System Leadership</i> ○ AF25 <i>Finance Allocation</i> is now <i>Achievement of Business Rules</i> ○ Note that no changes to any Strategic risk ratings were proposed and therefore OCCG continues to have two Extreme/Red Strategic risks: <ul style="list-style-type: none"> ○ AF19 Demand and Performance Challenges ○ AF26 Delivery of Primary Care Services ○ Extreme/Red Operational risks: <ul style="list-style-type: none"> ○ 769 Primary Care Capacity has been absorbed in Strategic risk AF26 Delivery of Primary Care Services ○ 792 Legal Challenges in Service Change has been absorbed in Strategic risk AF21 Transformational Change |
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- 789 Primary Care Estate has reworded its risk description
- Operational risk 758 DToC reduction is now an Extreme/Red risk
- The Directors proposed new Operational risks and recommended closing as well as merging some Operational risks. (A summary of all *live* risks is presented in Appendix 1).

OCCG Priorities Supported (please delete tick as appropriate)

| | |
|---|------------------------------|
| ✓ | Operational Delivery |
| ✓ | Transforming Health and Care |
| ✓ | Devolution and Integration |
| ✓ | Empowering Patients |
| ✓ | Engaging Communities |
| ✓ | System Leadership |

Equality Analysis Outcome:

The risk management process enables equality and diversity related risks to be identified, evaluated, analysed and reported across the CCG.

Link to Risk: This paper is the Oxfordshire CCG risk register.

Author: Manizah Imam, Governance Manager
manizah.imam@oxfordshireccg.nhs.uk

Clinical / Executive Lead: Catherine Mountford, Director of Governance
catherine.mountford@oxfordshireccg.nhs.uk

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Executive Summary of the Risk Registers

This paper shares the summary of 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, see below:

| | 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 (30 March 2017)

All risks were recently discussed in the Directors Risk Review meeting on 03 May 2017.

- The Strategic risk register was reviewed by the Audit Committee on 20 April 2017
- The Financial risk register was reviewed by the Finance Committee on 20 April
- The Quality risk register was reviewed by the Quality Committee on 27 April 2017
- The Primary Care risk register was reviewed by the Oxfordshire Primary Care Commissioning Committee on 02 May 2017.

1. New Strategic risks

There are no new Strategic risks to report.

2. Changes and updates to Strategic risks:

Feedback from Audit Committee meeting on 20 April and further discussions at the Directors Risk Review meeting on 03 May has resulted in a thorough review of the OCCG Strategic and Operational risk registers.

All Strategic risk descriptions (except AF22 Quality) have been reworded and the summary of current mitigation updated to reflect current status.

All risk ratings were discussed in detail. However, no changes to the Strategic risk ratings were proposed as the Directors agreed that the current risk ratings in the Strategic Risk Register accurately reflect the Likelihood and Consequence for all Strategic risks.

AF19 Demand and Performance Challenge: the risk rating has remained at 20 with a Likelihood of 'Almost Certain' and Consequence as 'Major'.

- The risk description below:
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
has a proposed **new risk description of:**
There is a risk that there will be poor patient experience and outcomes as a result of poor performance indicated by the CCG not meeting the NHS Constitution standards.
- Updated summary of current mitigation:

Revised A&E Delivery Board action plan in place with Executive leads identified to report in on Delayed Transfers of Care and other workstreams. Cancer targets to be fully to be met in April (reported in June). Early results for March are 83.3% for 62 day treatment target and all others met. In February 2017 7 of 8 standards met with a 10% improvement in the 62 day treatment standard. Monthly joint meetings for cancer and RTT are in place with OUH and CCG. Biweekly teleconference calls with NHSI, NHSE OUH and CCG also in place to agree plans. Trust working up a recovery plan to meet RTT by clearing backlog and balancing run rate to be agreed with all Commissioners. Chief Executives met to discuss RTT and Cancer issues on 26th April 2017; result was agreed it was a system problem, an Improvement Director to be appointed to manage the short term and medium term plans, accountable to CEOs. NHSI are discussing with OUHFT the terms of their license – update will be provided at Board meeting. A&E improvement - not to 95%, but recently improved to around 90%, which is consistent with regional performance year to date. A&E Trajectory and System Mitigation Triggers being finalised for system agreement through A&E Delivery Board and COOs. Due to external factors having an impact on A&E performance this is challenging for OUH. There is opportunity as discussed with NHSE/NHSI for an improved trajectory to reach pre-agreement on triggers to mitigate any loss of STF for performance below trajectory. If agreement can be reached on triggers, then it is anticipated that a trajectory can be agreed.

- This Strategic risk continues to be an Extreme/Red risk for the CCG.

AF26 Delivery of Primary Care Services: the risk rating has remained at 20 with a Likelihood of 'Almost Certain' and Consequence as 'Major'.

- The risk description below:
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.
has a proposed **new risk description of:**
There is a risk that in some areas the sustainability of primary care is challenged and this will adversely impact on the delivery of primary, secondary and wider health system services which will impact on the care received by patients.
- Operational risk 769 Primary Care Capacity which was a Red risk with a risk rating of 20 has now been absorbed as part of this risk.
- Updated summary of current mitigation:
It is recognised that all of primary care is challenged to some extent and the CCG is supporting practices through the GP Resilience Funding as necessary. Banbury primary care is particularly challenged and a paper on a way forward has been presented to the private session of the Oxfordshire Primary Care Commissioning Committee. The CCG is working with the Banbury practices to achieve a sustainable primary care for the patients of Banbury and further engagement with the public and patients is planned

following purdah. With the Primary Care Framework now agreed by the CCG board, locality groups are starting discussion around locality place based plans which will outline how to achieve a local sustainable primary care service.

- This Strategic risk continues to be an Extreme/Red risk for the CCG.

AF20 System Leadership: the risk rating has remained at 16 with a Likelihood of 'Likely' and a Consequence as 'Major'.

- The risk title was updated as *System Leadership* from *System Leadership Change*.
- The risk description below:
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
has a proposed **new risk description of:**
There is a risk that current ways of working are not efficient and effective which dilutes priorities and doesn't deliver value for public and patients.
- Updated summary of current mitigation:
In light of the recently published the 'Next Steps on the NHS Five Year Forward View' and discussed at the OCCG Board workshop; it was concluded that the approach to the system wide working needs to be reviewed. The CCG CEO and Chair are due to meet their equivalents in main providers and County Council to discuss possible way forward including changes required to system wide governance. OCCG Audit and Finance sub-committee Chairs have already met their equivalent in OUHFT and OHFT.

AF21 Transformational Change: the risk rating has remained at 16 with a Likelihood of 'Likely' and Consequence as 'Major'.

- The risk description below:
There is a risk that NHS services (primary, secondary and community) will not be able to respond to the anticipated level of demand over the next 5 years and 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 and at BOB STP level
has a proposed **new risk description of:**
There is a risk to clinical safety and financial sustainability through NHS services (primary, secondary and community) not being able to implement required service changes to respond to the anticipated level of demand at the scale and pace required.
- Operational risk 792 Legal Challenges around Service Changes which was a Red risk with a risk rating of 20 has now been absorbed as part of this risk.
- Updated summary of current mitigation:

Good progress in setting up the Clinical Working groups. The Finance and Communication and Engagement Working Groups are meeting regularly. A timeline for Phase One Decision Making has been established to develop a Decision making Business Case (DMBC). Phase Two timeline has been mapped and a revised Case for Change and PCBC is being developed and agreed.

AF25 Achievement of Business Rules: the risk rating has remained at 16 with a Likelihood of 'Likely' and Consequence as 'Major'.

- The risk title was updated as *Achievement of Business Rules* from *Finance Allocation*.
- The risk description below:
There is a risk that demands on the 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 limits its ability for future sustainability and viability, which may also impact on providers and lead to a reduction in services.
has a proposed **new risk description of:**
There is a risk that cost pressures against the CCG allocation will lead to the non-delivery of the CCG's statutory financial duty (to operate within the allocation set) and the NHSE business rules for CCG's (currently minimum 1% cumulative/historic underspend, 0.5% contingency and 0.5% Non-recurrent spend). This will impact on future sustainability and viability, and in turn impact on providers and services.
- Updated summary of current mitigation:
The CCG has delivered its 16/17 financial plan performance. 17/18 contract agreement with OUHFT and OHFT include a three way risk sharing agreement and proposals for demand risk management and mitigation. There is a minimum of £18m identified demand and activity risk in the system with additional cost pressures expected from RTT management plans. Under the risk sharing arrangement the CCG is exposed to a significant element of this. System focus has to be on the delivery of agreed risk mitigations.

AF22 Quality: the risk rating has remained at 15 with a Likelihood of 'Possible' and Consequence as 'Catastrophic'.

- The Directors discussed this risk and reviewed it in line with CCG duties as a commissioning organisation. The Director of Quality further reviewed this risk with the Deputy Director of Quality and recommended that OCCG continue with the current risk description and risk rating. New Assurances however were added to the risk:
 - Performance Notices around JR administrative processes have been closed following the agreement of a trajectory
 - Provision of learning disability care will transfer from Southern Health to Oxford Health (01 July 2017).
- The risk description continues to be:

There is a risk that the 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.

- The summary of current mitigation continues to be:
OCCG receives a wide range of information relating to the quality of services in Oxfordshire. 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 complete. Contract performance notice to SCAS for 111 warm transfer rates remains in place. 61 out of 71 GP practices have been rated 'good' or 'outstanding' by CQC. No GP practices have been given an inadequate rating.

Risks recommended for closure and merger

No risks are recommended for closure in the Strategic Risk Register.

However as mentioned above the following Red Operational risks have now been absorbed into their overarching Strategic risks:

- 769 Primary Care Capacity has been absorbed in Strategic risk AF26 Delivery of Primary Care Services
- 792 Legal Challenges has been absorbed in Strategic risk AF21 Transformational Change.

Review of Extreme/Red Risks (score ≥ 20) on the Operational Risk Register

There are currently two Red risks in the Operational risk register. 758 DToC reduction became a Red risk post discussions at the Directors Risk review meeting.

789 Primary care Estates: the risk rating has remained at 20 with a Likelihood of 'Almost Certain' with Consequence as 'Major'.

- The risk description below:
There is a risk that there will be insufficient funding for the required improvement in the primary care estate to facilitate high quality primary care.
was reworded towards a **new risk description:**
There is a risk that the Primary Care estate will not be fit for purpose and there will be insufficient funding to address this.
- Updated summary of current mitigation:
Primary Care estate will be essential to the delivery of the primary care framework. Following unsuccessful bids to the Estates and Transformation Fund the CCG is looking for alternative sources of funding, establishing a baseline of current estates condition and capacity, meetings with Councils

over housing growth. This work will feed into phase two of the Oxfordshire transformation estates workstream.

758 DToC reduction: The Directors agreed that this is now an Extreme/Red risk with the Likelihood moving up from 'Likely' to 'Almost Certain' and the Consequence as 'Major'.

- The Directors agreed that the current risk description was still relevant and did not need changing:
There is a risk that Oxfordshire will fail to deliver on its plan to reduce Delayed Transfers of Care by 50% and this will result in poor quality and outcomes for patients and their families, unnecessary excess costs and greater external scrutiny.
- Updated summary of current mitigation:
The health and social care system purchase of intermediate care beds is managed through a discharge and liaison hub.
The short-term initiative was built into a long term plan. The DTOC plan is now being revised into 2 elements: short-term mitigation of the HART issues through until full staffing is achieved (expected 31/08/17); and an increase in underlying dom care and nursing home capacity delivered in a Trusted assessor model.

OCCG PRIORITIES:

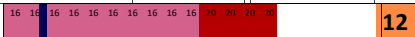

1. Operational Delivery
2. Transforming Health and Care
3. Devolution and Integration
4. Empowering Patients
5. Engaging Communities
6. System Leadership

| Appendix 1 All OCCG risks presented under OCCG PRIORITIES | | | |
|--|-------------|---|----|
| PRI1 – Operational Delivery | AF19 | Demand and Performance Challenges | 20 |
| | AF26 | Delivery of Primary Care Services | 20 |
| | AF25 | Achievement of Business Rules | 16 |
| | AF22 | Quality | 15 |
| | 758 | DToC Reduction | 20 |
| | 731 | Urgent Theatre Cancellations | 16 |
| | 735 | OUH Test Results | 16 |
| | 771 | Inpatient Discharge Summaries | 16 |
| | 761 | OCCG Savings Plan Delivery | 16 |
| | 770 | Outpatient Communication Between Primary and Secondary Care | 15 |
| | 767 | GP Primary Care – Finance | 12 |
| | 797 | A&E Four Hour Wait | 12 |
| | 762 | Pooled Budget Arrangements – Financial Reporting | 12 |
| | 765 | CSU Performance and Resilience | 9 |
| | 791 | Stakeholder Engagement in Transformation | 9 |
| | 790 | Horton Obstetric Led Unit | 8 |
| | 796 | Major Incident Response | 8 |
| | 704 | Patient Safety 111 Service | 6 |
| PRI2 – Transforming Health and Care | AF26 | Delivery of Primary Care Services | 20 |
| | AF21 | Transformational Change | 16 |
| | AF20 | System Leadership | 16 |
| | AF22 | Quality | 15 |
| | 789 | Primary Care Estate | 20 |
| | 758 | DToC Reduction | 20 |
| | 761 | OCCG Savings Plan Delivery | 16 |
| | 767 | GP Primary Care – Finance | 12 |
| | 762 | Pooled Budget Arrangements – Financial Reporting | 12 |
| | 765 | CSU Performance and Resilience | 9 |
| PRI3 – Devolution and Integration | AF20 | System Leadership | 16 |
| | 758 | DToC Reduction | 20 |
| | 767 | GP Primary Care – Finance | 12 |
| | 762 | Pooled Budget Arrangements – Financial Reporting | 12 |
| | 791 | Stakeholder Engagement in Transformation | 9 |
| PRI4 – Empowering Patients | 797 | A&E Four Hour Wait | 12 |
| PRI5 – Engaging Communities | AF19 | Demand and Performance Challenge | 20 |
| | AF21 | Transformational Change | 16 |
| | 791 | Stakeholder engagement in Transformation | 9 |
| PRI6 – System Leadership | AF19 | Demand and Performance Challenge | 20 |
| | AF20 | System Leadership | 16 |
| | 758 | DToC Reduction | 20 |
| | 731 | Urgent Theatre Cancellations | 16 |
| | 735 | OUH Test Results | 16 |


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|--|-----|---|----|
| | 771 | Inpatient Discharge Summaries | 16 |
| | 770 | Outpatient Communication Between Primary and Secondary Care | 15 |
| | 767 | GP Primary Care – Finance | 12 |
| | 797 | A&E Four Hour Wait | 12 |
| | 762 | Pooled Budget Arrangements – Financial Reporting | 12 |
| | 765 | CSU Performance and Resilience | 9 |
| | 791 | Stakeholder Engagement in Transformation | 9 |
| | 704 | Patient Safety 111 Service | 8 |
| | 796 | Major Incident Response | 8 |

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

11 May 2017

| Ref | Description | Likelihood | | | | Current Mitigation |
|-------|---|------------|--|-----------|-----------|---|
| AF19 | Demand and Performance Challenges | Init | 2015-2016 | 2016-2017 | 2017-2018 | Acceptable residual risk |
| QPC | There is a risk that there will be poor patient experience and outcomes as a result of poor performance indicated by the CCG not meeting the NHS Constitution standards. | 16 |  | | 12 | Revised A&E Delivery Board action plan in place with Executive leads identified to report in on Delayed Transfers of Care and other workstreams. Cancer targets to be fully to be met in April (reported in June). Early results for March are 83.3% for 62 day treatment target and all others met. In February 2017 7 of 8 standards met with a 10% improvement in the 62 day treatment standard. Monthly joint meetings for cancer and RTT are in place with OUH and CCG. Biweekly teleconference calls with NHSI, NHSE OUH and CCG also in place to agree plans. Trust working up a recovery plan to meet RTT by clearing backlog and balancing run rate to be agreed with all Commissioners. Chief Executives met to discuss RTT and Cancer issues on 26th April 2017; result was agreed it was a system problem, an Improvement Director to be appointed to manage the short term and medium term plans, accountable to CEOs. NHSI are discussing with OUHFT the terms of their license – update will be provided at Board meeting. A&E improvement - not to 95%, but recently improved to around 90%, which is consistent with regional performance year to date. A&E Trajectory and System Mitigation Triggers being finalised for system agreement through A&E Delivery Board and COOs. Due to external factors having an impact on A&E performance this is challenging for OUH. There is opportunity as discussed with NHSE/NHSI for an improved trajectory to reach pre-agreement on triggers to mitigate any loss of STF for performance below trajectory. If agreement can be reached on triggers, then it is anticipated that a trajectory can be agreed. |
| | | | Manager: Hedges, Diane | | | |
| | | | Opened: 10/02/2015 | | | |
| | | | Target Date: 31/03/2017 | | | |
| AF26 | Delivery of Primary Care Services | Init | 2015-2016 | 2016-2017 | 2017-2018 | Acceptable residual risk |
| OPCCC | There is a risk that in some areas the sustainability of primary care is challenged and this will adversely impact on the delivery of primary, secondary and wider health system services which will impact on the care received by patients. | 20 |  | | 8 | It is recognised that all of primary care is challenged to some extent and the CCG is supporting practices through the GP Resilience Funding as necessary. Banbury primary care is particularly challenged and a paper on a way forward has been presented to the private session of the Oxfordshire Primary Care Commissioning Committee. The CCG is working with the Banbury practices to achieve a sustainable primary care for the patients of Banbury and further engagement with the public and patients is planned following purdah. With the Primary Care Framework now agreed by the CCG board, locality groups are starting discussion around locality place based plans which will outline how to achieve a local sustainable primary care service. |
| | | | Manager: Hedges, Diane | | | |
| | | | Opened: 01/11/2016 | | | |
| | | | Target Date: 11/12/2017 | | | |

| Ref | Description | Likelihood | | | | Current Mitigation |
|------|--------------------------------------|------------|--|-----------|-----------|---|
| AF20 | System Leadership | Init | 2015-2016 | 2016-2017 | 2017-2018 | Acceptable residual risk In light of the recently published the 'Next Steps on the NHS Five Year Forward View' and discussed at the OCCG Board workshop; it was concluded that the approach to the system wide working needs to be reviewed. The CCG CEO and Chair are due to meet their equivalents in main providers and County Council to discuss possible way forward including changes required to system wide governance. OCCG Audit and Finance sub-committee Chairs have already met their equivalent in OUHFT and OHFT. |
| | FIN | 16 | 16 16 16 16 12 12 12 12 16 16 16 16 | | 8 | |
| | | | Manager: Smith, David | | | |
| | | | Opened: 05/02/2015 | | | |
| | | | Target Date: 29/01/2017 | | | |
| AF21 | Transformational Change | Init | 2015-2016 | 2016-2017 | 2017-2018 | Acceptable residual risk Good progress in setting up the Clinical Working groups. The Finance and Communication and Engagement Working Groups are meeting regularly. A timeline for Phase One Decision Making has been established to develop a Decision making Business Case (DMBC). Phase Two timeline has been mapped and a revised Case for Change and PCBC is being developed and agreed. |
| | FIN | 25 | 16 16 16 16 16 16 20 20 20 20 16 16 16 | | 9 | |
| | | | Manager: Smith, David | | | |
| | | | Opened: 05/02/2015 | | | |
| | | | Target Date: 31/07/2017 | | | |
| AF25 | Achievement of Business Rules | Init | 2015-2016 | 2016-2017 | 2017-2018 | Acceptable residual risk The CCG has delivered its 16/17 financial plan performance. 17/18 contract agreement with OUHFT and OHFT include a three way risk sharing agreement and proposals for demand risk management and mitigation. There is a minimum of £18m identified demand and activity risk in the system with additional cost pressures expected from RTT management plans. Under the risk sharing arrangement the CCG is exposed to a significant element of this. System focus has to be on the delivery of agreed risk mitigations. |
| | FIN | 20 | 16 12 12 12 12 12 12 12 16 16 16 16 | | 9 | |
| | | | Manager: Kenworthy, Gareth | | | |
| | | | Opened: 10/02/2015 | | | |
| | | | Target Date: 06/11/2017 | | | |

| Ref | Description | Likelihood | | | | | Current Mitigation |
|------|---|--------------|--|-----------|-----------|--------------------------|--|
| AF22 | Quality | Init | 2015-2016 | 2016-2017 | 2017-2018 | Acceptable residual risk | OCCG receives a wide range of information relating to the quality of services in Oxfordshire. 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 complete. Contract performance notice to SCAS for 111 warm transfer rates remains in place. |
| 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. | 10 |  | | | 5 | |
| | | Manager: | Wiltshire, Sula | | | | |
| | | Opened: | 09/02/2015 | | | | |
| | | Target Date: | 31/03/2017 | | | | |
| | | | | | | | 61 out of 71 GP practices have been rated 'good' or 'outstanding' by CQC. No GP practices have been given an inadequate rating. |

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

11 May 2017

| Ref | Description | Likelihood | Current Mitigation |
|-------|---|---|---|
| 789 | Primary Care Estate | | |
| OPCCC | There is a risk that the Primary Care estate will not be fit for purpose and there will be insufficient funding to address this. | <div> <div>Init</div> <div>2015-2016</div> <div>2016-2017</div> <div>2017-2018</div> <div>Acceptable residual risk</div> </div> <div> <div>16</div> <div></div> <div>8</div> </div> | <p>Dandridge, Ms Julie</p> <p>Target : 09/01/2018</p> <p>Opened: 13/07/2016</p> <p>Primary Care estate will be essential to the delivery of the primary care framework. Following unsuccessful bids to the Estates and Transformation Fund the CCG is looking for alternative sources of funding, establishing a baseline of current estates condition and capacity, meetings with Councils over housing growth. This work will feed into phase two of the Oxfordshire transformation estates workstream.</p> |
| 758 | DToC reduction | | |
| QPC | There is a risk that Oxfordshire will fail to deliver on its plan to reduce Delayed Transfers of Care by 50% and this will result in poor quality and outcomes for patients and their families, unnecessary excess costs and greater external scrutiny. | <div> <div>Init</div> <div>2015-2016</div> <div>2016-2017</div> <div>2017-2018</div> <div>Acceptable residual risk</div> </div> <div> <div>20</div> <div></div> <div>8</div> </div> | <p>Bottomley, Mr Ian</p> <p>Target : 27/02/2015</p> <p>Opened: 10/02/2015</p> <p>The health and social care system purchase of intermediate care beds is managed through a discharge and liaison hub.</p> <p>The short-term initiative was built into a long term plan. The DTOC plan is now being revised into 2 elements: short-term mitigation of the HART issues through until full staffing is achieved (expected 31/08/17); and an increase in underlying dom care and nursing home capacity delivered in a Trusted assessor model.</p> |