



# OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD

<b>Date of Meeting:</b> 26 July 2018	<b>Paper No:</b> 18/49
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**Title of Paper:** Oxfordshire CCG Risk Register

<b>Paper is for:</b> (please delete tick as appropriate)	<b>Discussion</b> ✓	<b>Decision</b> ✓	<b>Information</b> ✓
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<b>Conflicts of Interest</b> (please delete tick as appropriate)	
This is the OCCG Risk Register that identifies any risks, threats and opportunities across all business activities in the CCG.	
No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflicted party is excluded from discussion	

**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  $\geq 20$ ) on the Operational Risk Register.

**Engagement: clinical, stakeholder and public/patient:**  
OCCG engages with Board and its sub-committees as well as with all OCCG Directors via the bi-monthly 'Directors Risk Review meeting' to discuss its risks.

**Financial Implications of Paper:**  
Risk Registers identify risks; threats and opportunities and the steps proposed to mitigate these risks. This process enables risks to be identified, evaluated, analysed and reported across the CCG.

**Action Required:**  
**The Board is asked to agree the decision** on Strategic Risks AF21 Transformational Change and AF20 System Leadership taken by the Directors in

the Directors Risk Review meeting on 3 July 2018:

- The Directors agreed on closing Strategic Risks AF21 Transformational Change and AF20 System Leadership in order to open a new Strategic risk that combines these two risks and reflects the current OCCG situation.

**The Board is asked to review and note recent updates to OCCG risks:**

- The Risk Title for AF22 Quality has been updated to reflect the realities in rectifying healthcare quality issues in Oxfordshire (as identifying quality issues is no longer a risk factor).
- There are three Red/Extreme (risk rating  $\geq 20$ ) Strategic Risks with a current risk rating of 20. These are:
  - AF21 - Transformational Change (decision for closure)
  - AF25 – Achievement of Business Rules
  - AF19 - Demand and Performance Challenges
- There are three Extreme/Red Operational risks with a current risk rating of 20. These are:
  - 762 – Pooled Budget Arrangements – Financial Reporting
  - 789 – Primary Care Estate
  - 797 – A&E Four Hour Wait

Despite all the actions being taken across the whole system in these critical areas these remain acute risks. These are systematic problems that the local health economy is struggling to manage and an indication of the stress that the NHS is under. This reiterates the real importance of the work we are undertaking to progress the system working through revised arrangements to the Health and Wellbeing Board and other joint fora.

A summary of all live OCCG 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.

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**Date of Paper:** 11 July 2018

## 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  $\geq 20$ .

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 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

Key to calculating risk ratings		
Colour Code	Risk score	Risk Rating
	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 May 2018

Since the last Board meeting on 24 May 2018; all OCCG risks were recently discussed at the Directors Risk Review meeting on 03 July 2018.

The OCCG Strategic Risk Register Executive Summary and the Operational Risk Register (Extreme/Red risks) indicate the risk reference of our Board sub-committee meetings that are responsible for the review of the risks in detail. These are:

- The Strategic risk register was reviewed by the Audit Committee on 19 June 2018.
- The Financial risk register was reviewed by the Finance Committee on 24 May 2018.
- The Quality risk register was reviewed by the Quality Committee on 28 June 2018.
- The Primary Care risk register was reviewed by the OPCCC on 01 May 2018.

### Risks recommended for closure and merger

The Directors Risk Review meeting decided to close Strategic risk AF21 Transformational Change and AF20 System Leadership and open a new Strategic risk that combines these two risks and reflects the current OCCG approach to system working.

Strategic Risks for closure	Rationale for risk closure	Proposed new risk that combines both Strategic risks
<p><b>AF20</b> 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</p> <p>Current risk rating of 16 (High risk)</p>	<ul style="list-style-type: none"> <li>• Origin of risks dates back to February 2015</li> <li>• Mitigations are related to system collaboration</li> <li>• The revised Health and Wellbeing Board seeks to address the key aspects of this risk</li> <li>• Establishment of the CEO working principles and Integrated System Delivery Board are specific actions that have been discharged.</li> </ul>	<p><b>Proposed new risk title:</b> There is a risk that that the needs of the population cannot be met in a sustainable way based on the current ways of working across the system.</p>
<p><b>AF21</b> 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</p> <p>Current risk rating of 20 (Red/Extreme risk)</p>	<ul style="list-style-type: none"> <li>• Origin of risks dates back to February 2015</li> <li>• Mitigations include effective use of a population health management approach</li> <li>• Actions are specifically related to the Transformation Programme as was</li> <li>• The challenges within the Transformation Programme and specifically the Judicial Review have impacted on the risk rating</li> <li>• The risk as it is currently reflected has changed in light of the agreed work towards integrated system deliver</li> <li>• A sustainability risk suggests that this could be better described by a new risk that includes system capacity and responds to population needs.</li> </ul>	<p><b>Proposed new risk rating:</b> 16 (High risk) with a Likelihood of 'Likely' and consequence as 'Major'.</p>

### Changes and updates to Strategic risks since last Board meeting:

**AF25 Achievement of Business Rules** continues to have a risk rating of 20 (Red/Extreme risk) with a Likelihood of 'Almost Certain' and Consequence as 'Major'.

- The summary of current mitigation changed from:

The CCG 18/19 Financial Plan, including risk assessment and mitigations has been submitted. OUH & OH Community contracts agreed. The OUH contract is a volume based PbR agreement with activity over-performance risk to be mitigated via activity management (contract) and demand management (savings) schemes. This is a higher risk contracting position to previous years.

To:

The CCG 18/19 Financial Plan, including risk assessment and mitigations has been submitted. The OUH contract is a volume based PbR agreement with activity over-performance risk to be mitigated via activity management (contract) and demand management (savings) schemes. This is a higher risk contracting position to previous years. In the light of this and reported activity to Month 2, the CCG has implemented an in-year Financial Recovery Plan (FRP).

**AF26 Delivery of Primary Care Services** continues to have a risk rating of 16 (High risk) with a Likelihood of 'Likely' and Consequence as 'Major'.

- The summary of current mitigation changed from:

Primary care needs to remodel to deliver the increased demand in contacts of around 4% per annum and to proactively support rising demographic needs from long term conditions and frailty. Solutions are working to address workload (GP access hubs, triage, home visiting, care navigators, social prescribing), workforce (skill mix, partner to salaried shift, portfolio careers) and infrastructure (mergers and estate). The CCG is supporting individual practices through the GP Resilience Funding as necessary. Banbury has had particular mitigating actions to address vacancies, rising costs of locums and vulnerable practices. The locality groups are working to deliver their locality place based plans with the view that these will identify how to achieve sustainability in the locality. As part of the locality plan the CCG has prioritised some recurrent funding to increase capacity in primary care.

To:

Primary care needs to transform to deliver the increased demand in contacts of around 4% per annum and to proactively support rising demographic needs from long term conditions and frailty. Solutions are working to address workload (GP access hubs, triage, home visiting nurses, care navigators, social prescribing), workforce (Skill mix, Partner to salaried shift, portfolio careers) and infrastructure (mergers, working at scale and estate). The CCG is supporting practices through the GP Resilience Funding as necessary. An innovative solution for Banbury has now been found with the aim of implementation by winter 2018. Primary Care continues to work to ensure it provides whole system support with a focus on reducing urgent care demand.

### **Changes to Risk Description:**

**AF22 Quality** continues to have a risk rating of 15 with a Likelihood of 'Possible' and Consequence as 'Catastrophic'.

- Further to discussions at the Directors Risk Review meeting, the Risk description changed from:

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.

To:

There is a risk that the OCCG, having identified, will not be able to rectify healthcare quality issues in Oxfordshire: resulting in sub-optimal care to patients, poor patient experience and a lack of clinical effectiveness.

## **Review of Extreme/Red Risks (score $\geq$ 20) on the Operational Risk Register**

**762 Pooled Budget Arrangements** continues with a risk rating of 20 with a Likelihood of 'Almost Certain' and Consequence as 'Major'.

- The summary of current mitigation changed from:

A revised Section 75 Agreement was signed in July 2017 which covers the period up to 31 March 2019. The agreement and subsequent risk share followed a review of the pool structure and budgets that are included within in. The CCG internal audit team are currently carrying out an audit of the processes and procedures used in reporting.

To:

June 2018: Internal audit work is ongoing with escalation by the Director of Finance to appropriate directors within Oxford Health. Initial contributions shared and risk share proposals to be agreed as soon as possible. A revised Section 75 agreement was signed in July 2017 which covers the period up to 31 March 2019. The agreement and subsequent risk share followed a review of the pool structure and budgets that are included within it. The CCG Internal Audit Team are currently carrying out an audit of the processes and procedures used in reporting.

**789 Primary Care Estate** continues with a risk rating of 20 with a Likelihood of 'Almost Certain' and Consequence as 'Major'.

- The summary of current mitigation changed from:

Locality place based plans are identifying issues with primary care estates. A tactical delivery plan has been prepared and work is ongoing to identify priorities and timelines. There are specific issues around Wantage, Kidlington, Wallingford, Bicester, Upper Heyford, Didcot, Abingdon and Oxford city. Links have been made with the One Public Estate agenda

To:

Locality place based plans have identified concerns for primary care estates. A tactical delivery plan has been prepared and work is ongoing to identify priorities and timelines. There are specific issues around Wantage, Kidlington, Bicester, Upper Heyford, Didcot, Abingdon and Oxford City. Links have been made with the One Public Estate agenda. A bid for STP capital to be submitted for Didcot.

**797 A&E Four Hour Wait** continues with a risk rating of 20 with a Likelihood of 'Almost Certain' and Consequence as 'Major'.

- The summary of current mitigation changed from:

The A&E Delivery Board Improvement Plan was signed off by A&EDB at its meeting on 15 March 2018. It forms part of the CQC Action Plan agreed for the Oxfordshire system and sets out how A&E Delivery Board will deliver those actions necessary to improve flow through the urgent care pathway. The detail for the plan has been reviewed by the System Flow Executive (SFE) in the light of Dr Ian Sturgess' event

on 22 March. February 2018 realignment of A&E Delivery Board Improvement Plan in line with ECIP / Hunter, Carnall Farrer and CQC recommendations – senior executive leadership of priorities. Winter pressures funding agreed by NHS England to deliver improvement in A&E performance – schemes agreed to increase staffing portering and cleaning, patient transport and communication.

To:

Prioritization process through System Flow Executive to agree 5 key system priorities aligned with strategic plans. Update of The AEDB Improvement Plan was signed off by AEDB at its meeting on 15/3/18. It forms part of the CQC Action Plan agreed for the Oxfordshire system and sets out how AEDB will deliver those actions necessary to improve flow through the urgent care pathway.

### OCCG PRIORITIES:

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

<b>Appendix 1</b>			
<b>All OCCG risks presented under OCCG PRIORITIES</b>			
<b>802PRI1 – Operational Delivery</b>	<b>AF19</b>	Demand and Performance Challenge	20
	<b>AF21</b>	Transformational Change	20
	<b>AF25</b>	Achievement of Business Rules	20
	758	DToC Reduction	16
	789	Primary Care Estate	20
	797	A&E Four Hour Wait	20
	762	Pooled Budget Arrangements – Financial Reporting	20
	<b>AF20</b>	System Leadership	16
	<b>AF26</b>	Delivery of Primary Care Services	16
	735	OUH Test Results	16
	771	Inpatient Discharge Summaries	16
	761	OCCG Savings Plan Delivery	16
	791	Stakeholder Engagement in Transformation	16
	798	Performance in RTT	16
	<b>AF22</b>	Quality	15
	770	Outpatient Communication Between Primary and Secondary Care	15
	799	Primary Care Workforce	12
	802	CAMHS Waiting Times	16
	803	Cyber Attack	12
	765	CSU Performance and Resilience	9
790	Horton Obstetric Led Unit	8	
796	Major Incident Response	8	
765	CSU Performance and Resilience	9	
<b>PRI3 –</b>	758	DTOC Reduction	16

<b>Devolution and Integration</b>	762	Pooled Budget Arrangements – Financial Reporting	20
	<b>AF20</b>	System Leadership	16
	<b>AF26</b>	Delivery of Primary Care Services	16
	791	Stakeholder Engagement in Transformation	16
<b>PRI4 – Empowering Patients</b>	797	A&E Four Hour Wait	20
<b>PRI5 – Engaging Communities</b>	<b>AF19</b>	Demand and Performance Challenge	20
	<b>AF21</b>	Transformational Change	20
	791	Stakeholder engagement in Transformation	16
<b>PRI6 – System Leadership</b>	<b>AF19</b>	Demand and Performance Challenge	20
	758	DToC Reduction	16
	797	A&E Four Hour Wait	20
	762	Pooled Budget Arrangements – Financial Reporting	20
	<b>AF20</b>	System Leadership	16
	735	OUH Test Results	16
	771	Inpatient Discharge Summaries	16
	798	Performance in RTT	16
	770	Outpatient Communication Between Primary and Secondary Care	15
	765	CSU Performance and Resilience	9
	791	Stakeholder Engagement in Transformation	16
	796	Major Incident Response	8

AF21	<b>Transformational Change</b>	25	9	The phase two elements are under review. All service improvements are to be developed through a place based, population health management model. The final strategy sign off and governance arrangements are awaited from the Health and Wellbeing Board
FIN	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.	Manager: Louise Patten Date opened: 05/02/2015 Target date: 31/12/2019		
AF25	<b>Achievement of Business Rules</b>	20	12	The CCG 18/19 Financial Plan, including risk assessment and mitigations has been submitted. The OUH contract is a volume based PbR agreement with activity over-performance risk to be mitigated via activity management (contract) and demand management (savings) schemes. This is a higher risk contracting position to previous years. In the light of this and reported activity to Month 2, the CCG has implemented an in-year Financial Recovery Plan (FRP).
FIN	There is a risk that cost pressures against OCCGs allocation will lead to non-delivery of OCCG's statutory financial duty and NHSE business rules for CCG's. This will impact on future sustainability and viability and impact on providers and services	Manager: Gareth Kenworthy Date opened: 10/02/2015 Target date: 31/03/2018		
AF19	<b>Demand and Performance Challenges</b>	16	12	A&E Delivery Board overseeing revised urgent care plan. Stronger priorities driven by Emergency Care Improvement Programme (ECIP): diagnostics, OUHFT internal consultancy, demand and capacity profile. RTT/cancer meeting reporting to oversight group. Additional capacity being sought via Ramsay Healthcare. Delayed transfers show steady fall through SRO accountability and targets. 52 week wait reviews.
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.	Manager: Diane Hedges Date opened: 10/02/2015 Target date: 31/08/2018		
AF26	<b>Delivery of Primary Care Services</b>	20	8	Primary care needs to transform to deliver the increased demand in contacts of around 4% per annum and to proactively support rising demographic needs from long term conditions and frailty. Solutions are working to address workload (GP access hubs, triage, home visiting nurses, care navigators, social prescribing), workforce (Skill mix, Partner to salaried shift, portfolio careers) and infrastructure (mergers, working at scale and estate). The CCG is supporting practices through the GP Resilience Funding as necessary. An innovative solution for Banbury has now been found with the aim of implementation by winter 2018. Primary Care continues to work to ensure it provides whole system support with a focus on reducing urgent care demand.
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.	Manager: Diane Hedges Date opened: 01/11/2016 Target date: 24/09/2019		

AF20	<b>System Leadership</b>
FIN	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

**16** 16 16 12 16 16 16 16 16  
 Manager: Louise Patten  
 Date opened: 05/02/2015  
 Target date: 31/03/2019

**8** All key health and care organisations are actively working together to strengthen system wide collaboration. A system governance proposal is being agreed at the Health & Wellbeing board and subsequently our system work will align accordingly

AF22	<b>Quality</b>
QPC	There is a risk that the OCCG, having identified, will not be able to rectify healthcare quality issues in Oxfordshire: resulting in sub-optimal care to patients, poor patient experience and a lack of clinical effectiveness.

**10** 15 15 15 15 15 15 15 15  
 Manager: Sula Wiltshire  
 Date opened: 09/02/2015  
 Target date: 31/12/2018

**10** OCCG receives a wide range of information relating to the quality of services in Oxfordshire. Oversight of all these issues is undertaken by the Quality Committee where processes and information are reviewed regularly to ensure they are dynamic and to identify quality challenges. Current evidence that information is shared between providers & OCCG regarding Quality issues.

<p>762</p> <p>FIN</p>	<p><b>Pooled Budget Arrangements - Financial Reporting</b></p> <p>The financial reporting information from OCC hosted pooled budgets is subject to too much uncertainty and variability which creates a risk that effective management action cannot be taken or is sub optimal. This may lead to financial losses.</p>	<p>8</p> <p>8 12 12 12 9 20 20 20 20</p> <p>Manager: Julia Boyce</p> <p>Date opened: 17/08/2015</p> <p>Target date: 31/12/2018</p>	<p>6</p> <p>June 2018: Internal audit work is ongoing with escalation by the Director of Finance to appropriate directors within Oxford Health. Initial contributions shared and risk share proposals to be agreed as soon as possible. A revised Section 75 agreement was signed in July 2017 which covers the period up to 31 March 2019. The agreement and subsequent risk share followed a review of the pool structure and budgets that are included within it. The CCG Internal Audit Team are currently carrying out an audit of the processes and procedures used in reporting.</p>
<p>789</p> <p>OPCCC</p>	<p><b>Primary Care Estate</b></p> <p>There is a risk that the Primary Care estate will not be fit for purpose and there will be insufficient funding to address this.</p>	<p>16</p> <p>20 20 20 20 20 20 20 20</p> <p>Manager: Julie Dandridge</p> <p>Date opened: 13/07/2016</p> <p>Target date: 31/03/2021</p>	<p>8</p> <p>Locality place based plans have identified concerns for primary care estates. A tactical delivery plan has been prepared and work is ongoing to identify priorities and timelines. There are specific issues around Wantage, Kidlington, Bicester, Upper Heyford, Didcot, Abingdon and Oxford City. Links have been made with the One Public Estate agenda. A bid for STP capital to be submitted for Didcot.</p>
<p>797</p> <p>QPC</p>	<p><b>A&amp;E Four Hour Wait</b></p> <p>There is a risk that there is not enough capacity (workforce, infrastructure) in the Urgent Care system to enable flow, improve performance, patient safety and support patients.</p>	<p>12</p> <p>16 12 12 20 20 20 20 20</p> <p>Manager: Sara Wilds</p> <p>Date opened: 08/05/2017</p> <p>Target date: 31/05/2018</p>	<p>6</p> <p>Prioritization process through System Flow Executive to agree 5 key system priorities aligned with strategic plans. Update of The AEDB Improvement Plan was signed off by AEDB at its meeting on 15/3/18. It forms part of the CQC Action Plan agreed for the Oxfordshire system and sets out how AEDB will deliver those actions necessary to improve flow through the urgent care pathway.</p>