Oxfordshire
Clinical Commissioning Group

OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD

Date of Meeting: 9 June 2020	**Paper No:** 20/23

Title of Paper: OCCG Strategic and Operational Risk Registers

Paper is for: (please delete tick as appropriate)	**Discussion**	✓	**Decision**	✓	**Information**	✓

Conflicts of Interest (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:
To provide the Board with an update from the Directors Risk Review meeting held on 30 April 2020 where the Clinical Risks arising from COVID-19, the Strategic Risks and Operational Risk 796 were reviewed.

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 note the content of the paper and to approve the new risk: AF35 – There is a risk the Oxfordshire healthcare system may be unable to balance

the needs of patients with COVID -19 with those without COVID-19 in order to deliver safe and effective care which may lead to patient harm.

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:
Not Applicable

Link to Risk:
The paper concerns the OCCG Strategic and Operational Risk Registers

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Date of Paper: 1 June 2020

Review of the Risk Register
A Directors Risk Review (DRR) meeting was held on 30 April 2020 to review the risk management processes. The DRR noted at this time of year it would have been normal to review the corporate objectives and the risk registers. However, during the COVID-19 incident services were being delivered differently and consideration was required around whether time should be spent on actively mitigating business as usual risks. Concern was expressed about the balance between COVID and non-COVID risks. The DRR reviewed the Clinical Risks arising from COVID-19, the Strategic Risks and Operational Risk 796.

Clinical Risks
The clinical risks arising from COVID-19 had also been discussed at the CCG Executive Committee meeting on 16 April 2020 and Locality Clinical Directors would be asked to be involved in their areas of responsibility. That discussion had also raised the concern of care homes and social care support and it was noted a multi-agency bronze cell had been formed to work on a review and risk assessment of care homes.

At the DRR meeting it was agreed that all clinical risks rated 12 and under would be given to risk owners to manager with escalation should the risk increase. Risks rated >12 would be included in the Quality Committee paper.

The clinical risk situation is dynamic. Deep dives have been conducted into all risks which are graded as red at any point. Currently the planned care and the cancer positions are under close scrutiny to ensure the risk is accurate. The Quality team is updating the clinical risk register every one to two weeks.

Strategic Risks
The following actions on the Strategic Risks were agreed:

- *AF35 – There is a risk that the impact of COVID-19 may affect the ability of the Oxfordshire healthcare system to deliver safe and effective patient care – this may led to patient harm*: the wording of the risk to be reviewed to reflect the management of clinical risk across the whole population and that care would not be managed in a balanced way. This is a new risk and needs to be approved by the Board. Subsequent to the DRR meeting the following wording was agreed: There is a risk the Oxfordshire healthcare system may be unable to balance the needs of patients with COVID -19 with those without COVID-19 in order to deliver safe and effective care which may lead to patient harm
- *AF33 – There is a risk that organisational change to the CCG may impact on the organisation's ability to continue to deliver the business/statutory duties*: the controls/assurance/actions would be reviewed in the context of transitioning to a new Chief Executive Officer and the lack of clarity around the consultation on a single management team
- *AF34 – There is a risk that failure to comply with national targets will result in poor patient experience*: the active management or mitigation of this risk to be reviewed and whether it should become part of AF35 considered
- *AF31 – Risk the system does not work effectively together requirements of the Long Term Plan will not be delivered. Implications are that we may not be able to ensure the delivery of services to meet population need and that the*

funding we can attract is limited: the details of the risk to be considered as the system had been working well together and evidence to support was available

- Consideration to be given to a new risk around restoration and recovery; national control; staff burnout; uncertainty; taking forward learning; definition of the new future.

Operation Risk 796

The DRR considered operational risk 796, There is a risk that OCCG will not be able to respond appropriately to a major incident or business disruption, noting due to COVID-19 this was no longer a risk but an issue. Hindsight indicated the risk had not been correctly worded. There was a need to learn from the experience and consider: IT requirements; working differently and office space required; work undertaken by the Staff Partnership Forum and the Health and Wellbeing Group; responsibilities of the employer and those of the employee; psychological support as a CCG rather than a provider; restoration and recovery; clinical leadership access.

Head	Service	Risk	Mitigation	Consequence	Likelihood	Score
Sara Wilds	Medicines Management	Issues: drug costs,workforce, capacity and supply of medicines - cordination of supply of critical medicines being managed centrally by NHSEI supply team to ensure avaialbilty. For primary care business decisions by community pharmacy creates issues for patients and practices and also increased drug costs. Finanicial impact unknown however significant over ordering issues in Feb/March and significant overspend on March primary care prescribing budget. Supply issues are a concern esp critical care drugs and issues with primary care drugs often linked to wholesaler quota limits to community pharmacy. Workforce issues especially in acute setting - clinical pharmacists supporting nursing staff. Requirement from regional meds and pharmacy cell to start to prioritise plans to support primary care enhanced clinical support to care homes to reduce risk of harm during COVID period	We have established regional structure and Oxfordshire Pharmacy and Meds Opt Cell to escalate and also coordinate Professional and clinical leadership, Professional and medicines governance, Staff deployment, Alignment to local EPRR, This cell consists of Chief Pharmacist OUH, Chief Pharmacist OH, Head of Meds Opt CCG and LPC CEO/Chair, Daily calls at 3pm, Links across ICS CCGs to coordinate and share resources and regular calls, National Calls tues 4-5pm and national escalation route, Regional Calls Friday pm and regional escalation through Regional Chief Pharmacist Steve Brown, Daily team coordination and response calls also now include PCN lead pharmacist which enables coordination, cascade of info and support to PCN pharmacists	3	5	15
Neil Flint	Elective Care - Acute Providers	Issue: Elective (routine referrals) are paused leading to a build up of waiting list. This will then require recovery in the future. For patients in the meantime, this could result in deterioration leading to urgent referrals or complex treatments later, urgent referrals continue to be received by acute hospitals.	A&G has been set up by acute NHS providers to support patients and primary care manage patients. Patients on pathways of care are being contacted to support assessment of any exceptionality or risk requiring treatment in the meantime. Coms have gone out to practices. Virtual clinics are being utilised where non face to face can support patients - this is dependant on capacity. This is being monitored and captured thorugh discussions with providers to understand and risk assess any changes. As we move in to recovery, OUH is now developing a phased return to opening referrals, however this has not started yet. Services that were previously challenged are also being assessed alongside ICS partners to consider sharing wider capacity.	5	3	15
Neil Flint	Cancer Care - Acute Providers	Risk: Cancer pathways could be at risk if capacity of resource is required to support COVID. This could reduce treatments, limit access and increase complexity / stage of tumours.	NHS acute providers have maintained cancer pathways. This is being monitored with support of TVCA (of which CCG clinical and operational leads engage). Use of BMI and Manor sites to support capacity is underway. However, additional concern that Churchill is a back up site for COVID and if JR and Horton reach COVID capacity - there is a risk cancer at Churchill will then be impacted. National drive around communications which is supported thorugh TVCA as well as locally developed coms to encourage people to present. Work with TVCA has highlighted referrals are beginning to increase again on cancer pathways and capacity is being monitored against this. Areas of challenge - diagnostic, endoscopy etc are being looked at regionally to develop sustainable long term solutions. Furthermore, capacity with independant providers such as InHealth is also being explored to support provision and meet demand.	5	3	15
Ed Capo-Bianco	Urgent Care	There is a risk that patients are potentially not utilising urgent care services in a timely manner due to concerns regarding Covid-19, leading to increased morbidity and mortality. (e.g. CVA, MI)	Communications to general public regarding importance of timely presentation. Assurance sought regarding perceptions of emergency care staff - verbal assurance received that late presentations have not been observed by staff. National and local communications exercise to remind the public and GPs about accessing medical care during lockdown and beyond. ED attendance show a gradual increase but not at pre-covid levels.	5	3	15
Rachel Pirie	Care Homes	There is a risk that there may not be suitable levels of care to meet increased needs	Bronze cell co ordinating information provision for services, increased information and training available, bespoke support provide by CHSS. Increased primary and community care response is in place.	5	3	15
Rachel Pirie	Care Homes	There is a risk that there may be inadequate staffing levels and skills due to staff absence and increased demand and acuity on care homes	Daily assessment of services to identify services which are struggling, contingency plans in place to source staffing backup. Joint response from OH and OCC. Now being informed by the staff testing programme.	5	4	20
Alison Chapman	Safeguarding	Risk that CCG Commissioned Services and Primary care teams may be unable to identify, recognise and respond to safeguarding issues and concerns brought about through social distancing restrictions, service changes and altered staffing across all services. This included inappropriate or incorrect use of MCA and MHA legislation leading to inappropriate detention, reduced assessment processes to identify vulnerable individuals and risk issues, and hidden harm risks (DA, abuse in the home, changing carer responsibilities)	Maintain and support all consultation and supervision arrangements using mutual aid if required. Bi-weekly partnerships and systems meetings and bronze cells for vulnerability groups including care homes, LD, children and maternity with cross membership from safeguarding cell to align work streams. Close working partnership with comms teams to share best practice and updated guidance in a timely manner. Active involvement in at national, regional and local level safeguarding work streams to ensure parity of practice with other local areas. 28/05/20 Maintaining active and regular updates including service overview and partnership issues to promote joint planning and shared activity. Consultation and activity remains mixed in terms of face to face and virtual meetings. Close monitoring remains in place.	4	4	16
Linda Collins	Clinical Effectiveness	There is a risk that treatment is not continued, or initiated due to the risk to a patient who may have covid-19. This may impact upon the overall care of their condition.	National guidance from NICE and NHS England regarding the treatment of several patient groups/conditions. Royal Colleges are offering guidance for other specific conditions. This is reliant on the providers to remain up to date with updates to guidance and to implement these effectively. May 2020 - no change to this risk. National guidance still applies. Review started on systems recovery post covid which will include prioritising patients. Risk level could change.	3	5	15
Meenu Paul/Julie Dandridge	Primary Care	1. Risk that restrictions on access to primary care could result in delayed diagnosis of a) life-threatening conditions where immediate intervention is required and b) chronic illness where delays in assessment and treatment could impact on effectiveness of clinical care. There is also a risk that patients will delay in making contact with primary care due to concerns about catching COVID-19.	TVCA organising some cancer specific work. Oxfordshire will develop a plan to encourage patients to present with serious symptoms and to improve confidence in safely accessing healthcare. Some targeted work has already begun. We anticipate a BOB-wide piece of work and national communications to support this. A further piece of Oxfordshire work will focus on how primary care can be supported to manage patients whilst non urgent referrals remain closed - OUH supportive of this concept. National guidance on restarting referrals to secondary care is anticipated but will require careful implementation. Currently no restrictions on access to primary care, which is open as normal.	5	3	15

Meenu Paul/Julie Dandridge	Primary Care	3. Risk of reduced patient participation in preventative health programmes such as NHS Health Checks, childhood immunisation and cancer screening programmes.	A communications campaign aimed at both increasing patient confidence in safely accessing healthcare and the importance of preventative health measures. Childhood Imms will be subject of a specific drive for both practices and the public. We will explore the benefits of using social prescribing staff to fulfil roles such as health coaches - to check in and check on specific groups	**4**	**4**	**16**
Meenu Paul/Julie Dandridge	Mental Health (was under Primary Care)	4. Risk that mental health conditions may emerge/worsen during lockdown and patients may not seek help for this, resulting in increasing risk to themselves and others. Also similar risks with addiction and substance misuse	The CCG should determine how the needs of MH patients can best be supported in primary care and how primary care can best be supported to deliver that. We should consider further involvement of social prescribers and non face to face opportunities for patients to access help and support at home or in the community - electronically or otherwise.	**5**	**4**	**20**
Meenu Paul/Julie Dandridge	Primary Care	5. Risk that health inequalities become greater due to vulnerable patient groups being less able to access care under COVID restrictions.	Work with the Equalities team and third sector partners to seek approaches that specifically target seldom heard groups and or address inequality Inequalities working group to be reinstigated and take forward at pace, the work that was put on hold around inequalities and deprivation.	**4**	**4**	**16**

Other (specify in description), Helen Ward

Priorities affected: PRI1: Operational delivery
PRI2: Transforming health and care
PRI3: Devolution and integration
PRI4: Empowering patients
PRI5: Engaging communities
PRI6: System leadership

Identified on: 21/04/2020
Target closure: 29/05/2020

821 AF35

There is a risk the Oxfordshire healthcare system may be unable to balance the needs of patients with Covid-19 with those without Covid-19 in order to deliver safe & effective care which may lead to patient harm.

	Initial	Current	Target
Likelihood	LIKELY	LIKELY	RARE
Consequence	MAJOR	MAJOR	MAJOR
Overall rating	16	16	4

Summary of Current Mitigation

Individual issues and mitigations are listed in the attached spreadsheet.

Controls

Please refer to attached spreadsheet for details

Assurance

Please refer to attached spreadsheet for details

Gaps in Controls

Please refer to attached spreadsheet for details

Gaps in Assurance

Please refer to attached spreadsheet for details