

Agenda Item: 9

Meeting: Oxfordshire CCG Board

Date of Meeting	16 March 2021
Title of Paper	Risk Management and Assurance
Lead Director	Catherine Mountford, Director of Governance
Author(s)	Lesley Corfield, Governance Manager
Paper Type	Indicate whether the report presented is for: <ul style="list-style-type: none"> • Discussion and Information
Action Required	The Committee Members are asked to discuss and note the contents of the report.

Executive Summary

The Executive Directors with their teams have appropriately reviewed the OCCG risks in the context of a Level 4 incident and the main work effort being to support provider organisations in managing the COVID-19 pandemic and the vaccination response. The risks have not been scrutinised at Committee meetings but the detail for the Strategic Risk register has been shared with Lay Members and the Medical Specialist Adviser.

The risks have been updated for the current year but the main work for 2021/22 will be around aligning processes and looking at the three CCGs working together to develop a single approach to risk management.

AF28: Provider Workforce

The Directors Risk Review (DRR) recommended to the Board on 26 November 2020 that AF28 should be closed. However, a further review was requested. This has been undertaken and the view of the DRR remains that provider workforce is not something for which the CCG has experience or influence to manage or mitigate; it is a BOB wide programme that needs to be considered in the context of developing a risk register for the ICS. The DRR recommends risk AF28 should be closed.

The Strategic Risk Register Summary is attached. There are no Red rated Operational Risks.

For reference: OCCG's risk grading matrix:

Consequence	Likelihood				
	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

Summary Colour code	
Risk grading	Risk score
Low risk	1 – 4
Moderate risk	5 – 11
High risk	12 – 19
Extreme risk	20 – 25

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

08/03/2021

AF28 QPC	<p style="text-align: center;">Provider Workforce</p> <p>There is a risk that provider workforce constraints may impact on the ability of providers to deliver, leading to sub-optimal care.</p>	<p style="text-align: center;">16</p> <p>Manager: Sula Wiltshire</p> <p>Date opened: 02/07/2019 Target date: 31/12/2020</p>	<p style="text-align: center;">8</p> <p>Focus for providers and CCGs supported by the BOB Workforce programme has been to redeploy staff to support COVID response, vaccination programme and critical clinical services; this has included NHS returners and volunteers.</p>
AF29 FIN	<p style="text-align: center;">Cybersecurity</p> <p>Poor cybersecurity leaves OCCG at risk of cyber attack. This can result in data loss, ransom, denial of service, business continuity impacts and a barrier to data sharing. The consequences can be financial, operational, reputational and regulatory.</p>	<p style="text-align: center;">16</p> <p>Manager: Cecile Coignet</p> <p>Date opened: 01/07/2019 Target date: 03/08/2020</p>	<p style="text-align: center;">8</p> <p>Vulnerabilities have been identified. An action plan has been developed and adopted by the system group (ODSG). Progress on the action plan is reported to ODSG as joint delivery is required due to the shared network infrastructure.</p>
AF30 FIN	<p style="text-align: center;">Implementation of Digital Solutions</p> <p>Risk that we do not implement digital solutions to provide a complete single shared care record for Oxon. The consequence of this is that the benefits of delivering integrated person and population centred care aren't realised to their potential.</p>	<p style="text-align: center;">16</p> <p>Manager: Cecile Coignet</p> <p>Date opened: 01/07/2019 Target date: 03/08/2020</p>	<p style="text-align: center;">8</p> <p>HIE available and being used in OUH and GP practices. Programme Plan in place to implement other parts of the records as well as HealtheIntent (the PHM system) System governance arrangements established with the Oxfordshire Digital Steering Group (ODSG) having oversight of programme delivery, enabling the necessary buy-in for implementation and adoption. Primary care and OUH data now live in HIE. Funding is in place to progress introduction of OH and OCC data subject to confirmation of fit with ICS capital control total.</p>
AF32 FIN	<p style="text-align: center;">Use of Resources</p> <p>There is a risk that cost pressures against OCCGs allocation will lead to non-delivery of the CCG statutory financial duty and NHSE business rules. This would impact on future sustainability and viability and impact on providers and service delivery</p>	<p style="text-align: center;">16</p> <p>Manager: Gareth Kenworthy</p> <p>Date opened: 23/08/2019 Target date: 31/03/2020</p>	<p style="text-align: center;">12</p> <p>The CCG delivered its 2019/20 financial plan targets. However, the draft financial plan for 2020/21 anticipated the CCG being in deficit. In response to the COVID-19 pandemic, amended financial regime has been put in place by NHSE for all NHS organisations. The first phase of this allows the CCG to breakeven through reimbursement of all costs. The risk of non-delivery of financial duties in 2020-21 remains a risk. Post pandemic it is likely that there will be additional pressures arising eg. long term impacts on those recovering from infection, a backlog of elective work and also wider issues such as deteriorating mental health due to lock down measures.</p>

08/03/2021 17:25:21

Last reviewed by OCCG Governing Body 26/11/2021

AF35	COVID-19 impact on business as usual
QPC	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.

16
Manager: Helen Ward
Date opened: 21/04/2020
Target date: 31/12/2020

4 A prioritisation process was agreed which set out the essential BAU and service impacting areas for the CCG to focus on during the latest surge. A priority during the second wave was to maintain services and prior levels have returned in primary care and services maintained in outpatients, community and mental health wherever possible. Increased focus on inequalities is proactively directing recovery plans.

AF31	Integrated System Risk
OPCCC	Risk the system doesn't work effectively together requirements of the Long Term Plan won't be delivered. Implications are that we may not be able to ensure the delivery of services to meet population need & that the funding we can attract is limited.

12
Manager: Jo Cogswell
Date opened: 01/07/2019
Target date: 31/12/2020

8 Building on the way we worked together to respond to COVID we are strengthening our system approach into recovery with a focus on agreed priorities. Plans to deliver the requirements of the Phase 3 recovery letter are being managed to ensure delivery. This will inform our ongoing development of the ICP.

AF33	CCG Organisational Change
EXEC	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

12
Manager: Catherine Mountfon
Date opened: 23/08/2019
Target date: 31/03/2021

9 The CCG Director teams in the three BOB CCGs are working with the joint AO to align work wherever possible to maximise capacity. Continuing joint working with partners in Oxfordshire on agreed priorities. Publication of White Paper gives clear direction of travel.

AF34	Impact of non-delivery of phase 3 recovery trajectory
QPC	There is a risk that Oxfordshire will not meet the NHS phase 3 recovery trajectories we have set and that we could have more patients waiting 52 weeks than forecast.

12
Manager: Sula Wiltshire
Date opened: 23/08/2019
Target date: 31/08/2020

8 The CCG is working with providers to mitigate the impact of non-delivery and minimise harm. The CCG is working towards a harm minimization process. The CCG is working with providers on recovery plans to triage and risk stratify the backlog using the Royal Colleges recommended priorities P1-4 as well as identify and treat the long waiting patients. Harm reviews are carried out at 40 weeks for all patients (OUH).