

Oxfordshire Primary Care Commissioning Committee Meeting

Date of Meeting: 6 Novem	Paper No: 10							
Title of Paper: OCCG Primary Care Risk Register								
Paper is for: (please delete tick as appropriate)	Information	✓						

Purpose and Executive Summary:

To share with the Oxfordshire Primary Care Commissioning Committee (OPCCC) the OCCG Primary Care Risk Register.

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 Oxfordshire Primary Care Commissioning Committee (OPCCC) is requested to review and note updates to risks since its last meeting on 4 September 2018.

There are three risks in the Primary Care risk register, one of which is a Red/Extreme risk (risk rating of 20): 789 - Primary Care Estate

The OPCCC risk register does not present the risks in order of severity. Also
the risk rating box has codes rather than the Likelihood and Consequence (for
example Likelihood 2 means Unlikely – kindly refer to Risk Grading matrix in
the Front sheet).

OCCG Prior	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 OCCG risk register.

Author: Linda Adhana, Assistant Governance Manager Linda.adhana@oxfordshireccg.nhs.uk

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

Date of Paper: 30 October 2018

Risk Register

This committee reviews the OCCG Primary Care Risk Register.

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

Last review of OCCG Risk Registers

The OCCG Risk Registers including Primary Care risks were last reviewed by:

- OCCG Board on 27 September 2018.
- OCCG Directors reviewed the full risk registers and their summaries for both Strategic and Operational Risks on 6 September 2018.

Primary Care Risk Register:

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

- 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.
- Summary of current mitigation has changed from:
 - 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. An option development workshop has been held in Bicester with health providers.

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 has been submitted for Didcot. An option development workshop has been held in Bicester with health providers. Recruitment has taken place to appoint an Estates Development Manager working across Oxfordshire and Buckinghamshire CCGs

Strategic Risk AF26 – Delivery of Primary Care Services: the risk rating has remained as 16 with a Likelihood of 'Likely' and a Consequence as 'Major'.

- **Risk Description**: 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.
- The summary of current mitigation has changed from:

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. In July 18 a West locality practice gave notice on its contract and work is underway to ensure that patients registered there continue to receive good quality care. Primary Care continues to work to ensure it provides whole system support with a focus on reducing urgent care demand.

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 (development of a primary care workforce strategy, skill mix, Partner to salaried shift, portfolio careers) and infrastructure (mergers, working at scale and estate). An innovative solution for Banbury has now been found with the aim of implementation during winter 2018. In July 2018 a West locality practice gave notice on its contract, and work is underway working with local stakeholders to ensure that patients registered there continue to receive good quality care. Primary Care continues to work to ensure it provides whole system support with a focus on reducing urgent care demand.

Operational Risk 799 Workforce in Primary Care: the risk rating has remained at 12 with a Likelihood of 'Possible' and a Consequence as 'Moderate'.

Risk description: There is a risk that a lack of Primary Care workforce will affect the sustainability of Primary Care and affect services to patients.

Summary of current mitigation has changed from :

Primary Care workforce now recognised as a cross cutting theme of the Place Based Locality Plans to be developed at County level. Workflow optimisation training is currently taking place at practice level to ensure efficient use of staff in practices. Locality plans identified need for more staff and non-recurrent funding allocation for developing workforce plans and for mental health workers and clinical pharmacists in general practice. Workforce survey (summer 2017) indicates 21 GP vacancies and a need for 84.5 additional GPs in 10 years due to housing growth.

To:

Primary care workforce strategy is currently in final draft. It addresses how we will close the gap in primary care workforce that is predicted over the next 10 years (as identified in the Locality plans and due to current and expected vacancies and population growth). NHS England funding has been secured for the newly announced GP retention scheme with NHSE currently recruiting a project manager to manage this fund across BOB.

There are no new risks and no risks have been closed.

Priorities affected: PRI2: Transforming health and care

Identified on: 13/07/2016 Target closure: 31/03/2021

There is a risk that the Primary Care estate will not be fit for purpose and there will be insufficient funding to address this.

	Initial	Current	Target
Likelihood	LIKELY	ACERT	UNLIKE
Consequence	MAJOR	MAJOR	MAJOR
Overall rating	16	20	8

Oct 17: No clear GIA/NIA for practice premises

July 18: Lack of framework on which to make minor improvement grant agreements

Summary of Current Mitigation

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 has been submitted for Didcot. An option development workshop has been held in Bicester with health providers. Recruitment has taken place to appoint an Estates development Manager working across Oxfordshire and Buckinghamshire CCGs

Jul 18: Lack of Estates Plan

Controls	Assurance
Apr 17: CCG undertaking rent reviews due from 1 April 17.	Jul 17: Capital financing options presented to Finance Committee
Apr 17: 6 Facet survey	Dec 17: ETTF slippage identified for a practice in the South West Locality
Oct 17: Estates advisor in place	Feb 18: PID for the relocation of a practice in the North Locality agreed by NHS England
Jan 18: Locality Place Based Plans	Apr 18: Links with One Public Estate made
MArch 18: Bicester Site Search	
July 18: Bicster options appraisal - short list	
June 18: Didcot Health hub bid for STP estates funding	
Oct 18: Oxfordshire primary care estates priorities included as part of the STP Strategic Estates Workbook	
Gaps in Controls	Gaps in Assurance
May 17: CSU continues to follow up on the out of date rent reviews.	Apr 17: 6 Facet survey identified gaps in building suitability

Action Assigned to:	Due:	Action Description:	Progress to Date:	Completed Date:
Ms Julie Dandridge	23/12/2019	New capacity and building is required within Didcot to provide primary care services to the expected population growth.	Oct 18: Meeting held with practices, Oxford Health and Federation to scope innovative solutions for population growth July 18: Bid submitted. Await result expected Nov 18 June 18: Planning to submit bid for capital to have 4 of STP bid. Apr 18: Revised matters application under way for submission in July. Feb 17: Options appraisal for estates completed Dec 17: Bidder engagement event held. Next steps to be planned. Oct 17: Public Interest Notice issued.	
Ms Julie Dandridge	30/06/2019	The practices in Wantage are at capacity in terms of space and will need more cacpity to absorb the housing growth anticipated for the area.	Oct 18: Plans submitted to District Valuer for comment June 18: Plans presented. Awaiting updated business case. Apr 18: Outline specification provided. Architect design in progress. Jan 18: Meeting held - outline specification with agreement from all parties to be produced. Oct 17: Meeting to be arranged with OH/OCCG/Assura. June 17: Space utilisation now undertaken in both OH space and practice space. There is some space for short term solutions but this will last for a maximum of 18 months	

Prima		

Ms Julie Dandridge	05/03/2019	Heyford Park Redevelopment will see approximately 5 - 6,000 new people who will need primary care services. Need to explore how provision can be provided.	Sept 18: One Bicester practice has extended its boundary to include Upper Heyford June 18: Paper to OPCCOG Oct 17: Meeting with developer, District Council and Neighbourhood Plan Group agreed to further explore provision of a branch surgery. Dec 17: Letter sent to all relevant practices asking for expressions of interest.
Hannah Scarisbrick-Rowe	18/10/2018	Develop a strategic estates plan	August 18: Oxfordshire Primary care submitted as part of the STP Strategic Estates Workbook June 18: Draft estates framework presented to Oxfordshire Primary Care Commissioning Committee.
Ms Julie Dandridge	28/09/2018	Develop a plan for minor improvement grant funding for 2018/2019.	Oct 18: Criteria developed allowing further allocation of funding Aug 18: Initial allocation made. Further work to be undertaken on some of the criteria to be taking into account for those that are more controversial. June 18: Expressions of interest sought for funding for 18/19 fund. Apr 18: All funding allocated for 2017/2018. Next steps to agree prioritisation process Feb 18: Update provided to OPCCC in February 18. Jan 18: 17/18 funding agreed and expressions of interests from practices requested for 18/19.

Delivery of Primary Care Services

Primary Care Commissioning, Diane Hedges

Priorities affected: PRI1: Operational delivery

PRI2: Transforming health and care

Identified on: 01/11/2016
Target closure: 24/09/2019

794

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.

AF26

LikelihoodACERTLIKELYUNLIKEConsequenceMAJORMAJORMAJOROverall rating20168

Summary of Current Mitigation

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 (devlopment of a priamry care workforce strategy, skill mix, Partner to salaried shift, portfolio careers) and infrastructure (mergers, working at scale and estate). An innovative solution for Banbury has now been found with the aim of implementation during winter 2018. In July 18 a West locality practice gave notice on its contract and work is underway working with local stakeholders to ensure that patients registered there continue to receive good quality care. Primary Care continues to work to ensure it provides whole system support with a focus on reducing urgent care demand.

Controls	
Apr 16: Oxfordshire Primary Care Commissioning Committee	Aug 18: GP
Apr 17: GP Access Fund rolled out across county providing more appointments	Jul 17: QOF
May 17: Primary Care Framework agreed	June 18: App

Oct 17: Implementaiton of the National Urgent Repeat Medicines Supply Scheme Jan 18: Engagement events held in each locality during November 2017

Feb 18: First Version of Locality Place Based Plans Published

Sept 18: Involvement of patients working with CCG to find solutions for practice in West Locality

Sept 18: Communication plan in place for West Locality practice

Aug 18: GP Access Survey better than national average

Jul 17: QOF achievement for 16/17 better than national average (awaiting 17/18)

June 18: Approval of new entity in Banbury

Oct 17: Continued work with vulnerable practices and where offering greatest impact

Feb 18: GPs per head of population greater than the national average

June 18: All practices bar one rated good or above by CQC.

June 18: Solution for termination of one City plan found and implemented.

July 18: Working at scale event held 12 July 2018.

Gaps in Controls

Oct 17: Sufficient resources aligned to ambition

Apr 18: Further development of 'networks' as defined in GP Forward View

Gaps in Assurance

Assurance

January 18: A prioritised Estates Plan

January 18: Primary Care Workforce Plan

June 18: Lack of succession plan within Primary Care

Delivery of Primary Care Services

Action Assigned to:	Due:	Action Description:	Progress to Date:	Completed Date:
Ms Julie Dandridge	31/01/2019	Solution for end of one West locality practice	Oct 18: Light touch procurement process undertaken. West Locality practice to follow the process now Sept 18: Five practices have expressed an interest to run the practice. A questionnaire based 'mini-competition' will take place. Responses will be scored/assessed by an internal panel which will include a patient representative. Evaluation completed by middle of October.	
Hannah Scarisbrick-Rowe	24/12/2018	Development of a Workforce Plan to improve the sustainability of Primary Care.	Jan 18: see risk 799	
Hannah Scarisbrick-Rowe	17/12/2018	To work across BOB footprint to introduce international GPs to the workforce under the NHS England scheme.	Aug 18: Work continuing across BOB footprint. Apr 18: Bid successful. Start date of October 2018 with first GPs employed from April 2019. Feb 18: Still awaiting outcome from bid Dec 17: Bid submitted	
Ms Julie Dandridge	20/11/2018	Solution for end of a North Locality practice APMS Contract.	Oct 18: New contract awarded whilst solution for for primary care in Banbury is implemented July 18: Working to implement Nov 18. June 18: Decision made for contract award. Apr 18: Procurement process in progress Feb 18: Review next steps following Prior Information Notice (PIN) Jan 18: Working up solution with PML, OH and OUH for Darzi appointments	
Ms Julie Dandridge	31/08/2018	Implementation of first steps of locality plan	Oct 18: Most schemes now delivering. Recruitment of care navigators for Social Prescribing bid underway July 18: Social Prescribing bid for NE, N&W localities successful. Implementation roll out planned for Oct 18. June 18: 12 schemes from plans implemented in full; 2 schemes awaiting outcome of social prescribing bid. Apr 18: Specifications developed and awaiting sign off Feb 18: Project charters updated to reflect impact on non-elected admissions Jan 18: Project charters being developed for each of the workstreams to be presented to Clinical and Management Forum.	

Priorities affected: PRI1: Operational delivery

Identified on: 11/07/2017 Target closure: 31/12/2018

799 There is a risk that a lack of Primary Care workforce will affect the sustainability of Primary Care and affect services to patients.

	Initial	Current	Target
Likelihood	LIKELY	LIKELY	UNLIKE
Consequence	MOD	MOD	MOD
Overall rating	12	12	6

Summary of Current Mitigation

Primary care workforce strategy is currently in final draft. It addresses how we will close the gap in primary care workforce that is predicted over the next 10 years (as identified in the Locality plans and due to current and expected vacancies and population growth). NHS England funding has been secured for the newly announced GP retention scheme with NHSE currently recruiting a project manager to manage this fund across BOB.

Oct 17: OCCG website advertises Oxfordshire as a good place to work.

Controls Assurance

Mar 17: Primary Care Framework agreed which addresses workforce

May 17: Locality lead practice nurse in place for the CCG

Sept 17: Initial workforce data collected from practices

May 18: BOB STP primary care workforce submission

Gaps in Controls Gaps in Assurance

May 18: 21 GP vacancies	identified. 84.5 addi	tional GPs needed in 10 years due to housing grow	vth if nothing changes. May 18: Lack of workforce plan	
Action Assigned to:	Due:	Action Description:	Progress to Date:	Completed Date:
Hannah Scarisbrick-Rowe	31/03/2019	Following securing national funding for the GP retention schemes across the STP - the schemes now need to be implemented	Oct 18: new action	
Ms Julie Dandridge	31/12/2018	GP Workforce Plan to integrate with other Primary Care Workforce Plan	Oct 18: Final draft being agreed internally before taking to OPCCC for sign off. June 18: Workforce plan being developed. May 18: External support commissioned to develop plan. April 18: Working group established and additional support identified to pull together strategy. Jan 18: Workforce working group set up to take forward Dec 17: Funding identified to deliver Oct 17: Now identified as a countywide theme running through the Locality Place Based Plans	
Hannah Scarisbrick-Rowe	30/06/2018	Develop and implement plan for clinical pharmacist in GP as part of locality plan.	Oct 18: All schemes in place bar Oxford City which is currently being finalised June 18: Schemes plan to start June/July 18. April 18: Non-recurrent funding secured across all localities. Schemes to be implemented from June. Feb 18: Funding for North West and North East schemes approved. Awaiting further detail from other localities. Jan 18: Discussions held at Locality Meetings in January.	