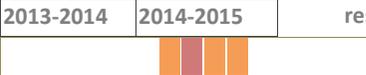


Ref	Description	Likelihood	Current Mitigation
AF2 QPC	There is a risk that Oxfordshire will not be able to reduce the Delayed Transfers of Care (DTOC) in 2014-15 to the target level, resulting in sub-optimal care, excess bed days, knock-on system costs and a negative impact on patient flow within the urgent care system.	<p>Init: 16</p> <p>Manager: Diane Hedges Opened: 01/04/2013 Target Date: 31/03/2015</p>	The DTOC Plan has been approved by SRG on 11.12.14. Monitoring of the Choice Policy is part of the DTOC Plan. A process to ensure that all policies for the bariatric pathway are aligned is in development, including a single risk assessment form. A dashboard has been developed and is in use, for SRG monitoring and data. SRG plan is being implemented, including: SHDS (supported hospital discharge service); independent sector domiciliary care capacity; extra acute pharmacy funding; funding for facilities to support Choice decision.
AF1 FIN	There is a risk that the performance required by the Oxford Clinical Commissioning Group (OCCG) of the Commissioning Support Unit (CSU) will not be achieved, resulting in failure to deliver the Operational Plan effectively	<p>Init: 12</p> <p>Manager: Gareth Kenworthy Opened: 01/04/2013 Target Date: 31/01/2015</p>	Notification has been received of the planned CSCSU merger with South West and Southern CSU's, with effect from 1st April 2015. Awaiting an update on staffing arrangements in January 2015. There are internal multidisciplinary contract oversight group meetings held fortnightly with the CSU to improve integration. These are in addition to the regular 1:1 meetings between Head of Contracting and the CSU Account manager and monthly SLA meetings. The integrated provider performance report has improved considerably in recent months and the CSU is working with the CCG to improve this further going forward. Substantive finance posts have been advertised, and the Provider Performance Management Directorate has identified centralised specialist support for each contract type, for example acute, to support local teams, maximising expertise and resource.
AF4 QPC	There is a risk that due to the current volume of non-elective care activity the urgent care system will be unable to respond to demand, resulting in delayed or sub-optimal care for patients	<p>Init: 16</p> <p>Manager: Diane Hedges Opened: 01/04/2013 Target Date: 31/01/2015</p>	COBRA calls daily, including weekends to maximise system response. ECIST report recommendations and DTOC plan underway. Ambulatory Care Group has been established. The Crisis Support Service has been extended using ORCP (Operational Resilience and Capacity Planning) funds. A review of system-wide risk management is underway.
AF8 SMT	There is a risk that lack of engagement and confidence in the CCG among member practices will cause the Oxfordshire Clinical Commissioning Group (OCCG) to fail to meet its objectives resulting in reputational damage, a lack of innovation in healthcare and financial imbalance.	<p>Init: 16</p> <p>Manager: Diane Hedges Opened: 01/04/2013 Target Date: 31/03/2015</p>	A paper on engaging member practices has received Clinical Executive sign-off and is now being implemented. The plans include a review of newsletters and making CCG representation, both commissioning and quality, at locality meetings more effective, improving forward planning and member engagement by better linkage of meeting agendas with the commissioning cycle. GPs are actively engaging in training events. A Primary Care Strategy is under development. Prime Minister's Challenge Fund bids are also being developed.

Ref	Description	Likelihood	Current Mitigation
AF16 FIN	There is a risk that named schemes within the Better Care Fund Programme either will not be delivered or will not achieve the desired impact; as a result the significant service transformation required will not be achieved and the system will face significant financial risk.	<p>Init 2013-2014 2014-2015</p> <p>12  8</p> <p>Acceptable residual risk</p> <p>Manager: John Jackson Opened: 14/04/2014 Target Date: 31/12/2015</p>	<p>It is proposed that the title of this risk is changed to: 'There is a risk that named schemes within the Better Care Fund Programme either will not be delivered or will not achieve the desired impact; as a result the significant service transformation required will not be achieved'. It is proposed that a separate Financial Risk is identified, and possibly an additional risk if there is no agreement on the submitted plan.</p> <p>The Better Care Fund Plan is to be approved by the Health & Wellbeing Board on 8th January 2015, with a view to submission by 9th January. Individual schemes will be included in the CCG's Operational Plan. Monitoring arrangements will need to be agreed.</p>
AF17 FIN	There is a risk that, due to the delayed start to a number of schemes and rephasing of forecast savings to later in the year, the CCG may under-perform in its delivery of target QIPP savings for 2014/15 and preparation for 2015/16, impacting on the financial outturn position of the CCG	<p>Init 2013-2014 2014-2015</p> <p>9  3</p> <p>Acceptable residual risk</p> <p>Manager: Diane Hedges Opened: 12/06/2014 Target Date: 31/03/2015</p>	<p>QIPP Programme with an Assurance Framework is in place. QIPP Programme for 2015/16 and beyond is being developed. A Joint QIPP Steering Group has been established, and monthly meetings have been scheduled until late 2015. A Programme Development Workshop was delivered in December 2014 and follow-on events are planned for early 2015. An all Localities discussion on the QIPP prioritisation process has agreed the need for a workshop to take this agenda forward.</p>
AF10 QPC	There is a risk that the Oxfordshire Clinical Commissioning Group (OCCG) will not identify and rectify quality issues in provider organisations, resulting in sub-optimal care to patients, poor patient experience and a lack of clinical effectiveness.	<p>Init 2013-2014 2014-2015</p> <p>12  4</p> <p>Acceptable residual risk</p> <p>Manager: Sula Wiltshire Opened: 01/04/2013 Target Date: 31/03/2015</p>	<p>To ensure commissioning managers assure themselves that services are compliant with NICE Quality Standards, significant assurance has been received from OUHT, and awaiting further information from OHFT.</p> <p>RBFT has an enforcement notice issued by Monitor, and action plans and reports are expected in response.</p> <p>The OCCG Executive Team has recommended that the CCG formally adopts the 'Joint Commissioning' model with NHS England. The Localities have been asked to approve this recommendation prior to approval by Governing Body.</p> <p>A Tripartite meeting is being planned between Primary Care, Quality Team and the Area Team to develop a programme of quality monitoring and improvement overseen by the Primary Care Programme Board.</p> <p>A 'Mystery Shopper' scheme is due to start in January to gain further information on patient experience.</p>

Ref	Description	Likelihood	Current Mitigation				
AF13 FIN	There is a risk that overperformance above contracted and budgeted levels will result in the OCCG not meeting its statutory financial targets.	<p>Init 12</p> <table border="1"> <thead> <tr> <th>2013-2014</th> <th>2014-2015</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table> <p>Manager: Gareth Kenworthy Opened: 11/11/2013 Target Date: 31/03/2015</p> <p>Acceptable residual risk 8</p>	2013-2014	2014-2015			CCG contracts with OUHT and OHFT share/transfer some risk of over performance. CCG QIPP plans to mitigate demand and activity increases are being implemented. CCG residual contingency reserve in place and is mitigating remaining risk, confirmed by month 9 Finance Report and IPPR. QIPP/Transformation programme is in development to ensure financial targets are met in future years.
2013-2014	2014-2015						
AF5 FIN	There is a risk that the Oxfordshire Clinical Commissioning Group (OCCG) will be unable to agree with providers affordable 2014-15 contracts which meet the activity demands of the local health economy. This would result in the OCCG not meeting its statutory financial targets and losing the Quality Premium.	<p>Init 12</p> <table border="1"> <thead> <tr> <th>2013-2014</th> <th>2014-2015</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table> <p>Manager: Gareth Kenworthy Opened: 01/04/2013 Target Date: 30/01/2015</p> <p>Acceptable residual risk 3</p>	2013-2014	2014-2015			BHT contract dispute resolved. Second escalation meeting held and agreed contract value and conditions with SCAS on 111. Documentation to be drafted.
2013-2014	2014-2015						
AF14 SMT	There is a risk that the organisational restructure within OCCG will result in a failure to deliver strategic objectives which will impact on patient care	<p>Init 12</p> <table border="1"> <thead> <tr> <th>2013-2014</th> <th>2014-2015</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table> <p>Manager: Catherine Mountford Opened: 19/12/2013 Target Date: 28/02/2015</p> <p>Acceptable residual risk 4</p>	2013-2014	2014-2015			<p>Senior management is being further strengthened, with one executive post remaining to be filled. A revised Constitution was discussed at the September Workshop and circulated to Member Practices in December 2014. A decision on ratification by Governing Body is scheduled for January 2015.</p> <p>Twelve staff vacancies remain in the structure with ten of these in the Directorate of Delivery and Localities. Interim staff continue to support the Directorate.</p>
2013-2014	2014-2015						